Runwood Homes Limited

St Michaels Court

Inspection report

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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 took place on 21 and 22 June 2017 and was unannounced.

Our previous inspection in July 2016 identified breaches of three regulations. These regulations related to the provision of person-centred care, safe care and treatment and the governance of the service. This June 2017 inspection found that improvements had been made in all three areas and the provider was no longer in breach of any regulations. The July 2016 inspection had resulted in ratings of 'requires improvement' across all areas. This June 2017 inspection resulted in a rating of 'good' across all areas.

St Michaels Court provides accommodation for up to 86 people who require nursing and/or personal care. Some people may also be living with dementia. At the time of this inspection 75 people were living in the home.

A registered manager was in post. They were registered as the manager for two of the provider's homes, with the second home they managed being approximately ten miles away. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People felt safe living in the home and were cared for by staff that treated them with kindness and compassion. There were enough staff to meet people's needs, but some people commented that staff did not always have time to chat with them. Recruitment procedures were thorough and people's medicines were safely managed and administered to them.

Mental capacity assessments had been carried out appropriately. People and those acting on their behalf were involved in discussions and decision making about the care and support received. People were supported to have as much independence as possible. There was good access to health professionals when required.

People enjoyed the food and were offered choices. Staff were well trained and supported by the management team to undertake their roles.

The home was well managed which helped ensure people's safety and welfare. There were systems in place to receive people's views and to monitor the quality of the service that people received.

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.

Risks to people's welfare were identified and actions were taken to reduce the risks as far as possible.

There were enough staff to meet people's needs.

Staff had been trained about safeguarding and were aware of their responsibilities in this area and what actions would be required if any concerns arose.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their duties effectively.

People were supported to make their own decisions. Arrangements were in place to ensure that decisions were made in the best interests of those who were unable to make their own decisions.

People had choices about what to eat and drink and were supported with their nutritional and hydration needs.

Is the service caring?

Good

The service was caring.

Staff had developed good relations with the people they supported.

People and their relatives where appropriate, were involved in making decisions about the care that they or their family members received.

Is the service responsive?

Good

The service was responsive.

People's care plans contained comprehensive information about how people wanted their care to be provided to them. The service had improved its delivery of person-centred care since our last inspection.

People's views were regularly sought about the service they received and they told us that they would feel able to raise complaints if they had any.

Is the service well-led?

Good

The service was well led.

There was a strong management team in place that provided a good standard of support to staff.

The provider had effective quality assurance processes in place.

St Michaels 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 22 June 2017 and was unannounced. The inspection team comprised of three inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of service

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection we liaised with the local authority and the clinical commissioning group and we reviewed information held about the service. This included statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During this inspection we spoke with 14 people living in the home and relatives of five people. We also spoke with the manager, the deputy manager, one nurse and five care staff members and the maintenance staff member.

We made general observations of the care and support people received at the service. We looked at the medication records of nine people living in the home and care records for six people. We viewed records relating to staff recruitment as well as training and supervision records. We also reviewed a range of maintenance records and documentation monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our previous inspection of this home in July 2016 identified a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to insufficient time in between medicine rounds, drink thickener being unsecured and people not being positioned safety when eating or drinking to help avoid the risk of choking.

This June 2017 inspection found that the morning medicine round started just after 9am and finished mid-morning. The next medicine rounds commenced at 2pm and 6pm. We were satisfied that there were suitable gaps between medicine rounds. This meant that people requiring repeat doses of the same medicine throughout the day were protected from the risks of having too much or too little of their medicines. Staff told us that if medicines needed to given on an empty stomach, for example some antibiotics, they were administered earlier.

We found that drink thickener was stored securely throughout the home. This was important because if accidentally ingested this could cause an obstruction in a person's airway.

At lunchtime we checked that people eating their meals in their rooms on each floor were positioned safely to help avoid the risk of aspiration or choking. One person was not in a suitable position which was rectified when we brought this to the attention of staff. The remaining ten people we checked were safely positioned.

