

Runwood Homes Limited

Eastham

Inspection report

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12 December 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eastham is a residential care home providing personal care and support for up to 25 older people some of whom may be living with dementia and people with a physical disability and sensory impairment. At the time of our inspection 18 people were using the service. The service is set in an adapted building over 3 floors.

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

People and staff were not always protected from the risk of infection as policy and procedures were not being followed to keep people properly protected. Improvements had been made quickly to ensure people were not at risk of harm but these needed to be sustainable.

There was enough staff to support people with their personal care. However, staffing levels needed review to ensure people got good quality care in all aspects of their life at the service.

We have made a recommendation about staffing levels.

Safeguarding systems were in place to protect people from harm. People were given their medicines in the right way and at the right time. They were well managed by staff who were competent in their role.

Staff were safely recruited in line with legal requirements and the provider had completed the appropriate checks.

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

The provider worked alongside other healthcare professionals in order to support people's health needs, making referrals and seeking additional support where appropriate.

Lessons had been learnt from incidents and accidents and shared with staff to prevent them from happening again.

Staff and people who used the service were positive about the management of the service.

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

Rating at last inspection

The last rating for this service was good (published 20 March 2021).

Why we inspected

We carried out this unannounced inspection on 12 December 2022 to review the key questions of safe and well led only. This focussed inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe 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 ●

Eastham

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The service was inspected by 1 inspector

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the service was being managed by a new manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 December 2022 and ended on 21 December 2022. We visited the service on 12 December 2022.

What we did before the inspection

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

During the inspection

We used observation of people's care and the outcomes for them during the inspection visit. This was to help us understand the experience of people who could not talk with us.

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 3 care staff, a domestic and maintenance staff member, the manager, regional operations director and the person responsible for providing external management support to the new manager.

We looked at 2 people's care plans to see people's risk assessments and recorded care needs and 2 staff recruitment files to review the provider's recruitment practices. We reviewed the service's quality assurance systems and health and safety information and audits.

Following the inspection visit, we continued to seek further clarification from the manager and regional operations director to validate evidence found and additional information was provided.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant 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.

Preventing and controlling infection

- At the time of inspection the provider was not always supporting people living at the service to minimise the spread of infection.
- Hygiene practices in relation to the storage of hoist slings and cleaning of equipment needed to be improved. Slings were left in communal areas and therefore at risk of contamination. The provider took action on our feedback and put a system in place for the safe storage and laundry of people's slings. Staff would be able to follow these clear instructions for each person.
- Some wheelchairs and hoists needed cleaning. Arrangements for the cleaning and monitoring of equipment was put in place quickly to better manage hygiene practices more effectively.
- Improvement was needed in the use of personal protective equipment (PPE) as staff were seen not using it effectively and safely. One staff member did not change their PPE when going into or coming out of a bedroom of a person who had COVID-19. This increased the risk of infection spreading in the service and was not in line with government guidance. Refresher training for staff in donning and doffing their PPE had been undertaken after the site visit so all staff were clear on their responsibilities.
- The provider had taken our concerns serious and sent us evidence following inspection on improvements made. These now needed to be embedded and sustained.

We recommend the provider continues to ensure current guidance in relation to infection prevention and control is understood and embedded in practice.

- Processes were in place for those with COVID-19 to be cared for in line with government guidance. A review of the process for this had taken place during our inspection with all staff receiving an update to their knowledge.
- The layout of the premises was clean and odour free. The provider was preventing visitors from catching and spreading infections and their infection prevention and control policy was up to date.
- People were admitted safely to the service in line with current guidance. New people had been admitted to the service safely and were settling in. The provider was responding effectively to risks and signs of infection.
- Staff had received infection, prevention and control training. The service was in the process of identifying an infection, prevention and control 'champion' to ensure staff follow best practice guidance within the workplace and to influence colleagues' practice.

