Runwood Homes Limited

Lancaster Court

Inspection report

108 High Road
Leavesden Green
Watford
Hertfordshire
WD25 7AJ

Tel: 01923689348
Website: www.runwoodhomes.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 31 May 2016 and was unannounced. At their last inspection on 8 October 2014 they were found not to be meeting all the standards we inspected. This was in relation to staffing, medicines, quality monitoring systems, infection control, promoting dignity, nutrition and the provision of activities. The provider wrote to us to say what they would do to meet legal requirements in relation to Regulations 10, 12, 13, 14, and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that they had made the necessary improvements and were meeting the regulations.

Lancaster Court provides accommodation and personal care for up to 65 people. At this inspection 62 people were living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were protected from the risk of abuse and staff knew how to mitigate risks to people. Accidents and incidents were reviewed to help identify trends. Medicines were managed safely. There were sufficient numbers of staff to support people and they were recruited through a robust process.

People were supported by staff who received appropriate training and support. People's consent was sought and where they were unable to make independent decisions the correct process in relation to MCA and DoLS was followed.

People enjoyed their food and they were supported to maintain a balanced diet. People had access to health and social care professionals when needed.

People were treated with dignity and respect and told us staff were kind. Staff had developed positive relationships with the people they supported. People were involved in the planning of their care and staff were aware of their preferences. Confidentiality was promoted.

People's care needs were met and care plans included clear information to enable staff to provide safe and appropriate care. There was a range of activities available that people enjoyed. People knew how to make a complaint and express their views and these were responded to appropriately.

People, relatives and staff were positive about the registered manager and how the service was run. There were systems in place to monitor the quality of the service and action plans were developed to address any shortfalls identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff were aware of how to recognise and respond to concerns of abuse.

People were supported by sufficient staff numbers who had been through a robust recruitment process.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink sufficient amounts.

People's consent was sought and staff worked in line with MCA and DoLS.

People were supported by staff who were trained and supervised.

People had access to health care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved in planning their care.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People's care needs were met and care plans gave staff clear guidance.

People had access to activities that they enjoyed.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People, relatives and staff were positive about the registered manager and knew them well.

There were systems in place to monitor and improve the service.

Staff shared the views of the management team and wanted to provide a good service to people.

Lancaster Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We reviewed the action plan they sent us subsequent to the previous inspection undertaken on 08 October 2014 telling us how they would make the required improvements.

During the inspection we spoke with nine people who used the services, 10 staff members, two relatives, the registered manager, the quality manager and the regional manager. We also received feedback from professionals involved in supporting people who used the service and reviewed the recent reports from service commissioners. We viewed information relating to nine people's care and support. We also reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

When we inspected the service on 8 October 2014 we found that staffing levels were not able to meet people's needs, medicines were not always managed safely and people were not protected against the risk of infections due to ineffective control measures being in place. At this inspection we found that they had addressed these issues.

People told us that they had their needs met in a timely fashion. One person said, "Night time is as good as days. It is quiet and staff are available to help." However, one person told us that at times they had to wait for support. They said, "Sometimes staff takes a bit longer to answer my call bell. This caused me to have a few accidents [incontinence]. They [staff] answer my bell nine times out of ten." We observed that people's requests for assistance were responded to promptly and call bells were answered in an acceptable timescale. We noted that staff did not appear rushed and took their time supporting people. The rota showed that shifts were covered consistently and at times were covered by the registered manager to avoid the use of agency staff and provide continuity for people. People's dependency levels were assessed monthly and the registered manager told us, "I would never take a new person into the home whose needs we couldn't meet with the current dependency levels. Working in the floor gives me first-hand experience of people's needs and staffing." A staff member told us, "The [registered] manager often works on the floor. They are brilliant; they are always available to get help or to be involved."

People's medicines were managed safely. We observed a medicines administration round and saw that the staff member worked in accordance with good practice. We noted that staff members encouraged people with their medicines, going at their pace and without rushing them. One person told us, "I have medicines for [health condition]. They [staff] tell me about my medicines." We checked the medicines on two of the three units, along with the medicine records, and found that stock records were accurate, records were completed consistently and all appropriate documentation was in place. For example, a sample staff signature list, protocols for as needed medicines and an explanation of what each medicine was prescribed for. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

People were protected from the risk of infection. We saw staff working in accordance with their training and guidance. For example, appropriate use of gloves and aprons and washing their hands between supporting people. The environment was clean and this was checked regularly.

