Runwood Homes Limited

Redbond Lodge

Inspection report

Redbond Lodge
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 03 March 2015 and was unannounced. The last inspection of this service took place on 07 February 2014 when no breaches of regulations were found.

Redbond Lodge provides care and accommodation for up to 83 people older people including people living with dementia.

There was a registered manager in place. 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 who used the service did not feel safe and secure because there were insufficient staff working on some of the units. We discussed our concerns with the manager and the staffing for the service was increased with immediate effect, by two people for the day shifts and one person for the night shifts.

Summary of findings

Call bells were not always answered promptly due to the insufficient staffing levels.

People living at the service, staff and visitors described the management of the service as open and approachable

People had their mental health and physical needs monitored. Staff had received training in how to recognise and report abuse. Staff spoken with, were all confident that any allegations made would be fully investigated to ensure people were protected. However the staff considered for the service to be safe the service required additional staffing on some units.

The service provided training in the form of an induction to new staff and comprehensive on-going training to existing staff. The senior staff of the service were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the Local authority to support people who used the service with regard to (MCA) and (DoLS)

Most people who used the service were content with the meals and staff supported people with their food and fluid intake. We saw that risk assessments and resulting plans of care had been recorded in the individuals care record.

People who used the service were consulted about the way in which the service should provide activities for people. Some of the communal walls had been decorated with drawings and paintings by the people who lived at the home.

Before moving to the service people took part in an assessment of their needs from which a care plan was written and reviewed regularly.

Staff had worked with people to support them to access and be visited by healthcare professionals when they had been unwell and also to arrange on-going appointments to maintain their well-being when long standing illnesses had been diagnosed.

There were systems in place for replying to people's concerns. People told us that they were confident in the manager and senior staff who they saw regularly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was inconsistently safe.

There were not enough staff to support people.

Staff had a good understanding of how to recognise and report any concerns. The service responded appropriately to allegations of abuse.

The service operated a safe and effective recruitment system to ensure that the staff fulfilled the requirements of the respective job descriptions.

Is the service effective?

Good

The service was effective.

People received care and support to meet their needs.

The registered manager and senior staff were knowledgeable about the requirements of the Deprivations of Liberty Safeguards (DoLS). The service was arranging for all staff to have training in the Mental Capacity Act 2005 and DoLS in the next year.

Staff had received training appropriate to their responsibilities.

The service worked with other professionals such as the GP, mental health team and dentist to ensure people received the care they required.

Is the service caring?

Good

The service was caring.

People were supported by knowledgeable and caring staff who respected their privacy, dignity and who knew people individually.

Staff spoke with people in a pleasant, professional and friendly manner and people were not rushed.

People who lived at the service and their relatives were involved in decision about their care from reviews and the running of the home from surveys and meetings.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personalised to their wishes.

There was a structured activity programme including group activities.

There was a complaints policy and procedure. People we spoke with told us they would be comfortable to make a complaint.

Summary of findings

Is the service well-led?

Good

The service was well led.

The management team were open and approachable.

The environment was checked regularly so that it was suitable.

Peoples care records were reviewed monthly as part of an audit and changes were made as required.

Redbond Lodge

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 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 03 March 2015 and was unannounced.

This inspection was carried out by two inspectors and one Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise is older people and dementia care.

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.

During our inspection, we spoke with 15 people who used the service, two visiting relatives and five members of staff. They were the registered manager, and four care staff. We looked at eight records which related to people's care, we also viewed health and safety records including fire and water temperature records regarding the safe running of the service. We used the Short Observational Framework for this Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Some people told us they did not feel safe. One person said. “I don’t feel very safe here, there is a person who wanders round and comes into my room, they switch the television on. It has only been for the past fortnight, but I don’t like it.” The person considered, that this happened because the person mistook their room for their own. We asked the manager to address this situation, so that the person did feel safe. Reassurance was given by the manager to the person, that should this happen again to use the call bell to summon staff and noted in the risk assessments for both people.

There were insufficient numbers of staff to keep people safe and meet their needs all of the time.

One person said that whilst staff addressed their needs, they did not have time to chat. A relative told us. “There are just not enough staff here. There are only two in the lounge and when they have to leave and help, there’s nobody to help in the lounge.” They also told us. “I can’t fault the girls, they’re lovely. They all seem experienced enough to help my [relative].”

Three staff members explained the daily staffing levels to us. In addition to two care team managers there were 11 care staff on duty at all times of the day. Other domestic and ancillary staff looked after the domestic and kitchen tasks. The manager was supernumerary to the staffing roster. This information was confirmed to us by the manager.