Consequently, whilst there was further improvement required to ensure that people were routinely safely positioned to eat and drink, we were satisfied that the provider was no longer in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they received their medicines regularly. One person said, "They make sure that I take tablets to keep me well, otherwise I would forget." Another person told us, "I always get my tablets at the right time which I like." A third person said, "The tablets always come round at the same time each day and they always make sure that I take them."

Medicines were managed and administered to people safely. We reviewed several people's medicine administration records (MAR) charts which had been completed in full. This indicated that people received their medicines as prescribed. Where people did not receive their medicines, for example if they declined, the reason for this was recorded and suitable follow up actions were taken if necessary. Records showed that topical medicines such as creams were also applied as prescribed. However, where people had been prescribed medicines on a PRN (as required) basis we did not always find guidance for staff in relation to under what circumstances and how to administer these medicines. The manager told us that they would review PRN medicines to ensure that protocols were in place.

The stock levels of boxed medicines were compared to records held on a weekly basis to help confirm that people were receiving their medicines correctly. Thorough medicines audits were in place. Staff received training to administer medicines to people and they were observed and tested on their competency to

ensure that they did this safely.

At the time of our inspection 75 people were living in the home. The home could accommodate 86 people. The manager advised us that because recruitment was difficult they would not admit further people unless they were satisfied that enough staff were available to meet their needs. The service was currently advertising for nursing and care staff.

The manager advised us that they had not needed to use agency staff for some time. However, on the first day of our inspection two staff had called in poorly and they had been unable to obtain cover within the core staff group. They had needed to obtain two agency staff but they did not arrive until the afternoon. Consequently, staff were unusually busy on the first day of our inspection. Staff told us that the service very rarely needed to use agency staff which we confirmed from staff rotas. On the second day of our inspection the home was fully staffed and staff were less pushed.

Most people we spoke with felt that there were enough staff to meet their needs. Thirteen people told us that staff were readily available if they needed assistance. However two people said that they might need to wait up to ten minutes during very busy periods, but if they did need to wait it was usually for about three to four minutes.

We looked at the recruitment records of two care staff and two nursing staff and found that robust processes were in place to minimise the risks of employing staff unsuitable to their role. Each of them had been suitably vetted before commencing employment at the home. For example, references were obtained. Checks were carried out with the Disclosure and Barring Service (DBS) to ensure that the applicants were not barred from working in the care sector nor had criminal records that would prohibit their employment. Checks were also made to ensure that the professional registration required for nursing staff was in date.

People told us that they felt safe living in St Michaels Court. One told us, "I have peace of mind here." All staff had received up to date training in safeguarding. Those we spoke with told us about the types of abuse that could occur and what actions they would need to take if they had any concerns.

Risks to people's welfare were managed effectively. We saw there were risks assessments in place for people, these included moving and handling, risk of falls and skin integrity. Each assessment was specific to the individual and highlighted the risk and what action was needed to minimise the risk. For example, details of the specific equipment required was recorded for people who needed assistance with mobilising. We saw these risk assessments were reviewed monthly and amended if people's needs changed.

Statistical information about people's weights, any pressure areas and falls in the home were recorded and analysed monthly. We saw what plans had been put in place in each instance. After a period of time the plans were then reviewed to see whether the steps taken had been effective.

The environment was safe. The home was clean. Equipment was regularly serviced and utilities were inspected for safety. However, we found that the corridor on the residential floor was insufficiently lit by natural and artificial light. The flooring was dark in colour which may have contributed to the overall effect. The manager told us that they would look into improving the lighting in this area.

Good

Is the service effective?

Our findings

People living in the home told us that staff were competent in their roles. One of them said, "They know what they're doing here." A relative told us, "The staff seem to know what they're doing. I notice it particularly when they help my Mum. They are always very careful with her."

A staff member told us, "The training I have had has been very in depth. I shadowed experienced staff until both the managers and I were confident that I could assist people safely." Staff training was up to date with over 95% of staff having completed their training in the provider's mandatory subjects. Some fire training was overdue but this had been booked for the week following our inspection. The mandatory training included health and safety, food safety, safeguarding and dementia. Six staff had been trained to deliver moving and handling practical training to staff. The manager, who was a registered nurse, had provided practical first aid training.

