

Runwood Homes Limited

Blackthorns

Inspection report

21-29 Dooley Road
Halstead
Essex
CO9 1JW

Tel: 01787472170
Website: www.runwoodhomes.co.uk

Date of inspection visit:
08 May 2019
10 May 2019

Date of publication:
12 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Blackthorns provides accommodation and personal care for older people some of whom may live with a diagnosis of dementia. Blackthorns can accommodate up to 62 people but at the time of the inspection 50 people were living in the service.

People's experience of using this service:

People were supported by a consistent team of staff who were kind and caring. Staff had good relationships with the people they supported, and people told us that they felt safe.

Risks to people's wellbeing were assessed but were not always consistently managed. Lessons were not always learnt when things went wrong.

Accidents were logged and analysed to identify any emerging trends. However, the system for the oversight of incidents needed to improve to ensure that people were kept safe.

The service was not fully occupied and the staffing levels we observed on the day we visited were not an accurate reflection of people's day to day experience as there were a number of additional management staff present on the days of the inspection. We found that staffing levels were satisfactory but we identified some issues with the deployment of staff and the impact of simultaneously having a number of newly appointed staff.

A number of new staff had been appointed and the service was no longer reliant on agency staff. People were positive about the responsiveness of staff.

Staff induction was not personalised and did not take in account new staff's previous experience and competency. The provider's representative agreed to ensure that this was reviewed. Staff received ongoing training to develop their knowledge.

Medicines were safely managed. There were clear systems in place for the ordering, administration and monitoring of people's medicines.

People told us that they enjoyed the meals but the delivery was not well organised and did not ensure that people always had choice. People's weights were monitored but the management plan was not always consistently followed.

People had good access to healthcare where appropriate.

Care plans were not always up to date and did not provide staff with the information they needed to provide personalised care. End of life care was not well developed.

Complaints were investigated and responded to in a timely manner.

The provider had systems in place to audit the care provided but these checks had not prevented some of the shortfalls in the quality of service provision.

The registered manager told us that they were leaving the service and the provider had interim arrangements in place to provide management oversight.

Rating at last inspection: Good. We published our report in September 2017.

Why we inspected: This was a planned inspection based on the rating at the last inspection. Following our last inspection, the provider sent out an action plan setting out the actions that they intended to take to address the shortfalls that we found.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Blackthorns

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The membership of the inspection team consisted of one inspector, two assistant 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 and their area of expertise was in older people.

Service and service type:

Blackthorns is registered to provide care and accommodation for up to 62 older people.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection took place on the 8 and 10 May 2019 and was unannounced.

What we did:

Prior to our inspection we reviewed notifications we received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

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.

We spoke with eight people who used the service and nine relatives. We spoke with two visiting health

professionals, 13 staff and five senior staff including registered manager.

We reviewed the care records of six people. We also looked at records relating to the overall quality and safety management of the service, maintenance logs, complaints, three staff recruitment files, staff training records, meeting minutes and medicines management.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- Lessons were not always learnt when things went wrong. Prior to the inspection concerns had been raised when an individual had tried to eat a poisonous item and we were assured that in future, items of this nature would be locked away. However, when we checked we found that this had not been consistently implemented. The registered manager subsequently told us that this had been addressed and additional checks put into place.
- Incidents were not being routinely logged and there was no centralised system in operation. We saw that an individual had broken a door when they tried to exit the building. This event had not been recorded and reviewed to identify learning.
- The registered manager told us that they were working with other agencies such as the local authority to drive change at the service. They acknowledged that there had been recent issues which had impacted on the delivery of care, but they had an improvement plan in place and issues were being addressed.
- Accident records showed that staff responded to people promptly following a fall or incident. Falls observations charts were completed to monitor people's wellbeing after sustaining a fall. People's needs were reviewed and if necessary equipment was provided. Appropriate referrals were made to other agencies for help and advice.

