Runwood Homes Limited

Owston View

Inspection report

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Doncaster
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 November 2017 and was unannounced. This means prior to the inspection people were not aware we were inspecting the service on that day.

Owston View is a purpose built care home with accommodation on two floors. The home is situated in Carcroft, Doncaster and is registered to accommodate up to 36 people. On the day of our inspection there were 24 people living in the home.

There was a registered manager employed at the service. 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.

Our last inspection at Owston View took place on 14 December 2016. The home was rated as 'Requires Improvement' overall, with the 'Caring' domain rated as 'Good'.

At this inspection we found improvements had been made and have rated the service 'Good' overall.

Some people who used the service and their relatives felt there were not always a sufficient number of staff on duty. However the registered manager kept this monitored and made sure numbers were above the minimum required. The senior managers reassured us they would continue to keep staffing numbers under close review and increase them as and when required.

The premises were effectively maintained and safety checks undertaken on a regular basis, including checks with regard to fire safety. Risk assessments were in place related to the environment and the delivery of care.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively. The registered manager had a plan in place to ensure staff supervisions and appraisals were completed in line with the registered providers policy.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet and had access to healthcare professionals to help maintain their wellbeing. Staff responded promptly when they were made aware of anyone with a health concern.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring.

In the main staff treated people with dignity and respect, although we did observe some practice which did not fully promote people's dignity.

Staff knew the people they were supporting well, and throughout our inspection we saw all staff, including the senior manager's, having friendly and meaningful conversations with people.

The planning and delivery of activities would benefit from being enhanced and improved to make sure it meets the needs of all people who use the service.

The service had a complaints policy, which was publicly advertised and accessible to people. People and their relatives told us they knew how to complain and would be confident to do so.

People, relatives and staff spoke positively about the registered manager saying they were accessible and included them in the running of the service. The registered provider's representatives carried out a number of quality assurance checks to monitor and improve standards at the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing numbers need to be kept under close review to ensure they are adequately maintained to meet people's care and support needs.

Individual risks to people and the service had been identified and steps had been taken to manage any risks.

Medicines were managed, stored and administered in a safe way.

Safe recruitment practices were in place.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff received training relevant to their role.

People were supported to maintain a healthy nutritional intake.

Timely referrals were made to relevant healthcare professionals where concerns were raised around a person's health or wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

Staff knew people's individual needs and preferences and people were involved in making decisions about their care.

People were supported to maintain their independence as much as possible and there were no restrictions on when they could have visitors.

Is the service responsive?

Good

The service was responsive.

People's care needs were regularly reviewed and assessed.

People were supported to access some activities, but the activities on offer could be improved.

People knew how to raise a complaint and staff knew how to support people with making a complaint.

Is the service well-led?

Good

The service was well led.

People, relatives and staff felt supported and included in the service by the registered manager and the registered provider.

There were systems in place to monitor and assess the quality of service being delivered.

There was clear leadership in the home and the registered manager was approachable and open to discussion.

Owston View

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 registered 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 27 November 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to our inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR within our requested timescale.

We reviewed all the information we held about the home. We also contacted commissioners of the service, the local authority safeguarding team, Healthwatch (Doncaster) and other stakeholders for any relevant information they held about Owston View. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Doncaster local authority contract officers, commissioners and the safeguarding team and Healthwatch (Doncaster).

In order to understand what people's experience was of living in the home we carried out a Short Observational Framework for Inspection (SOFI) in a lounge/dining room area of the home. SOFI is a way of observing care to help us determine the experience of people who could not talk with us.

During the visit we spoke with 12 people who used the service and six of their relatives. We spoke with the registered manager, the director of operations and the regional operations director. We also spoke with six staff including care team managers, care workers and ancillary staff. We looked at three care plans, three staff files and records associated with the monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with felt the home provided a safe place to live. Their comments included, "Yes, [it is safe]. I am quite happy living here" and "Yes, I think so" and "I feel safe living here."

On the day of our visit there were adequate staff to meet people's needs. One person living at the home told us, "They [care workers] are there when you need help." However, one set of relatives we spoke with said they felt, "Care is slipping as staff have to cover for laundry and kitchen on some shifts; this means they are pulled out too much." Another relative said they were worried about the number of staff leaving. They added that in their opinion, "There is never enough staff."

