

Runwood Homes Limited

Longview

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 17 February 2015. Longview is one of a number of services owned and run by Runwood Homes Limited. Longview provides support and personal care for up to 70 older people. People living at the service may have care needs associated with dementia. At the time of our inspection 70 people were living at the service.

The service had an established registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. The provider had taken steps to identify the possibility of abuse happening through ensuring staff had a good understanding of the issues and had access to information and training.

Summary of findings

The service ensured that people were cared for as safely as possible through assessing risk and having plans in place for managing people's care.

People were treated with kindness and respect by a sufficient number of staff who were available to them when they needed support. People and their friends and families were very happy with the care that was provided at the service.

Staff demonstrated knowledge and skills in carrying out their role. Staff were properly recruited before they started work at the service to ensure their suitability for the role. They received initial and ongoing training and support to help ensure that they had the right skills to support people effectively.

People were supported with their medication in a way that met their needs. There were safe systems in place for receiving, administering and disposing of medicines.

Staff interacted with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff responded to their non-verbal requests and had an understanding of their individual care and support needs.

The manager has a good knowledge of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards

(DoLS.) DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals.

People's care needs were assessed and planned for. Care plans and risk assessments were in place so that staff would have information and understand how to care for people safely and in ways that they preferred. People's healthcare needs were monitored, and assistance was sought from other professionals so that they were supported to maintain their health and wellbeing.

People had opportunities to participate in activities to suit their individual needs and interests. Care tasks were carried out in ways that respected people's privacy and dignity.

Systems were in place to assess and monitor the quality of the service. People's views were sought and audits were carried out to identify any improvements needed.

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?

The service was safe.

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare. Risks were assessed and staff were aware of the risks and knew how to manage them.

There were enough trained and experienced staff to support people and keep them safe.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

The service understood and met the requirements of the Deprivation of Liberty Safeguards.

Staff received training and support to help them carry out their roles effectively.

People were provided with a healthy diet and were supported to maintain good health.

Good



Is the service caring?

The service was caring.

People who used the service and their relatives were very happy with the care and support they received.

Staff were kind and respected people's dignity and privacy.

Staff were patient and worked at the pace of the people they were supporting and caring for.

Good



Is the service responsive?

The service was responsive.

People or their families were involved in planning and making decisions about their care.

A range of activities and opportunities were provided to ensure that the service was responsive and met individual occupational needs.

People were encouraged to raise any concerns or issues about the service. People were listened to and their concerns acted on.

Good



Is the service well-led?

The service was well led.

People, their relatives and the staff were positive about the management of the service and were given opportunities to give feedback.

The registered manager and the provider monitored the service to assess and improve its quality.

Good



Longview

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 17 February 2015 and was unannounced. The inspection was undertaken by two inspectors and an 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.

Before the inspection we reviewed the information that we hold about the service such as notifications. These are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection we spoke with 16 people who used the service, 11 relatives, 11 members of care and support staff, the registered manager, deputy manager, and the regional care director for the service. We also spoke with two professionals involved and sought their views about the service.

Some people were unable to communicate with us verbally to tell us about the service and how they were cared for. We therefore used observations, speaking with staff and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed six people's care records. We looked at the recruitment and support records for four members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

People told us that they felt safe living at Longview. One person said, “I do feel safe here, It is nice to know that there are people around.” People looked comfortable and at ease. A relative told us, “I never worry about [Relative] being in the home I know they are safe.” Information was available to people so that if they did have concerns they would know where they could get support and advice.

People were protected from harm by management and a staff team who had a good awareness of safeguarding issues and also whistleblowing. This was supported by appropriate policies and procedures being in place. All staff had received training in adult protection so were aware of how to ensure that people were protected and what actions to take if there were any concerns. Staff spoken with confirmed that they had undertaken training and demonstrated a good awareness of safeguarding matters.

People’s families told us that they were involved in discussions and decisions about care and any potential risks associated with their relatives care and behaviours. Care plans included risk assessments relating to aspects of care such as falls and risks related to people maintaining their independence. We saw that where risks had been identified plans were in place and care staff managed these without restricting people’s choice and independence. Throughout our inspection we saw people were being given good levels of choice.

People told us that there were generally sufficient staff provided to meet their needs, but that staff could be very busy. One person said, “There is always someone around.” Throughout the day there were sufficient staff available to people. Call bells were answered promptly and there was nearly always a staff presence in communal areas ready to support people. Staff were pleasant and engaged in a natural, relaxed manner with people and their relatives.

Staff told us that staffing levels were good and that the deputy manager and manager provided additional support at busy times such as mealtimes. This meant they could meet people’s day to day needs.

People’s dependency levels were assessed in order to assist the service in establishing staffing levels. Although this did not feed into a formal assessment tool the manager told us that she used the information to agree additional resources when needed to meet people’s needs.

