

Runwood Homes Limited

The Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Grange is a residential care home providing accommodation and personal care for up to 43 people. The service provides support to older people, including people who are living with dementia in one adapted building. The service is unitised, including Lily, Camelia, Poppy and Daisy units. At the time of our inspection there were 34 people using the service.

People's experience of using this service and what we found

Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people's safety and wellbeing were assessed and recorded. Recruitment practices at the service were safe. Suitable arrangements were in place to ensure people received their medication. People were protected by the prevention and control of infection. Lessons were being learned and improvements made when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the service was consistently managed and well-led. Quality assurance arrangements enabled the provider to monitor the quality of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate [published 28 October 2021]

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 27 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 August 2021. Breaches of legal requirements were found relating to Regulations 12 [Safe care and treatment], Regulation 17 [Good governance] and Regulation 18 [Staffing]. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also checked if the Warning Notices we previously served on 17 September 2021, in relation to Regulation 12 [Safe care and treatment] and Regulation 17 [Good governance] had been met. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

We also checked whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 [Safe care and treatment] and Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors. An Expert by Experience undertook telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, the manager had submitted an application to be registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority who work with the service. We used the information the provider sent us in the provider information return [PIR]. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with five members of staff, the staff member responsible for facilitating social activities and the member of staff responsible for maintenance. We also spoke with the manager and deputy manager. We reviewed seven people's care files and three staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training data, complaint and compliment records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at the service's quality assurance arrangements and the Expert by Experience spoke with nine people's relatives about their experience of the care provided for their family member.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection in August 2021, risks to people's safety and wellbeing were not routinely identified and recorded. Actions were not in place to mitigate risks for people using the service. Medicines management at the service was not safe. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. A Warning Notice was served on 17 September 2021 and the provider was to be compliant by 25 October 2021. Enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 12.

Systems and processes to safeguard people from the risk of abuse

- All relatives spoken with told us they felt their family member was safe living at The Grange. Comments included, "Yes, [relative] is safe" and, "Very safely" [when asked if their family member was safe].
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the manager and external agencies, such as the Local Authority or Care Quality Commission. Staff were confident any issues highlighted to the manager would be addressed.
- The manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Risk assessments identified how risks to people's safety and wellbeing were to be reduced and the actions

required to keep people safe. This included risks relating to people's mobility and transfer needs, pressure ulcers, nutrition and falls.

- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans [PEEP] for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.
- Inappropriate moving and handling practices were observed by some members of staff. This referred to staff placing their hand under the person's armpits. This was brought to the attention of the manager. Immediate steps were taken by them to ensure those staff were retrained at the earliest opportunity.

At our last inspection in August 2021, staffing levels were not adequate to meet people's needs. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 18.

Staffing and recruitment

- Relatives' comments about staffing levels were variable. Where relatives comments were negative, these implied there were not always enough staff available to meet people's needs, particularly at the weekend. Comments included, "There are fewer staff about at the weekends but not as low as there were before", "At weekends the staffing levels can be low and there are not many staff around" and, "As far as I know they are always short of staff. They [Runwood Homes] are always advertising for staff."
- Positive comments from relatives included, "It seems that more staff are visible than before" and, "Whenever I've been there, there seems to be enough staff around. When we came in for a meeting there were lots of staff buzzing around."
- Staff told us since our last inspection in August 2021, staffing levels at The Grange had improved. One member of staff told us, "The staffing levels are so much better now. The staffing levels feel good and there appears to be enough, everyone is so much happier." A second member of staff stated, "I cannot recall any shifts that have run short. If there is any sickness other staff are asked to come in and cover. If there is an emergency or a problem occurs then care may be slightly delayed, but everything seems to still get done. It is still so much better than it was."
- Staffing levels as stated by the manager were being maintained during the inspection. Observations demonstrated the deployment of staff was suitable to meet people's needs. Communal lounge areas were supported by staff at all times and call alarm facilities were answered promptly.
- Appropriate arrangements were in place to ensure the service's recruitment practices were safe. Relevant checks were carried out before a new member of staff started working at the service. This included obtaining written references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS].

Using medicines safely

- We looked at the Medication Administration Records [MAR] for 10 out of 34 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as stipulated by the prescriber.
- However, one member of staff was observed to sign the MAR prior to administering the person's medication. One person's medicine remained in place despite having been opened and having a limited shelf life. Both issues were brought to the manager's attention. Following the inspection we were informed appropriate steps had been taken to prevent further reoccurrence.
- Observation of the medication round showed these were completed with due regard to people's dignity and personal choice.