The 11 care staff were allocated to the different units within the home. On four of the units there were two staff available on each shift. On three of the units there was only one member of staff available to cover each shift.

The staff explained that the care staff member on one of the smaller units acted as a ‘floating’ staff member to supplement the staffing across all of the other units once the people in that unit had got up and were ready for the day.

All of the staff we spoke with told us that this was not enough staff to care for people appropriately and that they were far too busy to spend any quality time with people. One staff member told us. “For a lot of the early morning shift the buzzers are just going continuously and there simply isn’t enough of us to help everyone. We always do our best, but some people just have to wait.” Another staff member said, “There should definitely be another staff member on Primrose as it’s so busy and at least one other floating staff member. We don’t have time to sit and chat to anyone as there are so many tasks to get done and so much personal care to get through.”

On the Gardenia unit there was one person who required two staff to assist them safely with moving and handling manoeuvres and personal care. Two staff advised that each time that person required personal care the allocated staff member for Gardenia had to call for the assistance of the floating staff member, who could be anywhere in the home and in the middle of assisting others. So the person often had to wait for assistance for some time.

Two staff members told us that during the morning period there was usually the situation where some people had finished their breakfasts in the dining room and wanted to return to their bedrooms. This was at the same time as other people were still in bed and wanting to be assisted to get up and come down for their breakfasts. This meant that there were not enough staff on duty for people to receive safe care in line with their personal wishes.

We were aware that during our inspection call bells were not always answered promptly. This meant that the service was not safe because of the length of time it took for staff to respond the needs of the people.

We looked at the staff rota for day and night duty and saw that the service was consistently staffed to the levels as explained to us by the manager and staff. The manager explained to us individual dependencies of people were carried out which was confirmed in the care plans. However this information was not calculated to determine the number of staff required to be on duty. The impact of not having enough staff on duty would be that the people who used the service would not be cared for safely.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010

The manager informed us that they would dedicate time to plan the rota to ensure there were enough staff on duty in the future in accordance with the assessed dependency needs of the people.

The manager also with immediate effect increased the staffing levels by two staff per day shift and one staff member at nights

Requires Improvement

Is the service safe?

The service carried out risk assessments to determine how to minimise risks and keep people safe. One person told us about their care plan and the risk assessment. They said. "The staff wanted to know how to help me with my mobility." We saw the risk assessment relating to how the service was supporting this person with their mobility. The appropriate equipment had been made available to support and aid the person to maintain as much independence as possible. There were risk assessments within each of the eight individuals care record we examined. Staff were aware of the risks associated with caring for people on bed rest. We saw that turning charts were up to date and records maintained to reduce the risks of pressure sores occurring.

The manager informed us that all staff undertook training in how to safeguard adults during their induction period and we saw there was planned and on-going training arranged for the year. The risk of abuse to people was minimised as there was a clear policy and procedure in place to guide staff to protect people.

We spoke with three members of staff. They informed us they had received training in how to recognise and report abuse. All were clear about how to report any concerns. In the first instance staff would report to the manager or senior staff on duty. However they were aware that they could report directly themselves to the local safeguarding authority, who have responsibility to lead on this. The service had made safeguarding referrals appropriately within the past year. Staff were aware that abuse could occur in different forms, including theft, physical and psychological.

All accidents and incidents which occurred in the home were recorded and analysed. We saw at our inspection that the fire doors were checked to be in working order every week and all fire safety certificates were up to date. We also inspected the records kept for routine maintenance, testing of electrical equipment, manual handling equipment and water temperatures and they were all up to date or within acceptable limits. This meant that the service had steps to provide a safe environment in which people lived.

The manager had a safe policy and procedure for recruiting new staff to the service. A member of staff explained to us how they had been recruited. They had completed an application form, were aware their references had been checked after the interview and they had been given a job description and contract of employment. The manager explained to us the recruitment process and they followed the company procedure which included seeking clearance from the disclosure and barring service for each applicant.

Staff had been trained to administer medicines and they were stored safely in locked facilities.

We looked at the arrangements for people's medicines. One person told us. "The staff bring my tablets to me, it is something that I do not have worry about."

A member of staff told us about the training they had received to administer medicines. They also informed us about the importance of monitoring the storage temperatures of the medication rooms and the refrigerators on a daily basis. Records we saw indicated they were within the safe storage temperature range. This meant that medicines were stored at recommended safe temperatures.