Staff told us that they completed an induction which involved them working alongside experienced staff members before they provided care on their own. Competency assessments which included observations were carried out to ensure that staff were managing and administering medicines to people safely. Nursing staff were also tested on their leadership, safety, communication knowledge and ability as well as clinical skills such as catheterisation, blood glucose monitoring and wound care.

Staff told us that during their regular supervision sessions they were able to discuss the training they had received and request training that would enable them to improve the level of support they were able to offer people. Some supervisions with clinical and senior staff were topic orientated. We saw that discussions were held and where necessary guidance and procedural advice was provided as reminders in relation to areas such as head injuries, pressure care and the use of syringe drivers.

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 authorisation 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 found that it was.

Staff we spoke with had a good understanding about needing to seek people's consent to support them and told us about the ways they supported people to make their own decisions. A staff member told us that if necessary they would simplify information given to people and allow them time to think about what had been said before they came to a decision. People living in the home confirmed that their agreement was sought. One person told us, "They always ask before they do anything for me." A relative said, "They always

speak with Mum rather than just assume she wants assistance. But they'll step in quickly if they need to. They judge it just right."

Where it was determined that people did not have the capacity to make their own decisions about specific issues we found that the correct processes were followed and appropriate people including people's relatives were involved in making decisions in people's best interests. The manager advised us that DoLS applications had been made to the local authority to request permission to restrict some people's freedoms in order to keep them safe, but they were awaiting assessments to be carried out by the local authority.

People were generally well supported with their eating and drinking. This inspection was carried out during a period of very warm weather and we checked to see if drinks were readily available to people and we found that they were. One person said, "Yes, we've had plenty to drink during this weather. The cold drinks are being topped up and there's always tea and coffee in the lounge." Another person said, "They make sure we have enough to drink." We observed that people in communal areas and in their rooms always had drinks available to them.

However, on the first day of our inspection one person told us that they hadn't lately received an early morning cup of tea they used to have at about 6am. We raised this with a staff member who told us, "I'll get this sorted out. The manager won't be happy to hear this; she's very hot on hydration." On the second day of our inspection we checked with the person who told us that their early morning tea had now resumed.

People told us that the food was good. Comments we received included; "I really enjoy the food and I would soon tell them if I didn't." "The food is very nice here and there's always a choice." "I like the food here and if I don't like the choice they will make something for me." "The food is pretty good. It's kind of like old fashioned cooking which I like." "The food is very good now. It's improved a lot. We get a choice for lunch. I had an omelette yesterday as I didn't fancy what was on." One person told us that they preferred to stay in their room, but this meant that due to the location of their room that they were always last when the drink and snack trolley came around. They said, "It would be nice to be first sometimes."

We observed lunch arrangements on the residential and dementia floors of the home. Menus were on tables and people were shown samples of the choices available to help them decide what they wanted. People were offered choices of drinks. The background music in the dementia dining area was quite loud and interfered with some conversations. Some people on the dementia floor who required staff support to eat in their rooms did not receive their lunch until just before 2pm. One person in their room at 1:20pm called out to us and told us that they were hungry.

We saw that people were starting to have their tea time meal at 4:45pm which meant that for some people there may have been a short timespan between meals. We asked the manager to review meal timings which they told us they would do.

People and their relatives told us that there was good access to health professionals. A relative told us, "If [family member] needs to see the doctor it is arranged. If they need other medical help this is also arranged." Another relative told us, "[Family member] can see the doctor, optician, and dentist. Anything needed will be sorted out." We saw from records that people living in the home had good access to a wide range of health professionals including specialist nurses, occupational therapists and dieticians to help support them with their wellbeing.

Good

Is the service caring?

Our findings

People living in the home we spoke with were positive about the staff. Comments we received included, "Staff are kind and caring people.", "There's never much time, but they're pleasant enough.", "The staff are kind and caring. They are respectful and try to be as helpful as they can." "Staff here are caring and nothing is too much trouble for them.", "They speak very nicely to us and never raise their voices.", "I like the personal care I get here. They think about you as an individual and always use my first name which I like."