Assessing risk, safety monitoring and management

- Risks were assessed but not always consistently well managed. The service used several standard tools to calculate risks to people such as those arising from skin integrity and nutrition. People were provided with equipment such as specialist mattresses and sensor mats to help mitigate the risk of harm. Records showed that people at risk of skin damage were repositioned at regular intervals, however some of the plans were not clear about how often this should be undertaken. One person had a moisture lesion but there was no clearly documented plan about how this should be managed to prevent further deterioration.
- Staff knew most people well and how the risks should be managed. One person told us that they didn't always have time to read the care plans, "But a lot of it is word of mouth from your care team manager. These are their risks, this is what they need."
- Environmental risks were identified and managed. One person told us, "I feel safe here, the fact that there are the number of staff around doing their job, they put a sidebar on my bed, the windows are triple glazed, and they have got fire doors. They do make you feel safe."
- Records showed that checks were completed on the building and equipment to ensure that it was safe and well maintained. Water temperatures were tested, and fire equipment checked. Radiator covers were in place and wardrobes fixed to the wall to minimise potential risks.
- Personal evacuation plans were in place and staff could tell us what they would do in the event of an emergency such as a fire. The provider commissioned regular health and safety audits.

Staffing and recruitment

- Staffing levels were satisfactory but we identified some issues with the deployment of staff and the impact of simultaneously having a number of newly appointed staff on duty.
- Records showed that the service had followed robust recruitment procedures and ensured that checks were undertaken on staff suitability to work in a care setting. However, the service did not have a policy on staff relatives working together and the registered manager had not identified some of the potential risks or developed a plan to manage these. The provider's representative agreed to action this immediately.
- The provider calculated the staffing levels based on the dependency levels of the people living in the service. During the inspection a number of the provider's senior management team attended the service and therefore the staffing levels we observed were not an accurate reflection of people's day to day experience.
- Most people told us that staff were available when they needed support. One person told us, "Staff don't have time to sit and talk, but they always answer the buzzer and most of the time are very good. They are busy at change over and meal times, it just takes 5 minutes longer. They chat when they are coming and going and sometimes stop and chat when they are passing my door."
- A relative told us, "[My relative] waits for the toilet at mealtimes when they are busy but it has improved over the last month." Staff told us that some units were busier than others. Most highlighted the main unit as being very busy. One member of staff told us, "Some days it feels like we don't have enough, others we do. Early morning is the hardest time... We have three in morning and three in afternoon [in the main unit] and we have a lot of people who need two carers to support them." Another told us, "It depends on what member of staff is on shift. If you have a member of staff who has been here longer who understands the residents it's ok. But if it's a newer member of staff you're having to pick up on what they are doing, show them what to do... Sometimes you don't feel the residents have received your best."
- The service was no longer dependent on agency staff and used its own bank staff to cover shortfalls, although there was still a vacancy for activity staff.

Systems and processes to safeguard people from the risk of abuse;

- People told us that they felt safe. One person said, "I feel safe as there is always staff about, I can go to the office and talk to whoever is there. Staff listen, they are very good, they know that I cannot hear very well."
- Staff had received training on safeguarding and were able to tell us about the policy and the actions that they would take to keep people safe. One person told us, "The first step would be to grab a Care Team Manager, inform them of the situation, see what they suggest. If they ignore it I would report it to the deputy and then if that's still not good enough, to the manager, then head office or CQC."
- The registered manager had made appropriate referrals to the safeguarding team at the local authority.

Using medicines safely

- Medicines were safely managed. There were clear systems in place for the ordering, administration and monitoring of people's medicines.
- Medicine profiles outlined how people liked to take their medicines and we observed that people were given the time they needed.
- Medicine administration charts were in place and were well maintained. Handwritten entries were checked for accuracy.
- Where people were prescribed, as needed medicines such as pain relief, there was clear guidance in place to guide staff on administration.
- We checked a sample of medicines including controlled drugs against the records and saw that they all tallied.

Preventing and controlling infection

- People were protected by the systems in place to control and prevent infection.
- Staff had access to personal protective equipment such as gloves and aprons and we observed staff using

these appropriately. People had individual slings to reduce the likelihood of infection when being assisted with their mobility.

- The service was clean, and several visitors commented on the new flooring and how the service smelled and looked fresher. Regular infection control audits were undertaken to identify shortfalls. Where issues were identified, an action plan was produced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. The registered manager acknowledged that some pre-admission assessments had not been as comprehensive as they could have been. This had meant that they not been able to support people safely and as a result people had to move to another care provision. The registered manager told us that since then, they had strengthened the pre-admission assessment process.
- The provider is part of a national group and had systems in place to update staff and ensure support was delivered in line with current standards and guidance.