Staff we spoke with told us people's needs were being met, but an additional staff member would be beneficial. One care worker told us, "We could do with an extra carer at times as there are quite a few double ups [people who need two staff to care for them and transfer them]." This was confirmed by another care worker who stated, "Most people need two staff and we have no activities co-ordinator at the moment." They added that this meant that care staff were trying to offer stimulation to people, while having to provide care and complete records. The staff member said, "People are getting basic care, but are missing out on the niceties."

On the day of our inspection there were 24 people living at Owston View. There were three care workers and a care team manager working during the day. The care team manager had responsibility for administering medicines to people. We were told by staff the busiest time was during the morning and evening, when people required more care and support. Most people were taken to have their breakfast in the main dining room. This was the most efficient way to ensure everyone was supported to take their medicines and eat well. Also on duty were ancillary staff that also assisted people in the dining room during breakfast.

We looked at the staffing dependency tool used to work out how many staff were needed, taking into consideration people's level of dependency. We saw staffing was maintained above the minimum required; however feedback from people, relatives and staff was that more staff were needed during busy times. The staffing dependency tool did not take into consideration the layout of the home, which was spread over a large area, making it difficult for staff to observe people. During the inspection we observed a number of times when staff were not available in the communal areas of the home which could pose a risk to peoples' wellbeing.

We spoke with the senior managers and registered manager about this who assured us staffing numbers were kept under close review and that numbers of staff were altered when occupancy and dependency changed. They also said they would look at providing additional hours during the times people required more support, for example early morning and late evening.

We saw people being assisted to move around the home in a safe way. Appropriate specialist mattresses were in place to minimise the risk of people developing pressure ulcers. We saw other people using speciality chairs and aids to help them mobilise around the home. In one person's room we saw a crash mat

at the side of their bed. Staff said this was for their safety as they were at risk of rolling out of bed. There were keypads and stair gates in place to restrict access to the stairs to the unit for people living with dementia.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Risk assessments were regularly reviewed to ensure they reflected current risk. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations. For example, each person living at the service had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Regular checks of the service's premises and equipment were carried out to ensure they were safe to use. Maintenance staff regularly tested emergency lighting, fire alarms, the call system, fire extinguishers and carried out fire drills. Required test and maintenance certificates were in place covering such things as hoists, legionella and gas and electrical safety. A fire service plan (risk assessment) had been completed in November 2017. We saw evidence of actions taken in response to this to reduce the risk of fire.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they understood the safeguarding and whistleblowing policies and would be confident to report any concerns they had. We saw records which confirmed staff had received safeguarding training during 2016 and 2017. There had been a number of safeguarding incidents since our last inspection. We saw these had been reported to relevant agencies and investigated. We also saw evidence of lessons learned from these incidents and actions taken to prevent a reoccurrence.

Each person at the service had a medicine administration record (MAR). Each person's MAR contained their photograph, GP details and information on such things as allergies that a person had. We reviewed people's MARs and saw they contained no omissions in recording. Where medicines had not been administered the reasons for this were clearly recorded. Where people used 'as and when required' (PRN) medicines, protocols were in place setting out when the person might need them, particularly where they could not verbally ask for them. We observed people were supported to take their medicines as prescribed with appropriate drinks and
encouragement.

Medicines were safely and securely stored in locked trolleys in a locked treatment room. Some people at the service were prescribed controlled drugs. Controlled drugs are medicines that are liable to misuse. These were appropriately recorded and securely stored.

Regular checks of people's medicines stocks were carried out to ensure they would always have access to the medicines they needed.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff, to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We found the home was clean and suitable for the people who used the service. There were no unpleasant odours present and we did not see any damaged or unsuitable furniture or equipment. Staff were observed to wash their hands at appropriate times. Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available. This meant people were protected from the risk of acquired infections.

While walking round the home we noted some empty bedrooms were being used for storage for items such as mattresses and hoists. In room one room we saw the carpet would need replacing before it could be used by anyone as it was very badly stained. A domestic worker told us it had been cleaned several times but the stains would not come out. All the bathrooms and toilets we looked at were clean and adequately maintained, including the ones in the empty part of the home.