We saw that medicines were safely stored in locked medicine trolleys in two secure medication rooms, one on each floor of the building. In addition there were medication refrigerators and a cabinet for the storage of controlled drugs, which were the correct type to be used for this purpose. Controlled drugs are a group of medicines that require an enhanced level of secure storage. Keys to the medicine rooms and the trolleys were kept safely on their person by named senior staff. This meant that the service stored medicines securely.We looked at medication administration record (MAR) charts for seven of the people living at the service. We saw that people's MAR charts were easy to follow and were up to date, with staff having signed appropriately when they had administered each medicine. There were no gaps in any of the records we inspected. We saw an example of when a person had refused their medicines. Staff had gone back later to attempt to administer the medicines again in an effort to ensure the person received all their medicines as prescribed.

People had their photograph and room number on a laminated sheet of paper in front of the MAR sheet, which meant that staff could identify people correctly before giving medicines to them.

We saw accurate and up to date records for the receipt of medicines into the home and the return of medicines to the pharmacy. Bottles containing liquid medicines and

Requires Improvement

Is the service safe?

packets containing loose medication had been dated upon opening, which meant the amount of medicine remaining could be accurately checked against administration records.

Good

Is the service effective?

Our findings

A relative told us. “The manager knows [my relative] very well and because of their care, they knew when they were unwell and to contact the GP.” A person who used the service told us. “The staff are kind to me and they are good with getting things done, especially my washing.”

The staff were given training to develop their knowledge and skills to deliver to care people.

Four staff members explained how new staff were formally inducted into the home. Each staff member had a general induction and then at least three days of shadowing an experienced staff member before forming part of the official staff numbers.

Staff told us that they were expected to complete a range of e-learning training courses, for example health and safety, safeguarding and food hygiene. Several staff told us they used to have classroom-based training for these mandatory courses but it had been replaced with e-learning. Staff confirmed that they did have practical classroom-based training for first aid and moving and handling. This meant that staff had the opportunity to complete essential training. The manager considered the training was effective and delivered as per the company policy. They considered that some training was better when delivered by a person rather than e-learning and they would also look at this option as the delivery method of choice.

The manager showed us the induction training programme for new staff and we saw on-going training records and the content of the training for staff to have the skills and knowledge to meet people’s needs. The impact of the induction programme was that new staff were supported into their role and given necessary knowledge and skills to provide care and support to people who used the service.

Four staff told us that they received regular formal supervision every two or three months. We saw a supervision matrix which indicated that 22 of the staff had received supervision in the first two months of 2015 and 23 had not, but these sessions were planned. Staff stated they generally felt well supported by the manager and their supervisors.

The service sought consent before care and treatment was provided. We noted that people inter-reacted with each other and staff always explained what they wanted to do and asked for people’s consent before taking any action. We saw one member of staff explaining to a person they were about to move use a hoist. They ensured they had the person’s consent before using the hoist and communicated with the person and staff colleague throughout to reassure the person and take the lead of the process.

People who did not have the mental capacity to make decisions for themselves had their legal rights protected because the registered manager had received appropriate training. The registered manager informed us that training for the staff in Mental Capacity Act and Deprivation of Liberty Safeguards was being arranged for the coming year. In the meantime the registered manager had informed staff about Mental Capacity and Deprivation of Liberty Safeguards at team meetings. Two members of staff informed us that they were aware that they started from the point that people had capacity to make decisions. When they were unsure they had discussed this with the registered manager or deputy. The registered manager stated that most people were able to make day to day choices, which was supported by our observations and talking with people who used the service and staff. We saw that where this did not apply the appropriate documents regarding the Mental Capacity Act 2005 had been completed. Information had been clearly recorded in the person’s care records to ensure all staff were aware of the person’s legal status. The service had worked with the local authority to make sure people’s legal rights were protected.

We were informed by the manager that the service worked well with other professionals, sought advice and acted upon it to make sure people’s needs were met. We saw from the care records that professionals from other services, including mental health staff and district nurses had responded to requests and worked with the staff advising upon best practice to support staff through sharing their knowledge to meet people’s needs. Care records showed that appropriate professionals had been involved in the review of care plans as had relatives.

We asked people about the food and they said there was always enough to eat and drink and there were snacks available throughout the day. One person told us. “The food is lovely and the staff are 99.9% perfect.” Another person told us. “I find the food bland it varies from day to day, but the cake is always nice. The meals are not as good as the pictures of the meals you see.”

Good

Is the service effective?

The choice of that day's food is also advertised on the noticeboard with photographs of the choices of the day and these can be shown to people who use the service with dementia to enable them to make a choice where necessary.