Staff support: induction, training, skills and experience

- Staff received training, but the induction of staff was not always thorough or personalised. The service had recently appointed a number of new staff, all of whom had only shadowed more experienced colleagues for a two-day basis. One of the staff was working independently and as they were only in post a few days, was not able to tell us about the people they were supporting.
- One person expressed concern to us that their catheter had not been emptied. When we spoke to staff about this they told us. "They should be checked 3 times a day, the new staff don't know the routine."
- We spoke to the providers representative about our concerns and they told us that while the provider's induction process was for staff to shadow for two days this could be assessed on an individual basis. They agreed to ensure that this assessment was implemented and ensure that those staff new to the care sector were given the support and training they needed.
- New staff also completed the care certificate which is a nationally recognised work based vocational qualification.
- Staff also completed a range of online and face to face training. Staff told us that their training included, moving and handling, first aid, health and safety, dementia and pressure area care.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people told us that they enjoyed the food, and the meals served on the days of the inspection looked appetising. However, on both days there were insufficient amounts to enable people have a choice or meet their preferences.
- A new menu was being developed but there was no clear system in the kitchen to highlight those with allergies or who required special diets.
- There was a menu, but this was not followed on the first day of the inspection and resulted in confusion and people being given their dessert before their main meal.

- People were weighed regularly and there were systems in place to monitor people's weights. We were told that those who had been identified as being at risk of weight loss received fortification and cream shots to supplement their diet and mitigate the risks of malnourishment. However, we found that these plans were not being followed and there were no smoothies or cream shots available on the days of the inspection.

Adapting service, design, decoration to meet people's needs

- Peoples bedrooms were comfortable and had been personalised with items of importance to the individual.
- There was good signage throughout the ground floor of the service to help orientate people and promote their independence. However, we saw that a recent incident had occurred where a resident had taken the lift to the lower ground floor and had been unable to return. We have recommended that that the signage in this part of the service is reviewed.
- There was a clear system in place for identifying and responding to repairs and ensuring that the service was well maintained.
- People had access to a range of communal areas where they could spend their time. One lounge had been converted into a café type space, but this was in use by staff and visiting professionals on both days of the inspection.
- Several of the dining areas did not have enough seating to enable people to sit at the table should they wish to do so. Staff were observed standing or kneeling to support people to eat which is not best practice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care records evidenced ongoing involvement of health care professionals such as dieticians, GPs and occupational therapy. People told us that they had good access to health care when they needed it.
- The registered manager met regularly with the district nursing team to discuss people's needs and how they could work together.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At this inspection we checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found that where people were being deprived of their liberty, applications had been made to the local authority.
- Best interest decisions were in place for some individuals which showed that consideration had been given to the least restrictive option
- Staff were observed asking people and offering people choices and seeking their permission before commencing support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection we observed kind and caring interactions between staff and the people living in the service. People looked relaxed in the company of staff and described staff as kind and caring. A relative told us, "We were here on a show round and they actively left us and went to attend to a bell, that was good, as they were dealing with people who live here first rather than making an impression on us."
- People told us that they had good relationships with staff. We saw affection displayed between people which included friendly banter, laughter and touch. One person told us, "I can talk to [member of staff] about problems, I can talk to all of them, they are brilliant, I was not well when I came here, now with this view from my room and seeing everything coming back to life outside, with regular meals, regular medicines and the care I am so much better now."

Supporting people to express their views and be involved in making decisions about their care

- People told us that staff were approachable and they were able to express their views. One person told us, "[Name of staff member] is amazing, we can ask her anything."
- People and their representatives were involved in making decisions in how they wished to be cared for. One person told us, "I get myself up and see to myself, I choose my own clothes to wear." Another told us, "They (staff) are not draconian, I get up and go to bed when it suits me."
- Regular meetings were held with relatives and people who used the service to ascertain their views.

