

Runwood Homes Limited

Stenson Court

Inspection report

Greenfield Lane
Balby
Doncaster
South Yorkshire
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Tel: 01302853122

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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

The inspection took place on 9 March 2016 and was unannounced. This was the first inspection of the service following the Care Quality Commission registration in September 2015. The service was previously registered under another provider.

The service has a registered manager who has been registered with the Care Quality Commission since January 2011. 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.

Stenson Court is a care home situated in Balby, Doncaster which is registered to accommodate up to 30 people. The service is provided by Runwood Homes Limited. At the time of the inspection the home was providing residential care for 24 people, some of whom had been diagnosed with dementia.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff told us they felt supported by the registered manager and provider. Yearly appraisals had not been completed but were scheduled to take place in the next three months.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People were able to access some activities although there was no dedicated activity co-ordinator. People told us they had enjoyed 'Mother's day' with parties and involvement from the local community. We saw people enjoying each other's company sitting and chatting in the café area.

There was a strong and visible person centred culture in the service. (Person centred means that care is tailored to meet the needs and aspirations of each individual.) We found the service had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt that the staff knew them and their likes and dislikes.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Is the service effective?

Good 

The service was effective.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The staff demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke in glowing terms about the care staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The service had procedures in place to ensure an appropriate level of support for people living with dementia.

The religious and spiritual needs of people were met through visiting clergy.

Is the service responsive?

Good ●

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to their moving in to this service. Visitors told us they had been consulted about the care of their relative before and during their admission to Stenson Court

Communication with relatives was very good and visitors we spoke with told us that staff always notified them about any changes to their relatives care.

People told us the registered manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke to appreciate this.

Is the service well-led?

Good ●

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager listened to suggestions made by people who used the service and their relatives.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Stenson 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 9 March 2016 and was unannounced. This meant the provider did not know we would be visiting. The inspection was undertaken by an adult social care inspector.

At the time of our inspection there were 24 people using the service. We spoke with the deputy manager and a care team manager. We also spoke with four care workers and the cook. The regional care director was also present during the inspection and received feedback following the visit. We also spoke with seven people who used the service and five visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We spoke with a visiting healthcare professional who told us the staff at the home always acted appropriately when making referrals to them.

Prior to our visit we had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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. We also gathered information from a number of sources including feedback from the local council monitoring officers and safeguarding. They told us that the home provided good care and was well led by the registered manager. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager.

We conducted a Short Observational Framework for Inspection (SOFI) during the breakfast period. SOFI is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit. It also helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the

service. We looked at three people's written records, including the plans of their care. We also interviewed key staff for example the cook, to help us understand how people were involved in decisions about the choice of meals.

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. All of the people we spoke with told us they felt safe. One person said, "I have lived here for a number of years and I can say staff make sure we are all kept safe." Another person said, "Staff check on me during the night to make sure I am safe and comfortable." A relative we spoke with confirmed they had confidence in the staff and the registered manager to keep people safe from harm.

We found that people were protected from the risk of abuse. This was because the provider followed safeguarding procedures to protect people from abuse. We checked our records and found there had not been any recent referrals to safeguarding. The deputy manager confirmed this.

Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority, the Care Quality Commission or Police if required. Staff were confident that the registered manager would act appropriately on people's behalf. Staff confirmed to us that they had attended safeguarding adults training and we saw certificates on staff files we looked at.

Staff also had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. Staff we spoke with told us they wouldn't hesitate to whistleblow if they suspected abuse and felt the manager would always listen to them.

We looked at three people's care and support plans. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments included nutrition, tissue viability and falls. The assessments we looked at were clear and gave good detail of how to meet people's needs. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well ensuring their wellbeing and to help keep people safe. The registered manager showed us records used to analyse accident and incidents. This was used to identify any trends. We saw evidence that appropriate agencies were contacted if a person had frequent falls.

We saw people had a personal evacuation plan in place which would be used in the event of any emergency. The deputy manager told us that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

Risks in relation to the building were well managed and the registered manager told us that a list of tradesmen were available if required. We saw hoists and equipment used to keep people safe were regularly

maintained so they were safe to use.

We found that the recruitment practice was safe and thorough. Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager. The deputy manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This ensured only suitable people were employed by this service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately.

We found the service retained staff and some staff told us that they had worked at Stenson Court for a number of years. Most said they had worked in the same position for over ten years. The deputy manager told us no new staff had been employed since the new provider had taken over the service.