People told us they felt safe living at the service. One person said, "I am more than safe here. The service and quality is second to none." Staff were able to describe what form abuse may take and new how to report their concerns appropriately. Staff told us that they felt people were provided with safe care. They told us this was because they received the training and support to enable them to do so. One staff member said, "I think I am doing the best I can to keep people safe. I hope people feel safe here and that we are caring for them in a good way." We noted that information on safeguarding people from abuse and whistleblowing was displayed around the home and discussed at team meetings. We also found that any concerns were reported to CQC and the local authority by the registered manager as required.

People had their individual risks assessed and plans were in place to mitigate those risks. Staff were familiar with the plans and how to keep people safe. This included people at risk of choking, falls, pressure ulcers and any behaviour that may challenge. A staff member gave us an example when they felt a person was not safe due to their declining mobility. They told us, "Although this is not a case of abuse, I had to report it was unsafe for one staff to attend to this person`s needs as [Person] was very unstable. I had to report it to the nurses to safeguard [Person] from an accident and injury. She was not able to stand anymore whilst we offered personal care." We saw that all falls and incidents were recorded and reviewed by the registered manager. They then checked for any themes and trends and ensured that all needed remedial action had been taken. This information was then shared with the provider to provide oversight of the process. This helped to ensure that people were kept free from avoidable harm.

Staff were recruited through a robust process. This included an application form with full employment history, written and verified references and a criminal records check before they were able to start work. One staff member told us, "Before I could start my job I had to wait for my DBS (criminal records check) clearance and the references. I shadowed a more experienced staff for a couple of days than I had training in moving and handling, safeguarding and other before I was allowed to work alone." This helped to ensure that people were supported by staff who were of appropriate character to work in a care setting.

Good

Is the service effective?

Our findings

When we inspected the service on 8 October 2014 we found that people were not given the appropriate support with eating and drinking. At this inspection we found that action had been taken to ensure that people received the support they needed.

People told us that they enjoyed the food provided for them and we noted that they received appropriate support to eat. One person said, "I like the food. Is very good and plenty of choice offered." Staff offered people choices by showing them the two meal options, this allowed people to make a meaningful choice based on the look and smell of the food. One person after tasting their choice of meals decided they didn't like it. Staff were quick in replacing this with the alternative option. Finger foods were also available to enable people who did not wish to be supported to eat independently. Tables were nicely laid with cloths, and condiments were on the tables to support people to be independent. One person told us about mealtimes, "I like meal times when we all sit together and have a chat. It`s very nice." People were asked if they wanted to wear a clothing protector to shield their clothes from food spillage. If the person said that they did not want to wear one staff accepted their decision with no argument.

People were supported to eat their meal wherever they wished. For example, some people chose to eat alone in their rooms, others preferred to sit in an armchair in the communal lounge to eat their meal and others went to the dining area to eat.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. People's weights were regularly monitored to identify any weight loss and relevant health professionals were involved at an early stage where weight loss was identified. We saw that the service worked closely with health professionals to ensure people's intake was sufficient to maintain their health and prescribed supplement drinks were being replaced with milkshakes and fortified foods.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met that service was working in accordance with the MCA and DoLS guidance.

People were asked for their consent before care and support was offered. People's care plans also showed that they were consulted and made decisions about their care. For example, in relation to the use of a lap belt in a wheelchair or having bedrails. However, where people were unable to make their own decisions a mental capacity assessment was completed and best interest decisions were made with involvement from

professionals and relatives. For example, in relation to health or medicines. In the event that these decisions may have restricted their liberty, a DoLS application was made to the local authority. We found that staff had a good understanding of MCA and DoLS and were aware of the importance of involving people in decisions about their care and gaining their consent.

People and their relatives made positive comments about the skills, experience and abilities of the staff who provided support. A person who used the service told us, "The staff are fabulous, you couldn't ask for better." We saw that staff had received appropriate training for their role. This included health and safety, infection control, dementia awareness, first aid and moving and handling. The registered manager told us they were planning additional training in relation to food and nutrition and also care planning.

Staff told us that they felt supported. We saw that all staff received regular one to one supervision, an annual appraisal and group supervisions. Staff told us that they particularly liked that the registered manager worked alongside them on the floor as valued their guidance and support.