The manager told us that they would raise the matter of meals choice and quality with the residents and families at meetings and reviews to consider any necessary improvements. The manager explained to us that the service provided the main meal of the day in the early evening. This was from requests and the time in the past that many people had eaten their main meal. The service had found that after an enjoyable breakfast people were content with a light lunch and then enjoyed the evening meal, as the main meal of the day.

One person told us. "They weigh me every month, to see how I am doing." A member of staff explained to us the importance of ensuring that peoples diet and fluid was sufficient for them.

Each person had their nutritional needs assessed and met. The service monitored people's weight each month, or more frequently if so required. All eight care records we read showed that people were maintaining a stable weight. We saw that any concerns about a person's weight, food intake or swallowing ability were referred to an appropriate specialist. This demonstrated that the service had acted effectively in this situation to refer to a specialist and use their knowledge and support for the benefit of the person who used the service

People had their physical and mental health needs monitored. There were planned reviews and spontaneous reviews of the person's care in response to situations recorded in the care record. We saw that a sudden deterioration in a person's condition had triggered a spontaneous review of the care and appropriate changes made to the care plan. All care records showed people had access to healthcare professionals, including their own doctor, dentist, and chiropodists plus support from opticians and hearing services as required. Staff supported people to attend medical appointments outside of the service by attending the appointment with them, when asked to do so.

Good

Is the service caring?

Our findings

People who lived at the service were supported by kind and caring staff. One person said: “The carers are very nice to me I know all their names.”

People told us that they had been asked what they enjoyed doing and the staff arranged activities with them. The activities coordinator prepared for bingo in the main dining room prior to lunch being served. One person told us. “I really enjoy my game of bingo.” The staff ensured that everybody was ready, moving from person to person to check all was OK, adjusting curtains to keep the sun out of people’s eyes. The activities coordinator explained that as well as one to one activities they provided group activities in line with the individuals care plan.

The staff took a drinks trolley around at 11 the carer staff checked that everybody had something to eat and drink. There were choices of hot and cold drinks and the staff also visited people in their rooms and completed fluid intake charts accordingly. The lounge had jigsaws, books and up to date magazines, as well as a basket of apples and other drinks.

In the afternoon people watched a film in the TV lounge. The staff interacted with people and served drinks and biscuits. One person told us. “This is a regular event and we all enjoy it.” All the staff were pleasant and communicated well, for example talking to people at eye level and using gestures to explain to people that with reduced hearing.

We saw staff engaged people with activities which stimulated conversation and laughter. We saw staff supporting people in a kind and unhurried fashion. Staff encouraged people with their mobility, using a walking frame to cover short distances and then supported by staff through the use of a wheelchair to return to their room. Some people found it difficult and others impossible to communicate by speech but we observed from their gestures and smiling they were confident in their reactions to staff.

All staff we spoke with had a good knowledge of the people they cared for. They were able to tell us about the individuals and aspects of their life history.

Staff had a good understanding of the needs of people with dementia and encouraged people to make choices in a way that was appropriate to each individual. People told us they were able to make choices about what time they got up and went to bed. One person said: “The home is lovely and clean and the carers are very nice and friendly. They will do anything for you.”

People were supported to express their views. One person told us. “It never worries the staff what time I get up and sometimes I like a lay down in the afternoon, but the staff always ask if I am alright.” The care plans we looked at showed that people had been involved in the creation and reviewing of the plan. One relative said: “The manager and the carers are lovely and I have no complaints whatsoever – never have.” Another relative informed us that staff treated their relative with great respect, especially when assisting with personal care. The relative also confirmed they had attended the care plan review and was happy that the staff kept them informed of events between visits.

People’s dignity was respected. We saw staff escorting people to their own room to assist them to change their clothing with tact and diplomacy. A member of staff told us that they had receiving training regarding the promotion of people’s dignity and rights. They told us about empathy and to always think what would it be like for you.

People’s privacy was respected. All rooms were single occupancy. This meant that people could spend time in private if they so wished. Rooms we were invited to see had been personalised with people’s belongings, including photographs, pictures and ornaments which all assisted people to feel this was their home. We noted that bedroom doors were always kept closed when people were being supported with personal care.

Good

Is the service responsive?

Our findings

We asked people who used the service if they thought the service was responsive to them. One person replied, “The staff always help me.” A relative informed us that their [relative] had deteriorated in their health and staff had responded to the increased care needs in a responsive and supportive way.

A member of staff explained to us that a person liked to spend time with the handyperson, as they had a great deal of knowledge and experience from their working life prior to their retirement.

Throughout the time of our inspection we saw that staff responded appropriately to people’s needs for support.