We looked at the amount of staff that were on duty on the days of our visits and checked the staff rosters to confirm the number was correct. The deputy manager told us they had a flexible approach to ensure sufficient staff were on duty to meet people's needs. She told us that the care team managers looked at risk assessments weekly and if needs changed additional staff would be made available. We observed that staff were able to spend time talking to people and supported them in a kind and caring way. People we spoke with told us that staff attended to their needs and received assistance when requested. Relatives we spoke with confirmed that they thought there were sufficient staff to ensure people's needs were being met. One relative said, "There is always staff available to answer any questions about my family members care."

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored in each person's bedrooms with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We found these records were clear and up to date. We observed the care team manager administering medication safely; taking time to ensure the person had a drink to help to swallow their medicines.

Staff involved in the administration of medication had received appropriate training, and had their competency reviewed. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken. The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

We saw the senior care staff followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed PRN medicines to be taken only 'when required', for example painkillers and medication used for low moods. The senior care staff we spoke with knew how to tell when people needed these medicines and gave them correctly.

We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We looked around the home and found the home was clean and smelt fresh. Relatives we spoke with confirmed they found the home to have good standards of protecting people from the risk of infection.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. One relative said, "Staff are always kind and considerate, they answer any questions I may have and seem very knowledgeable about my [family member] needs." Another relative said, "Staff seem to really care, they know what they are doing and treat people in the right way." People we spoke with told us they thought staff supported them to maintain their independence. One person said, "I like to do as much as I can for myself, but I know staff are around if I need them."

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were detailed in care records to enable staff to make the necessary referrals to dietitians, chiropodist, speech and language therapists and their own doctors. We spoke with a visiting district nurse who told us that staff always informed them if they recognised a problem and their quick actions prevented situations getting worse. They gave an example where staff felt a person was becoming at risk from developing a pressure sore. They said staff had contacted them and they had followed instructions and obtained the correct equipment swiftly. People and relatives we spoke with said they were confident their health needs were taken care of effectively. One person said, "The staff get the doctor as soon as they are needed, the staff know when I am not very well." Relatives confirmed doctors and other healthcare professionals were involved when needed.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at three people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. The staff used the malnutrition universal screening tool (MUST) to assess if people were at risk. Where people were identified as at risk, referrals had been made to the dietician for specialist advice.

We observed staff assisting people to move into the dining areas for lunch. Staff spoke to people in an appropriate manner about where they were going and that it was time for lunch. Staff told us about how they supported individuals with their meals. For example, on the dementia unit staff were aware of each person's likes and dislikes. They told us about how they need to encourage some people to eat independently while offering more support to others who needed more assistance.

We joined a group of people eating their meals at lunchtime. We carried out a SOFI during lunch. People that needed support to eat their meals were provided with care that was supportive of their needs and was carried out in a professional and sensitive manner. Meal times were unrushed and all of the people involved appeared to enjoy their meals. We noted that staff ensured people were offered a second helping which two people had. Staff knew what size of meal suited individuals. This helped to ensure people that only ate a small amount was not served large portions which could sometimes put people off from eating.

The provider displayed posters which showed how they gave a great deal of emphasis on ensuring people enjoyed the mealtime experience. One staff member was identified each day to complete the 'dining experience' record. These were analysed by the manager to ensure staff were following the protocols

expected of them.

The cook told us they received training specific to their role including food safety, healthy eating and food processing. They had a good knowledge of specialist diets, and told us about how they fortified meals for people who needed to boost their calories. The cook also said that she made milk shakes and smoothies and ensured snacks were available. The cook told us they had been awarded a 'four star' rating by the local council who were responsible for monitoring the food and cleaning standards. The deputy manager said they had actioned things that were in the report and they were confident to regain 'five star' rating at the next visit.

We looked at the care records belonging to three people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. Relatives and people who we spoke with told us, "The staff asked us to help to complete information about [my relatives] likes and dislikes and also about people that were important to them." We saw evidence of this when we looked at the care records.

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 to 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 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. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the deputy manager told us they had made several applications to the local council's supervisory body for appropriate people living at the home but were still awaiting decisions.

Records we looked at confirmed staff were trained to a good standard. The registered manager and deputy manager had obtained nationally recognised care certificates. Care workers had also attained recognised care certificates at levels two and three. The deputy manager told us all staff would complete a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

Systems to support and develop staff were in place, supervisions were taking place. The deputy manager told us that all staff would have an annual appraisal of the performance over the next three months. Staff we spoke with told us they had very good relationships with the registered manager and they felt supported in their roles. They told us they felt able to discuss any issues either work related or on a personal level without fear that information shared would be dealt with in confidence.

Is the service caring?

Our findings

People were happy with the care and support they received. We observed staff interacting with people who used the service in a kind and compassionate manner, and also in a way which demonstrated to us that they really knew the people they cared for. There was also a little bit of banter between the staff and people and this was appreciated. One person said, "The staff are really friendly we have a laugh and a joke, we are all happy." Relatives we spoke with told us that it felt warm and welcoming whenever they visited. One relative said, "The staff are always friendly but professional. It's nice when the same staff are around when you visit. They know my [family member] very well."