People told us that the staff team supported their health needs and that external professionals were contacted as necessary. This included GPs, Tissue viability nurses, dieticians and occupational therapists. People also had access to a dentist, optician, chiropodist and hairdresser. One person said, "I like the hairdresser once a week. She washes my hair and gives me a cut when needed. It`s a real treat that she is coming every week."

Staff told us that the registered manager and three care team leaders had received training to enable them to take blood for routine testing. A staff member told us that the service worked closely with the GP practice and this enabled them to provide a better service for people. They said this was especially beneficial for people who lived with dementia because they knew the staff team well and did not become distressed by having a stranger visit to take their blood. Staff said it was also beneficial for those people who needed to fast prior to a blood test because the procedure could be done early in the morning and therefore not disrupt people's routines unduly.

Good

Is the service caring?

Our findings

When we inspected the service on 8 October 2014 we found that people's dignity was not always promoted. At this inspection we found that dignity and privacy was consistently promoted and people were treated with respect.

People were very complimentary about the care they received and said that staff members were kind and caring. A person who used the service told us, "It couldn't be better here, they are fantastic, it's brilliant." Another person said, "Coming here changed my life. I am not alone anymore. I have friends here and staff are wonderful." A relative told us, "We are very happy with the care and support. We have no concerns whatsoever."

People were treated with respect during all interactions with staff. We noted that staff gave people the time to respond and took their time and repeated or reworded what they had said to help engage with them. We observed staff interacting with people in a warm and caring manner asking them if they wanted anything to eat or drink, if they were comfortable and plumping their pillows if they were in bed. Staff communicated in a way that suited individuals. This included how and where they positioned themselves, words used and appropriate touch when needed. For example, responding to a person's kiss on the cheek or holding someone's hand. All interactions seen, and heard were positive and staff responded to people with warmth.

We noted that there was information displayed on how staff should always consider dignity and reminders in staff meeting notes about any area for improvement. For example, making sure hair bands were ordered for a person to maintain their appearance. The registered manager complimented staff on how they managed the lack of hair bands by using other options but reminded them that ensuring people had what they needed was a priority. However, we did note that one person had a note on their door asking staff to close it but the door was open throughout the inspection. The person told us, "Staff won't always close my door, so I have a sign to prompt. Sometimes they won't read the sign. Most of the staff are ok, lively and kind." We passed this feedback onto the registered manager.

People were involved in planning and reviewing their care and where needed, relatives were also involved. People's life histories within care plans were detailed so that staff had an understanding of people's background and interests, even if people now had limited communication. This enabled them to respond to and treat people as individuals. We found that staff knew them well, were aware of their individual preferences and were able to confidently tell us about people's choices, family support and their life histories.

Confidentiality was respected and all information relating to people was stored securely. We also noted that when staff discussed people and their needs, this was done so discreetly and out of earshot of those not involved in the discussion.

Good

Is the service responsive?

Our findings

When we inspected the service on 8 October 2014 we found that people's needs were not always met, activities were not always provided and complaints and views were not always responded to. At this inspection we found that action had been taken to address these issues and people were happy with the care provided and felt their voices were heard. People were also happy with the activities provided.

People received care and support that met their needs. One person said, "Anything you ask, they do it." Another person said, "This place couldn't be better."

We observed staff supporting people and saw this was done in accordance with what was in their care plans. For example, checking a person had their hearing aid, offering assistance with continence and supporting people with mobility.

People's care plans were clear and were recorded in a way which was person centred and enabled staff to provide care in a way that was needed and preferred. Care plans provided detailed information about people's care needs and how staff could help them to maintain their abilities for as long as possible. The information was centred around individuals and provided staff with a clear insight into how the care they delivered affected people. For example, one care plan stated that the person lived with a specific kind of memory impairment which meant they sometimes saw things that were not there. The care plan explained that this was very real for the person and staff were asked not to contradict them because this caused them distress. This level of detail and explanation supported the staff team to provide care that matched people's needs.

People's care plans were reviewed regularly and changes to their care needs were clearly documented. For example, one person's care plan showed that their needs had clearly escalated and this was reflected in all areas such as their risk of falls, the risk developing pressure ulcers and the risk of poor nutritional intake. The care plan stated that the person's days were becoming harder for them and that there was concern about them not being able to take their pain relief medicine. We noted that a multi-disciplinary meeting had been held with health professionals and the person's relatives to discuss the best way to move forward to support the person at the end of their life in their best interests. The person's care plan also stated that they did not take an active part in activities any longer due to the deterioration in their health. However, staff were made aware that although not active the person still needed stimulation and engagement.