People and their relatives spoke well of the staff and said that they were skilled and competent. The service ensured that it employed suitable staff because a clear recruitment process was followed. This made sure that that staff were safe and suitable to work with people in a care setting. Relevant checks had been carried out including obtaining at least two references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us that when they had started “All the proper checks were carried out.”

People received their medication as prescribed. Staff administered medicines to people in a way that showed respect for people’s individual needs. They explained what was happening, sought people’s consent and stayed with them while they took their medicines to ensure that all was well.

People received their medicines safely because the service had effective systems for the ordering, booking in, storing and disposing of medicines. Staff had received training in administering medicines and audits were undertaken to monitor and ensure that safe systems and practices were being maintained. The manager confirmed that staff competency in administering medicines was monitored.

Is the service effective?

Our findings

People told us that they felt well supported by staff who understood their needs. One person told us, “I have nice carers who understand what I need.” We received positive comments about the care and support provided to people such as, “Staff are very good and have laughs with the residents. It seems like a happy place to me,” and, “You can’t fault the home, it is excellent here.”

Staff received effective support through an initial induction programme, ongoing training, one to one support, team meetings and daily handovers. This ensured that they kept their knowledge and skills up to date. Staff told us they had received a good level of training for their roles. One person told us, “You get good training and support here.” Another said, “The e-learning is very good as I can take that at my own pace and learn more that way.”

Throughout the day the majority of staff demonstrated that they were skilled in their approach to supporting people in an individual and person centred way. A visiting professional told us that although staff had a good level of dementia training, they could do with more understanding of how to manage behaviours in a practical sense. They were hoping to arrange for discussions with the organisation’s training team to discuss this. There were two occasions when this need was demonstrated as staff did not respond appropriately to people’s behaviours. These incidents were reported to the manager who was proactive in her response. They told us that the organisation had a specialist dementia services team that was working with staff. The service also had five ‘dementia champions’ in post to support understanding and good practice.

The registered manager had a clear understanding of the principles and practice of the MCA and DoLS. They had used the process to apply for restrictions to people’s liberty when this was needed. The service had policies and guidance available to guide practice. Staff spoken with demonstrated an awareness of the MCA and DoLS and how this helped to keep people safe and protected their rights. They understood that they needed to respect people’s decisions.

People told us that they had agreed to the service providing their care and support. During the inspection we saw that staff explained to people the task in hand and asked for their consent to proceed. Files contained documentation to assess people’s capacity and identify what day to day decisions they may need help with. This showed that the service sought to protect people’s rights and freedoms.

People told us that they enjoyed the food provided at the service. One person told us, “The food is very good here and they always offer you choice.” Another person said, “I enjoy my food.”

People were supported to have enough to eat and drink because through experience, risk assessments and care planning the staff team were aware of people’s individual needs. They provided the level of support and monitoring needed. Lunch time was a relaxed and positive experience for people. People were given an explanation of the food available and offered choices. Their individual needs were catered for, independence was encouraged and staff monitored and stepped in with support and encouragement when needed.

There were snack and drinks stations around the service so that people could have biscuits, cake, fruit and other items whenever they wished.

When observations, assessments or care planning indicated the need for additional support in relation to people’s skincare and nutrition or fluid intake this was sought in a timely manner from other professionals.

People were supported to maintain good health through having regular access as needed to healthcare services. One person told us, “They are very good and always get the doctor out when I need it.” People received ongoing support from a range of healthcare professionals. One visiting professional told us that referrals were always made appropriately and that they worked well with staff at the service to support people’s needs.

Is the service caring?

Our findings

People we spoke with told us that the staff were kind and caring. One person said, “The carers are all lovely here and treat me very well.” Another said, “It feels like home here.”

People were treated with kindness, care and compassion. Staff had a knowledge of people’s needs and their history and background. This knowledge was demonstrated in how people were supported and staff adapted their approach to different situations with different people. For example, giving more or less support at mealtimes and assisting people with mobility or giving them space to manoeuvre themselves. Staff took their time to listen to people and responded appropriately.

We saw a member of staff assisting a person to eat. They had quality time together while the person was gently enticed to eat and the member of staff stayed with them throughout the lunchtime period.

People’s individual styles and preferences had been supported so that they could retain their individuality. For example, choosing to wear jewellery or make up, preferring to have a handbag with them or not.

People were asked for their views and involved in their day to day care through being offered choice and autonomy as far as possible in their daily lives. Relatives we spoke with confirmed that they had been involved in care planning and felt their views were listened to. One relative told us that they spoke with the manager on a regular basis and were kept up to date on their relative’s needs.

The service sought advocacy support when needed to ensure that people had an independent voice. Advocates support and enable people to express their views and concerns and may provide independent advice and assistance.