Good

Is the service effective?

Our findings

The people we spoke with were happy with how staff delivered their care. Those spoken with were complimentary about the staff and the standard of care they provided. A relative told us, "I am happy with the staff." Another relative commented, "She [person using service] was terrible before being admitted here, not mobile at all. Now she is mobile and can drink unaided."

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as speech and language therapists (SALT), dieticians and GPs.

People told us they enjoyed the meals provided and confirmed they could have snacks between meals. One person told us, "It's not bad. They come round with a menu and we choose. If we don't want what's on the menu you can choose anything you want, and there's a choice with drinks such as tea, coffee or juice." A relative told us, "Food is always nicely cooked and staff really engage with people."

We observed part of the breakfast and lunchtime meal being served in the dining room and saw it was a relaxed experience for people. People were offered protection for their clothing if needed, and staff respected people's decisions. It was noted that meals taken to people in their rooms were taken on a tray, but not covered up to keep them warm. This was feedback to the registered manager for her to action.

The menu was displayed on the wall in picture format. The pictures were large and clear so people seated nearby would be able to see what options were available. We saw staff offering people a choice of drinks and asking if they wanted anymore when meals and drinks were finished. Staff interaction was good, and we saw they assisted people to leave the dining room gradually, making sure they were settled and comfortable in their chosen sitting area.

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. The registered manager was aware of the need to use best interests processes to assist in the support of people who lacked capacity to make significant decisions for themselves.

People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people living in the home were subject to a DoLS authorisation and others had applications pending. The manager had a clear record of all decisions made and when these decisions needed to be reviewed. Staff had received training on the MCA and understood the importance of obtaining consent before providing people with care and support.

People's care records contained decision-specific mental capacity assessments, which helped staff assess

whether people could make decisions about every aspect of their care and support. These assessments contained evidence of the involvement of people's families and other professionals involved in their care, which was in keeping with the principles of the MCA. Where people lacked capacity their care plans contained details of the decisions staff could make in their best interests.

Staff spoken with said when they had started work at the home they had completed a full induction programme. This was classroom training covering all mandatory training for example, health and safety, fire, first aid, food safety and safeguarding adults. After induction staff were rostered to work alongside other more experienced staff until they were confident to work unsupervised. Staff told us, "We would benefit from some training in dealing with behaviour that challenges." The regional operations director told us they had this planned and ready to roll out to staff.

Regular updated and refresher training was provided to all staff. Each year staff were expected to complete refresher training to keep them up to date with changes in work practices or legislation. Training that was available via e-learning could be completed at work or at home. The registered manager told us if staff chose to complete the e-learning at home they were paid for their time.

On display in the home were details of staff who were 'champions' in a particular area of work. For example, there was a dementia and dignity champion. Staff also had 'expert' roles in moving and handling and infection control. These staff had taken additional training so they were skilled and qualified to provide advice and support to other staff about their expertise.

Staff were aware of supervisions and appraisals, although the frequency they had received these varied. Some staff said they had regular supervisions whilst others could not remember when their last supervision was. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. One care worker told us, "I like them [support sessions], they [managers] ask you how you are, how you are getting on and if you are happy etcetera." They added that not all care workers had received their supervision sessions in line with company policy because of lack of time and the changes in the staff team.

We saw there was a plan in place to ensure all staff were receiving supervision and appraisal as per the registered provider's policy. The registered manager told us although there was some work to do to catch up they were confident they would be on target to achieve this within the next few months. Staff told us that they could voice any concerns they had at any time and would not wait until a formal supervision if there was something they needed to discuss.

Good

Is the service caring?

Our findings

Our observations, and people's comments, indicated that staff respected people's decisions and preferences. People told us staff were kind, caring and friendly. A visitor told us, "Staff are so caring, absolutely wonderful." Another person described how they were able to main contact with their family member, "Thanks to staff support."

The majority of people looked well cared for and content living at the home, although we did see two people whose hair looked as if it needed combing. We also spoke with one person, who had not had a shave, when we asked why this was they said it was their choice.