- Arrangements were in place to ensure all staff administering medication were trained and had their competency assessed.
- Medication audits were completed each month. Audits for the period December 2021 to February 2022 were viewed and demonstrated a good level of compliance had been achieved with few corrective actions required.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service and using Personal Protective Equipment [PPE] effectively and safely. Staff confirmed there were enough supplies of PPE available and staff were observed during the inspection to use PPE in line with government guidance.
- We were assured the provider was accessing testing for people using the service and staff in line with current government guidance.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and making sure infection outbreaks can be effectively prevented or managed. The service was visibly clean and odour free.

Visiting in care homes

- People's relatives or those acting on their behalf were able to visit their family member in line with government guidance.

Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong. During this inspection minor improvements were required to the service's medicines management. Following the inspection information was received confirming a weekly medication audit had been recommenced. Additionally, staff had received a group supervision and retraining for staff had been planned.
- At our last inspection to the service, although safeguarding concerns and complaints were reported and investigated, actions and lessons learned were not put in place to ensure these were addressed. At this inspection, appropriate procedures were evident to demonstrate lessons learned to support improvement, openness and transparency.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in August 2021, governance arrangements were not robust and there was a lack of oversight at both provider and service level. This was a breach of Regulation 17 [Governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. A Warning Notice was served on 17 September 2021 and the provider was to be compliant by 25 October 2021. Enough improvement had been made at this inspection and the provider no longer remained in breach of Regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. This information was used to help the management team drive improvement, including the monitoring of trends and lessons learned.
- The manager provided effective oversight to demonstrate what was happening within the service. Audits were routinely completed in key areas in line with the registered provider's timescales. The audits demonstrated a good level of compliance was attained throughout the service. Where corrective actions were recorded, an action plan was completed highlighting the areas for improvement.
- The provider's representative maintained oversight of the service through the service's 'Home Development Plan'. This is a bespoke plan that enables the provider to examine the service where improvements are required, to provide updates on its progress and achievements.
- Seven out of nine relatives spoken with confirmed improvements at The Grange had been noted since our last inspection to the service in August 2021. Comments included, "I think it is a bit better now", "They [The Grange] are trying to up their game. They are trying to take residents out to the barbers, for coffee or to a garden centre. I believe that carers do it in their own time too" and, "Things do seem to be running smoother since the new manager is in place."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection to the service in August 2021, the service had a new manager and deputy manager. The manager confirmed an application to be formally registered with the Care Quality Commission had been submitted for processing.

- The manager told us they felt supported and valued by the provider and received good support from the regional operations director.
- The manager was aware of their role and responsibilities. Statutory notifications which the service is required to send us, were forwarded to the Care Quality Commission.
- Relatives were complimentary regarding the manager. Comments included, "[Name of manager] is lovely and I get on well with them. They action things and make changes", "We know [name of manager]. They are very dedicated, they said call me whenever you need to know anything" and, "[Name of manager] is approachable and helpful. Relative was very distressed but now is settling in and is calmer."
- Staff told us the service was managed well and improvements noted since our last inspection in August 2021. One member of staff told us, "There was no structure or organisation before, [Name of manager] has really pulled us all together. Before, nobody knew what was going on in the service. The manager and deputy manager are really clued up and have a great oversight of everything that is going on. I wanted to leave, I never felt appreciated, but now I love coming into work and I really enjoy what I do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place for gathering people's and relative's views of the service. Most comments recorded were positive and demonstrated the quality of care provided for people using the service had improved. Comments included, "I feel over the last year there has been a marked improvement" and, "Over the last year I feel that the interaction between staff and [relative] has been great."
- Most relatives told us communication at the service was good and they were kept informed about their family member's wellbeing. Comments included, "They [staff] keep me informed."
- Meetings were held for people living at The Grange. This was to enable them to have a voice, to feel involved and to provide on-going support and information.
- Staff meetings were held to give the management team the opportunity to share information and to enable staff the chance to express their views and opinions on the day-to-day running of the service. One member of staff told us, "We have staff meetings and if I can't make it, we are all sent the agenda and also other staff will fill me in with everything I need to know."
- Staff told us daily handovers were completed with the care team leaders and staff had access to a communication 'handover' book. Daily 'flash meetings' were undertaken with key members of staff and department heads to discuss what was happening within the service and individual people using the service.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support care provision.