People's relatives were also positive about the staff supporting their family members. One told us, "The staff are always friendly." Another said, "The staff here are caring and nothing is too much trouble for them. They put the residents first. They are patient and polite even when people become a bit challenging." A third relative told us, "The staff take their time to care for [family member] which he appreciates."

Staff were clear about the qualities they needed to ensure that they developed good relationships with the people they supported. One staff member told us, "Listening is a big part of it. Spending time talking with people helps build closeness. It's especially important for people that don't have many visitors."

People were cared for by staff that knew their needs well and understood how people wanted and needed to be supported. All of the staff we spoke with were able to describe in detail what care specific people required. For example, one staff member told us in detail how they supported one person in relation to a movement issue they had with an arm which could cause them pain if staff did not assist them in a particular way.

We observed positive interactions between staff and the people they cared for. On the dementia unit we saw staff being appropriately tactile with people which helped give comfort to some who had become anxious. A relative of a person on the dementia unit told us, "They're so up on what to say to people with dementia."

We saw staff in the residential floor lounge go to considerable lengths to re-organise furniture in response to one person's request which kept changing. This was done in a good humoured manner with the person making the request and several others laughing and joining in with further requests.

People's dignity and privacy was respected. A relative told us, "People are always kept covered up and decent." We saw that staff knocked on people's doors and waited for a response before entering their rooms.

People's independence was promoted. People were encouraged to do as much for themselves as they could, but staff soon stepped in if people began to struggle. Some people helped staff out by laying tables or helping out with the laundry. This helped promote their self-worth.

Staff explained how people were offered choices throughout the day, for example what to eat and how to spend their time. We observed this in practice during our inspection. A staff member said, "There's one or two who can't make a choice and we'll have to make decisions for them. But we'll trial things to find out

what they like best and try something different sometimes. I wouldn't want the same thing evermore just because I liked it once."

People or their relatives told us that they were involved in the planning of their care. One person said, "Yes, I have a care plan and staff talk to me about it." Another person said, "My relative and I talked to staff when I moved in here, They do talk to me about what's happening." Relatives we spoke with told us that they had been involved with the planning of their family members care and that this communication was ongoing.

Good

Is the service responsive?

Our findings

Our previous inspection in July 2016 identified a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was not always providing person-centred care. Some people had not been sufficiently supported with their sensory needs, social needs nor had their preferences respected.

This June 2017 found that improvements had been made. People were supported with their sensory needs and there was an improved focus on providing care that met people's preferences. One person told us, "The staff know how I like things done and if they didn't do it right then they would soon hear about it." Another person told us, "They understand the things I like and are very good at making sure that is what I get." A third person stated, "They understand the things I like and how I like to keep my room. They also know how I like my tea." A relative said, "They do understand what [family member] likes and are very aware that will make his time here much nicer."

There was a programme of activities in place which was advertised throughout the home. Staff also asked people if they wished to join in events taking place. During our inspection we observed movement to music exercise and hand bell ringing taking place. We saw that different people attended different events throughout the two days of our inspection. People were also supported where possible to maintain their own interests and hobbies. For example, one person did some gardening and others had newspapers delivered. Religious services were held in the home for people with a variety of faiths. Others attended events held at a neighbouring charitable organisation which had a café and provided a wide range of events for people to participate in.

Consequently, we were satisfied that the provider was no longer in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the service met their needs. However, some commented that they would prefer that staff had more time to chat with them. One person said, "Staff just don't have time to stop and chat." Another person told us, "More time to chat would be good."

The provider had arranged visits from their own dementia specialist and these dates were advertised throughout the service. This was to provide support to people, their families and staff who had concerns and general queries about the condition.

People's care records contained good detail about how people wished to be supported. For example, one person's record showed how they liked their make-up to be applied and what facial skincare regime they followed.

We saw that when people had sustained a fall that the service followed a post falls protocol. This included regular observations over the next 24 hours to help ensure that there were no delayed effects from the fall that had not previously been apparent, for example a change in consciousness.

Some people had skin integrity concerns, for example leg ulcers or pressure areas. We found that where the home's nursing staff were treating these that there was clear guidance in place for staff. This included body maps and wound dressing regimes. Regular assessments of the person's skin took place as the wound healed. People who were not receiving nursing care had these skin conditions treated and monitored by visiting community nurses. The manager had arranged that similar records were completed by the community nurses and kept in the home so that they could assure themselves about the condition of people's skin.