People told us that staff treated them with dignity and respect. One person said, “They always knock on my door.” People’s privacy was respected and they were able to spend time in their rooms or in communal areas as they preferred.

Staff practice demonstrated a clear understanding of the need to treat everyone with dignity and respect. For example, One person was very nervous about using a hoist, staff were caring and patient, they went down to the person’s level and explained everything, and constantly reassured the person whilst completing the manoeuvre as quickly as possible for them.

People were able maintain contact and continue to be supported by their friends and relatives. People’s relatives all told us that they were able to visit the service at any time without restrictions. One relative said, “You can come and go as you like.” Relatives were also supported in understanding people’s changing needs. For example, The organisations dementia care specialist held an information evening for relatives to attend. This was to help them find out more about dementia and gain an insight into their relative’s needs and behaviours.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. Throughout the day good levels of choice were given to people, including those who were frail or living with dementia. People were asked for their views and permission before any activity took place and their views were respected. This showed us that staff understood the need for people to have choice and control in their daily lives as far as possible.

People told us that they received the care they needed. Families were also happy with the service and made comments such as, “I feel that [Relative] is very well looked after as they can be very difficult at times,” and, “As a family we are very happy with the home.”

People’s care needs had been assessed before they moved into the home, which helped to ensure the service was able to meet their needs. The care plans we reviewed contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. Care records were easy to read and would assist the staff in identifying what individual support was needed by each person. Any care needs due to the person’s diversity had also been recorded. Care plans had been reviewed regularly and updated when changes were needed.

Information on people’s backgrounds and interests was included in care records to give staff an understanding and insight into the person’s history. This helped to ensure that people were supported by staff who knew them well and so could be responsive to their individual needs. Staff spoken with were able to tell us about individuals and their specific needs.

People had the opportunity to take part in structured activities such as reminiscence, quizzes, music, film sessions and physical activities. Individual preferences were also supported such as going out to a club, helping out with a trolley shop, having a chat or having a pamper session.

The service was designed so that it held interest and provided stimulation for people who might be living with dementia, and following their own routines around the building. For example, there were items of interest in the corridors such as hats and bags. There were different themed areas such as a railway station. The service had a café area which was set out as a relaxing tea room. One lounge had also been made into a ‘pub’ with a bar and other items. We saw that people enjoyed using these areas which also were nice places to use when receiving visitors.

People were encouraged to raise any concerns or complaints that they had. A complaints procedure was readily available to people. The manager had an ‘open door’ policy and was also available for a weekly out of hours ‘surgery.’ This enabled people who could not visit during the day to have face to face time with the manager if they needed this.

Staff knew about the services’ complaints procedure and explained what they would do if someone complained to them. We saw that complaints made had been well recorded, investigated and outcomes and any actions needed noted. This showed us that the service was responsive to people’s concerns and acted to resolve any issues quickly.

Is the service well-led?

Our findings

People told us that the service was well led and managed. One person told us, “You can always talk to the manager.” Relatives told us that the manager was approachable. One person said, “[The manager] and all the staff are approachable.” Staff told us that they thought the home was well run and that they felt supported by management.

Throughout the inspection we saw that the manager, deputy manager and care and support staff had positive and caring relationships with people living in the service.

The culture in the service was positive and promoted an open and caring approach for both people living in the service and amongst the staff team. A member of staff told us, “I feel supported and part of a good team here.” There was a friendly atmosphere in the service with laughter and banter between staff and residents.

The ethos of the service was made clear to people through a mission and values statement being available. This told people how they should expect to be treated. A ‘Residents Guide’ also explained the home’s aims and objectives and other aspects of the service so that people would know what to expect from the service. Staff had a clear understanding of the standards and values people should expect and enacted them in their daily practice.

There was good teamwork in the service and staff provided good support to one another. Regular staff meetings occurred and handovers took place between shifts. This

ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people’s needs. Staff felt that the manager was approachable and acted on the things that they might discuss with her. One person told us, “We have regular team meetings and are encouraged to speak up on how the service can be improved.”

People had the opportunity to comment on the service through one to one discussions with staff, regular residents meetings and six monthly customer satisfaction surveys being undertaken. The most recent had been undertaken in January 2015 and the results were still being analysed. However, we saw that overall people had rated the service as ‘good’ or ‘very good.’

The registered manager had been in post for seven years and was aware of the responsibilities of their role. The manager took these responsibilities seriously and did everything possible to ensure that a quality service that met the needs of people was provided.

To ensure that people received a good and safe service the manager and provider carried out a range of regular audits and monitoring procedures to assess the quality of the service and drive continuous improvement. Audits and monitoring included medication systems, care plans, infection control and health and safety checks. Information from audits and monitoring was analysed by the provider and action points to be addressed identified. These were signed off when completed.