One person told us about how they met the manager before coming to the service and an assessment was carried out to determine their needs. All enquiries regarding using the service were individually responded to determine the person’s need. The service would visit the person to carry out an assessment of need. The registered manager told us, that people were encouraged to visit the service and come for a day or meal on more than one occasion before making a decision to move to the service. We saw that plans of care were written from the assessment and then further developed into a care plan and record with the person in the first few days of coming to the service.

Four care staff that we spoke with were knowledgeable about the care needs of the people they supported. This meant staff were able to support people in line with the information contained within care plans that reflected people's needs and were kept up to date.

We saw eight care plans which were presented in a consistent and user-friendly format and contained a full assessment of people’s needs. Care plans had been developed from the assessments of need that covered important areas of care such as personal care, mobility and dietary requirements. The care plans had been reviewed on a monthly basis.

Each person who lived at the service had been involved with recording their life history. We saw that this identified what was important to people and was further demonstrated as people had personal memory boxes outside their room. The care record contained information about people’s preferred daily routines. This meant that staff were able to provide care that was personal to the individual.

One person informed us that the staff were highly responsive to requests and grumbles and through this attentive approach and care, matters did not escalate to a complaint. A relative explained to us that they had never needed to make a complaint and they found the staff helpful to any issue they raised at the time.

The service had a complaints policy and procedure which was available and within easy access to all people that used the service. People who lived at the service informed us they would have no hesitation in complaining if the need arose.

Staff at the service had worked with a person who used the service, family members and local medical professions. As a result of their observations and response to their illness. The person who used the service had received a prompt diagnosis and treatment had begun immediately as a result. The care provided was being reported to the Social Worker on a daily basis to monitor if the service could continue to meet the persons needs

The service had a meeting room for use by family members or visiting professionals and the garden had been renovated and developed so that it was within easy access. The internal court yard had been developed into a beach theme. At a resident’s meetings there had been a discussion about how to achieve the best use the garden.

Is the service well-led?

Our findings

A person told us. “I see the manager often, most days they come around, so you can talk and discuss anything that you wish.” A relative told us, about the care and support the service had provided when their relative had been admitted to hospital and discharged back to the service. They said “The manager and staff could not have done more and been more helpful to them.” Two members of the care staff said that the manager was approachable and often worked with them to provide direct person care. They saw this as good positive leadership.

We discussed with the manager these positives examples but with the balance of having sufficient staff on duty to ensure that they spent appropriate proportions of their time providing direct care with the overall duties of the registered manager. They said they would discuss this as a matter of urgency with their manager. The manager informed us the next day that the dependency levels for each person had been calculated to determine the overall required staffing establishment was an increase by two people at time. Their manager had authorised them to recruit to these positions immediately and for the staffing levels to be reviewed monthly and also with any significant change in anybody’s dependency needs.

The service was working upon continuing to improve an open and empowering culture. There was a whistle blower policy of which staff were aware. The service encouraged links to be built with supporting professionals and also the local school and religious organisations. The service undertook weekly checks of the environment including fire safety. We noted that the firefighting appliances were within date and the service emergency lighting fire doors were checked to be in working order appropriately.

There was a management structure in the home which provided clear lines of responsibility and accountability. There was a registered manager and a deputy manager in post. The registered manager had supervision with their manager and they were available by telephone for support. The registered manager provided a monthly report regarding aspects and issues of the home for discussion with their manager to discuss and manage challenges and issues. The impact of this report was that the provider and registered manager could work together to resolve problems and to support the smooth running of the service.

We observed that staff had a good knowledge of the people who used the service and people were very comfortable in their presence. The manager explained that part of their role was to tour the building each time they were on duty and to have time to check people’s well-being. We saw this was supported by the management team chatting and joking with people who lived at the home. However we also saw that some staff moved regularly from unit to unit to support colleagues. Staff we spoke with found this at times demanding and wished to work upon one unit at a time to continue to develop their relationships with the people who used the service

The manager and senior staff carried out quality assurance and monitoring systems which had been put into place to monitor care and plan on-going improvements. The maintenance team worked closely with management colleagues carrying out audits and checks to monitor safety of the service which included lifting equipment and that water temperatures were within acceptable ranges. We noted how the auditing information was recorded and shared between staff so that action plans to resolve problems as they were identified were clear.

Relatives and friends were invited to attend meetings, including reviews with the person’s consent. We saw that care plans were discussed and plans changed according which were then signed. This meant the service communicated with people in an open and transparent way and people’s views were recorded, considered and acted upon. There were also regular staff meetings. Staff members told us that there was an open door style of management and they could raise matters freely at any time. Meetings were a valued opportunity to do this so that information could be shared and discussed as a team.