Resident meetings were held periodically. The last one in May 2017 was attended by 13 people. The menu was discussed and the chef attended to seek people's views and suggestions. We saw that people were asked if they were happy with the support they received from staff, how they would like to spend their time and what changes they would like made in the garden. A monthly newsletter was also available for people and their visitors.

We also reviewed the minutes from the last relatives meeting. This was less well attended with three people's relatives present. The manager was alternating times for these meetings between days and evenings in the hope that relatives that worked during the day would be able to attend the evening meetings.

People told us that they would be happy to speak up if they had any concerns, but those we spoke with had no complaints. Some told us that they would prefer their relatives to do so on their behalf if necessary. One person said, "I have no complaints about anything I can think of. They often ask us if everything is fine for us." Another person said, "I've no complaints. The manager always asks what we think of the care we get." There was a complaints process in place. Records we reviewed showed that these were responded to in a timely manner.

Good

Is the service well-led?

Our findings

Our previous inspection in July 2016 identified a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the governance of the service. Our July 2016 inspection had found issues relating to the monitoring of people's fluid intake, auditing and the engagement of people living in the home.

This June inspection found that systems were in place to monitor people's fluid intake to ensure that they were well hydrated. Auditing processes in place were more robust and where areas had been found that required action, this was taken. Follow-up checks were then made to determine how successful the remedial actions taken had been.

People told us that their views were regularly sought. Several people told us that they chose not to attend resident meetings, but did not feel that this meant their opinions were not gained or valued.

Consequently, this June 2017 inspection found that these issues had been addressed and the provider was no longer in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a robust system of audits in place which were used to assess, monitor and improve the quality of the service that was provided to people and mitigate risks to people's welfare. For example, we reviewed robust audits in relation to infection control, medicines administration and management. A falls analysis was carried out to identify patterns or trends so that plans could be made to reduce re-occurrences of similar events. The manager also had a full oversight of weight monitoring and pressure areas.

The manager in post was a registered nurse who managed this home and another of the provider's nursing homes about ten miles away. They spent approximately three days each week at this service and two days at the other service. At each service there was a management structure in place to enable the manager to oversee both homes. At this service there was also a deputy manager who was a nurse. They worked full time but were supernumerary which meant that they were not included in the headcount of staff providing direct care to people. There was also a residential services manager who worked 40 hours a week on a supernumerary basis.

There was a standing appointment for the same time each morning when the manager or person in overall charge of the home met with the nurse on duty and care team leaders. Imminent concerns about people's health or other issues that could affect that days running of the service were discussed, so that all senior staff were aware in case they needed to take action.

The manager set high standards for themselves and their staff and told us how they ensured that staff understood their responsibilities and their accountability. However, they also provided a high level of support. The phrase we heard repeatedly from staff about them was, "...firm but fair." One staff member told us, "I've never worked for a manager who is so knowledgeable. They are very supportive and helpful."

Another said, "If I ask something they'll tell me or point me in the right direction." A third staff member said, "The managers never turn you away here if you need their help with something." One staff member told us, "The manager will always follow through on things. When they started here some staff were not pulling their weight. The manager is really thorough when dealing with that sort of thing. One staff member sought us out to tell us how the manager had been very supportive to them personally as well as professionally.

The manager told us that when they became the registered manager the home was already accredited to operate the Six Steps End of Life Care programme. However, they were not satisfied that it had been implemented as well as it could have been, so took the decision to start again with the programme. We saw that the manager had also raised concerns with external organisations if they felt that the support provided to people in the home from the organisation had not been of an acceptable standard. These examples indicated that the manager was pro-active in seeking the best outcomes for people in their care.

People told us that the home was well managed. One person told us, "[The manager] seems approachable." Another person said, "This is a happy home that's improving." A third person said, "The manager is always ready to listen and help, as are all the staff." A relative told us, "The manager has been very helpful in making sure that [family member] settled in well and got the support that they needed."