People had access to a range of activities that they enjoyed. One person said, "There are plenty activities. I go to the activity room and do stuff. I don't like to be alone." Another person said, "The activities are good." We noted that a range of activities were displayed and we saw that those offered reflected hobbies and interests reflected in people's care plans. For example, puzzles, crafts and exercise. One person told me, "I enjoy the P.E. (Exercise session) it gets me moving."

People told us of a quiz night that had taken place the previous week where they had also enjoyed a fish and chip supper. They told us that it had been fun and had reminded them of life before they have moved into

the home.

We noted that the service had a hairdressing salon complete with a nail bar. We heard staff arranging for a person who was unwell and being cared for in bed to have their nails done. The staff told us that the person always used to like having their nails looking good and there was no reason for them not to continue to do so.

The environment was homely and stimulating. Themed areas had been developed in areas throughout the home. For example, there was a sewing area with various haberdashery items and a sports area with miscellaneous memorabilia. We noted a person contentedly washing up at the kitchen sink on one unit after their breakfast.

Since the previous inspection the staff team had created a 'coffee shop' on the top floor of the home. Items such as sweets, crisps, cold drinks, ice creams, greeting cards, toiletries, biscuits and coffee were available for people who used the service or their relatives to purchase. The proceeds from the shop raised funds for other projects such as garden ornaments and creating a 'beach' area in the garden. There were also plans for a mini golf area which had been decided upon during a residents meeting.

People who used the service said that they knew how to raise concerns should anything worry them. One person said, "I have no complaints, we are very happy here. If I did have anything to say I would tell [Person's name], they are in charge up here and would sort it out." We reviewed the complaints procedure and saw that all complaints received were responded to in accordance with the procedure. Concerns received a thorough investigation and the outcome was recorded.

Good

Is the service well-led?

Our findings

When we inspected the service on 8 October 2014 we found that systems in place to monitor the quality to the service and address any issues were not effective. At this inspection we found that new systems had been developed and established and this resulted in sustained improvements in the home.

There were regular audits carried out across all areas of the home. These included care plans, medicines, health and safety and infection control. Where any shortfalls were found, an action plan was developed and these were seen to be signed when completed. For example, an action was to implement a mattress check to ensure they were working and clean. We saw this in place and being used.

People were positive about the registered manager, knew them by name and told us they were approachable. One person said, "This is a wonderful place. The manager is outstanding." Another person told us, "[Registered manager] is always around, yes I would go to [them] if I needed to."
Staff were also positive about the registered manager. One staff member said, "The manager has got a lot of pride in the home. [Name] is very down to earth and very clear on what their expectations are, really approachable and supportive." Another staff member said, ""[Name] is a very good manager they are always here to help us resolve problems, either personal or work. We often have the chance to work alongside them; [name] is a very good person."

The registered manager was invested in the home and committed to providing a good service. Since our last inspection they had reviewed practice and used the report as a tool to learn from. They held extraordinary meetings when issues arose that staff needed to be aware of and used this to share lessons learned from complaints, accidents and other relevant information. For example, a meeting was held to discuss a fracture a person had sustained and to explain to staff what was expected following this. We also saw that folders for each floor were developed. These included performance indicators for each unit. They showed staff training levels, outcomes of audits, reminders about what equipment should be available on each floor and any improvements and actions needed.

As the registered manager worked on the floor alongside staff providing care and support, they were able to quickly identify any improvements that were needed. For example, required updates to medical histories. This was then added to an action plan for a designated staff member to complete. This also helped to ensure that staff were aware of their roles and responsibilities. One staff member said, "The manager is really good at getting the best out of people."

The registered manager told us that an area they were developing was in relation to a more personal approach on the nursing unit and ensuring that care records were consistent on this floor. Our inspection supported their findings and they told us about the plans they had to ensure these areas were improved.

Meetings were held regularly for people, their relatives and staff. A range of subjects were discussed keeping everyone informed and listening to their views. An action plan was developed following these meetings and we saw that progress of these plans was recorded and discussed at the next meeting. Surveys were also sent

out annually in regards to the running of the service and catering. Most comments were positive with just a few suggestions recently received in relation to menus. The registered manager told us this was shared with the chef who was planning to incorporate the suggestions into the menu.