We saw that staff knew the people very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to have a joke with the people they were caring for.

We observed staff around the home, and noted that when they needed to discuss any care issues or people's support needs, they did this discreetly and used language which recognised people's rights to privacy and dignity. Other examples included staff ensuring people were covered while being moved using their wheelchair. We saw staff knocking on people's bedroom doors and waiting to be invited into their bedroom.

We observed people moving about freely if they were able and being supported by staff as necessary. We noted that staff encouraged people to transfer into their wheel chairs with patience and understanding of people's particular conditions.

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained. A large dementia tree had been painted on the wall in the entrance to the home and people were encouraged to add leafs which had statements about dignity and respect.

We noted there was also a designated dementia lead for the home. They had completed further training and had a good understanding of the needs of people living well with dementia. They had responsibility to guide other staff and ensure best practice was followed when meeting people's needs in relation to their dementia.

The care team manager told us they would assist people to visit the local churches if they wished. This ensured the spiritual and religious needs of those who considered them of importance were met on a regular basis. We were told that the local church visited every two weeks and those who wished to attend were given the information of where and when the service would take place.

We looked at bedrooms and saw that they had been decorated in a bright and homely style. We spoke with people who used the service and they told us they liked their bedroom as it was nice and homely. One

person we spoke with told us they liked to spend time in their room, they said, "I like my own company and peace and quiet."

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. Relatives we spoke with told us they had been involved in providing some information about their family member including things like life history. They told us they had also been involved in reviews of their family members care.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day.

People were able to access activities; however there was no designated activity co-ordinator. The deputy manager told us a number of staff enjoyed organising activities and one of those staff showed us around the activity lounge. It was organised into a dressing up area with an old dressing table and old radio. The staff had hung old records with glamorous pictures of actresses. Dresses from the 1940's were also hung on the walls around the area. The staff member told us staff and relatives had brought in costume jewellery and make-up and afternoons were spent in the area.

One staff member told us how they were planning to develop part of the gardens into a wild flower area and to encourage wild life they were putting up bird boxes and tables to encourage squirrels into the garden.

During the morning we saw a group of people who used the service sat in the café area which had been tastefully decorated. A bar had been fitted in the corner of the room and one person liked to stand behind the bar and serve drinks (usually tea and coffee). We also saw the arrival of a pet therapy dog. People responded positively to the dog. One person's eyes lit up and they responded by giving the dog a big hug and started talking to the dog as if they were talking to their own pet. The handler lifted the dog onto a chair for another person who clearly wanted to engage with the dog. The dog handler said they visited every two weeks and felt that their visit was very rewarding

The deputy manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed on the notice board in the entrance. The deputy manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

Relatives we spoke with told us that the home is welcoming and that there are no restrictions on visiting except during mealtimes. One relative told us, "I can come whenever I want. I do try to avoid lunchtimes so that people aren't disturbed but it's never a problem when I come and I'm not made to feel as though I'm

being a nuisance or intruding." People we spoke with did not raise any complaints or concerns about the care and support they received. People told us that they would know what to do if they had any complaints or problems. One person said, "I haven't got any complaints. I get everything I need, I like living at Stenson Court."

Is the service well-led?

Our findings

The service was well led by a registered manager who had been in post at this location since April 2007. From our observations and discussion with staff we found that they were fully supportive of the registered manager's and the provider's vision for the service. Staff described working as one big team, and being committed to the person centred approach which improved the outcomes for people living there. A relative commented that they thought improvements in the home were taking place under the new provider.

We saw evidence that the registered manager was working with community groups to build up the homes reputation in the community. The deputy manager told us they were setting up a luncheon club for older people in the community. They told us that they had consulted with people who used the service and their relatives before canvassing the community. This was due to commence at the end of March 2016.

The registered manager had met with the 'community engagement officer' and secured £500 which had been spent on art materials and activity equipment. The deputy manager told us they were trying to set up art classes for people who were interested.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring. Reports on accidents were sent weekly and monthly to the provider so that they had an oversight of things happening in the service.

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team.

Relative we spoke with told us there was a positive atmosphere in the home. They also agreed that the registered manager was available to talk with them and would be happy to discuss anything which was troubling them.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

During our inspection, we noted positive examples of leadership from the deputy manager and the care team manager. Staff were given direction when transferring people using a mechanical hoist and when assisting people with their meals. We saw the staff speaking to relatives enquiring if they were well and updating them on the care of their family member. Relatives we spoke with told us the registered manager

was always visible and they felt supported by her. One relative said. "It is good to know there is a person leading the home and she really cares."