We saw one bedroom where the person was being cared for in bed. The room was clean and peaceful with soft music playing in the background. Information about the person's keyworker was displayed on the wall along with their role in supporting people.

We saw staff interacting with people in a very positive manner. Their verbal exchanges and body language was warm and friendly and people responded positively to them. At lunchtime we saw one person clearing a table. Staff asked if they would like a cloth to wipe them down. This showed people were encouraged to be involved in life at the home

The care workers we spoke with demonstrated a good knowledge of the people they supported, their needs and preferences. They spoke about people with kindness and affection.

Everyone spoken with told us communication within the home had improved greatly since the new manager started. We saw each room had a copy of the 'Residents Guide' pinned to a noticeboard. The booklet welcomed people to the home and covered topics such as the staff team, how to access a GP or the hairdresser, the care provided at the home and the complaints procedure.

Staff encouraged people to be as independent as possible, while always ensuring they were available to provide support and keep people safe. For example, we saw one person who needed support with moving around the home. Staff encouraged them to walk as far as they could and discreetly monitored this to ensure they were available to help the person if needed. We also saw where people needed support with eating. Staff assisted with some tasks such as cutting food, but then encouraged people to do as much as possible for themselves.

We saw where a person's physical needs had changed staff had done everything possible to support the person to stay at the home for as long as they were able. This was done to by working closely with other healthcare professionals and by providing the equipment they needed to be supported within the home.

Staff described, and we observed, how they respected people's dignity and choice. They said they asked people what they wanted, explained what they were going to do to support them and listened to their replies, acting on their requests. However, we noted that one person was sitting in the lounge with their skirt

pulled up, their clothes protection still in place and a sandwich on the table, not on a plate, and it took staff a while to notice and address these issues. We also saw an open commode with urine in it was close to someone eating their breakfast in their room. This was neither dignified nor hygienic.

Each month a staff member was nominated the 'dignity employee, star of the month'. Their photograph was displayed in the entrance of the home and also in the homes newsletter. Staff told us they were awarded a gift and praised by the registered manager for their good work in making sure people were treated with dignity, respect and compassion.

We saw information was provided to people about how to access local advocacy services. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. There was also information on display around the home about such things as the last inspection, the complaints procedure and what actions were being taken to improve the service.

Good

Is the service responsive?

Our findings

People we spoke with told us they were happy with the care and support provided. One person commented, "The staff are marvellous, if we want to go anywhere they take us." A relative described how their family member could not walk when they came to live at the home. They said, "Staff really engage with people. They don't rush them."

Care staff were seen responding to people's requests for assistance in a timely way. For instance, one person called out to staff who went over to them and asked what they wanted, then acted on their request.

People's care was based on their assessed needs and preferences. Before people started using the service their support needs were assessed in areas such as mental capacity, personal care, medicines, food and nutrition, communication and mobility. If a support need was identified a care plan was developed based on how the person wished to be supported. For example, one person was identified as being at risk of choking. Staff in consultation with other healthcare professionals had worked with the person to develop a plan that kept them safe, but also allowed them to continue to eat the foods they liked.

Care plans also contained personal profiles, setting out people's life history, likes and dislikes and things what were important to them. This helped staff to know what was important to them. Daily notes were used to help ensure staff had the latest information on people's support needs, and we saw staff updating these throughout the inspection so their colleagues on later shifts would know what had happened that day.

Staff reviewed and updated people's care plans on a regular basis to reflect changes in their needs. Two relatives told us they had not been asked to be involved in the annual review of their family members plan. The registered manager told us they had started to send out letters inviting relatives to annual reviews but had not yet done this for everyone. She said she would arrange a prompt review for this person and invite their family.

There was no activities person employed. Care staff said they had to try to fit in some activities when they could. People told us they enjoyed the activities the care staff provided. An entertainer had visited the service the day before and we overheard one person telling staff how much they had enjoyed it. One person told us, "They did baking yesterday, and we have bingo and entertainers. I've done a few paintings, some are in my room and I have given some to other people."

We saw care staff leading a sing-a-along with some people playing musical instruments. Staff told us they also facilitated regular bingo sessions.