Respecting and promoting people's privacy, dignity and independence

- Staff understood that it was people's right to be treated with dignity and respect. We observed staff putting this into practice during the inspection. One staff member told us, "Forget me not stickers prompt us to have a chat and the information on the doors can be used to initiate conversations."
- People consistently told us that staff ensured their privacy by knocking on doors and ensuring that curtains were closed before commencing support.
- We observed that people were provided with specialist cutlery and plates to enable them to be as independent as possible when eating.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans in place to guide staff on people's preferences and how to support people. However, information was not always up to date or sufficiently detailed which meant that people were at risk of not having their needs met in a safe and effective way.
- People did not have a clearly documented plan in place for the management of their catheter which meant that they were at risk of an infection. Other information was contradictory, one person's records stated that they had a DNACPR (Do not attempt cardio pulmonary resuscitation) form but in another section, it stated that this was not in place. In another example one person's records stated that they found it difficult to be washed by a male carer but in another it said the person did not have a preference.
- Care was not always provided in line with care plan, one person's records stated that their legs should be elevated but we did not find that this was undertaken. Another person's care plan stated that they should have snacks between meals but when we checked their food and fluid charts there was no record of this being offered.
- Daily records were maintained but the records did not correspond with our observations such as on how much people had eaten.
- The registered manager told us that they had already identified some of the shortfalls in the care planning documentation and were starting to review and update these. This process was underway on the second day of our inspection. We saw that they had also introduced some new documentation and prompts for staff to follow to improve recording.
- Relatives told us that they were kept informed of changes to people's wellbeing and the service communicated with them regularly.
- People were enabled to follow a variety of interests and activities. Outside entertainers visited and worked alongside in-house activity staff to provide activities such as music, bingo and quizzes.
- We observed that the activities provided were inclusive and friendly. One relative told us, "They are trying hard with activities, but there could be slightly more." We saw that there were periods when no activities were available but were told by the provider's representative that the service still had a staffing vacancy and they were looking further at how best to provide people with interesting and stimulating activities.

Improving care quality in response to complaints or concerns

- People told us that they would speak with the manager or the provider if they had any concerns.
- The service had a complaints procedure and we saw evidence that where complaints had been received they had been taken seriously and investigated promptly. The findings were used to make improvements.

End of life care and support

- There was not always evidence of consultation about people's preferences for end of life care. Several plans stated, 'next of kin to arrange funeral directors.' Information was not provided about what was

important to people or if they had any specific cultural or religious needs.

- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place for some people which spelt out their wishes not to be resuscitated. We asked the service to follow up on one persons DNACPR as there was no evidence of them being consulted.
- The manager told us that they worked alongside other services such as the district nursing team to provide the support that people needed at the end of their life.

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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was an experienced manager who had worked at the service for a number of years. At the end of the inspection we were informed that they were leaving the service for another role.
- The provider had already appointed a support manager who was in post, and present during the inspection to strengthen the existing management team. An improvement plan was in place which set out how the provider intended to address some of the concerns that had been identified. This included issues raised by the local authority as well as those identified as part of the inspection process, such as around risk management, meals and care plans. The provider had a timescale for making the improvements.
- Most staff were positive about the management of the service and told us that they were supported. They told us that they could go to the Care Team Leader or other senior staff if they had a concern.
- The registered manager understood their responsibilities under the duty of candour to be open and honest.

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

- A management structure was in place with clear lines of accountability and staff were aware of their duties and responsibilities. The registered manager was supported by a deputy manager and an area manager who also provided oversight of the service for the provider.
- When required, notifications had been completed to inform us of events and incidents, this helped us to monitor the action the manager had taken.

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

- The registered manager sought the views of people, relatives and staff in different ways, including resident meetings and questionnaires. The registered manager had analysed the results of the surveys and was able to tell us what actions had been taken and why.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager collated data on a range of areas such as falls and weights and reviewed this information to identify shortfalls and learning.
- Quality management systems were in place. Audits were undertaken on areas such as the environment, health and safety, infection control and medicines. These had identified some but not all the issues that we found. Where actions were identified these were shared with staff as required.
- The registered manager had good working relationships with local health and social care professionals.

They gave us examples where they had worked in partnership with the local safeguarding authority and quality improvement teams to improve overall quality and safety monitoring systems.