When we asked the staff how they evidenced activities had taken place, they said staff should complete the activities sheet in the care file. However, they acknowledged this was not always done due to lack of time.

In the homes newsletter we saw activities such as motivational class, fish and chip supper, bingo, board games and parties were organised. People told us staff also arranged entertainers to visit the home, about

once a month.

The service had a complaints policy and procedure which was detailed in the service user guide given to people when they were admitted to the home. This covered formal and informal complaints and how they would be dealt with. Seven complaints had been lodged with the registered manager in the last six months. Records confirmed the registered manager had investigated these in line with the complaints policy. People and their relatives told us they knew how to complain and would be confident to do so.

On the day of the inspection a family raised some concerns with us about their relatives care. The director of operations told us they would go and speak with this family to resolve their issues. We saw the director of operations meeting with the family, discussing their concerns and looking at ways of resolving these.

On the day of the inspection one person was receiving end of life (EOL) care. We saw there was an EOL care plan in place which included how the person wanted their care to be delivered during their final days. Other healthcare professionals had also contributed to the plan, which showed what involvement they would have and how they would support the person, their family and the staff with this. We also saw a 'Life history story' booklet was on their table, which told staff about the person being cared for. Food and fluid charts had been completed, as well as postural turn charts, which helped to ensure the person was comfortable and pain free.

Good

Is the service well-led?

Our findings

Since the last inspection a new registered manager was in post. Both people living in the home and their relatives were clear that the care and support received by people had improved since the start of the new registered manager.

People told us they felt the home met their needs and they knew who to go to if they needed to discuss anything. One person told us, "I feel safe; no-ones chased me out yet, thank goodness." A relative said, "[Registered manager] is great, very on the ball and approachable. Another person told us, "She's [manager] lovely. Always sorting us out."

Staff also spoke positively about the registered manager. Staff told us, "[Registered manager] and the administrator are always helpful. The manager is really nice; you can always go to her. She has no favourites, she treats everyone the same," "The manager is putting actions in place [to address any areas needing improving]. I feel I can go and talk to her about any concerns" and "I take any problems to the registered manager and she will listen to them. We saw this happening throughout the inspection. The registered manager was a visible presence around the service.

Regarding the company staff told us, "There have been a lot of changes, but they offer a lot of training and we get good support from the area manager and operations director. They are always at the end of the phone if you need support."

None of the staff we spoke with could recall being asked to complete any surveys from the company. However, they said their views and opinions were shared with the registered manager informally, as and when they wanted to discuss anything.

The registered manager told us when she had started work at the service she had held a meeting for all relatives. Due to a number of concerns being raised at this meeting all relatives were sent a survey, asking their opinions of the service and giving them an opportunity to raise any concerns. We looked at the feedback from the surveys and saw comments were in the main positive about such things as cleanliness, catering and care. Less positive comments were about the activities programme and laundry services. The registered manager showed us the improvement plan in place to improve the areas of concern highlighted.

The registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. These included audits of medicines, catering, bedrooms and mattresses, infection control and maintenance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Auditing and monitoring of the service was also undertaken by other senior staff and senior managers. We looked at audits and found they were completed daily, weekly or monthly. The audits assisted managers to identify any trends or themes occurring, so that reoccurrences of such things as accidents could be reduced

or eliminated.

Where issues were identified an action plan was put in place to address it and the registered manager monitored the remedial action taken. For example, a care plan audit identified that some information regarding the MCA and DoLS was not recorded. Relevant staff were reminded of the correct procedure and this led to an improvement at the next audit.

The regional operations director carried out regular site visits, during which they spoke with people using the service and staff, inspected premises and reviewed any complaints that had been submitted. This meant appropriate procedures were in place to monitor and improve standards at the service.

We saw a service improvement plan was in place which provided timescales by which improvements would be implemented. We found the registered manager was on target to meet all the requirements of the action plan. We found systems in place to assess and monitor the quality of the service needed to be maintained and fully embedded into practice so that improvements were sustained.

The registered provider had policies and procedures in place which covered all aspects of the service. The policies were regularly reviewed and updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager and senior staff were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and evidence we gathered prior to the inspection confirmed this.