Visiting in care homes

- There were appropriate visiting arrangements in place for people to receive visitors at the service and to support people to go out in the community.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "Oh yes, I am safe here, safer than at home."
- Staff had received training in safeguarding and knew how to raise concerns. A staff member said, "I would report to [manager] and if they didn't do anything or listen to my concerns, I would take it further to the local authority or CQC."
- The provider's system for raising safeguarding concerns had improved. The manager worked well and openly with the local authority to investigate any accidents, incident or allegations, to keep people safe.

Assessing risk, safety monitoring and management

- The assessment, management and recording of people's risks associated with their skin and pressure care, falls, moving and handling and nutritional needs had recently been reviewed and improved.
- Risks to people's safety and wellbeing had been reduced as a result but ongoing monitoring and mitigating of risks to people's health would ensure people were kept safe.
- We saw people's needs were monitored to ensure they kept well. For example, making sure people had adequate fluid and food intake and recording when a person had been repositioned to relieve pressure on their skin. One person said, "They [staff] are lovely to me and help me to my room. It is good to know they are behind me, so I don't fall."
- The safety of the building and appliances was monitored and managed in order to keep people safe.
- Fire drills took place to ensure people and staff could evacuate the building safely. People had personal emergency evacuation plans (PEEP) to inform staff and professionals of their individual needs and arrangements in the event of a fire or emergency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

Staffing and recruitment

- There were enough staff on shift to provide personal care and support to people. However, the allocated staffing for people to have good outcomes in all aspects of their care needed review, to ensure there were always enough staff to spend quality time with people and reduce and prevent their risk of isolation and loneliness. A staff member told us, "There are just enough care staff to care for people's physical needs but I do worry about how lonely people get as we just don't have the time to spend quality time with people, it's very sad."
- We observed people wandering without any purpose. There were minimal activities being provided as the

activity's coordinator was covering meal preparation as the cook was on annual leave.

We recommend the provider ensure that contingency plans are in place for people to have access to meaningful activity every day.

- Relevant checks were completed before a new member of staff started working at the service. This included an application form, a photograph, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had received medicines training and had their competency to support people with their medicines checked.
- Medicine records we reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medicines were being managed safely.

Learning lessons when things go wrong

- The provider had put systems in place to learn lessons when things went wrong. Accidents and incidents were investigated to identify the cause and identify any themes and trends that needed action taken to keep people safe.
- The management team were open and responsive to concerns, acted upon them and made improvements as a result.
- Staff shared learning through regular meetings, handovers and information sharing to promote safer care.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not ensured that there had been appropriate systems in place to identify the shortfalls we found around infection prevention and control on the day of inspection.
- The service had experienced some management changes and the quality of oversight had suffered. However, a new manager had come into post and was being supported by the providers regional operations director and a support manager..
- The service had been receiving support from the local authority quality team to improve in areas such as care planning, risk assessments and monitoring people's day to day care notes following a quality review. This had led to improvements in care planning, risk assessments and recording and monitoring of people's day to day care; but time was needed to fully embed these practices under a new manager.
- Staff told us they felt well supported by the manager. A staff member told us, "The atmosphere has changed so much, everyone works as a team now, with [name of manager] at the helm." Another said, "I love working here and feel positive for the future and understand the changes needed to make care better for people."
- The management structure at the service was clear and staff understood their roles, in relation to regulatory requirements. Notifications for notifiable events were sent to CQC as required.
- Audits had been put into place and were being consistently completed and updated. This meant we were assured the provider had good oversight at the service to drive continual improvements.
- Staff were supported with regular meetings and information. Lessons learnt were shared with staff and checks on their performance completed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture of staff, people, their relatives and professionals all working well together.
- New staff members were being employed to reduce the use of agency staff and staff were positive and welcoming of a more consistent staff team working together for everyone's benefit.
- People told us they were supported to live as independently as possible and make their own decisions

about their day to day activities. A person told us, "I get on with everyone and [manager] is lovely, always popping in to see me." Another person said, "I am not sure what to do sometimes but they [staff] help me find my way, I like them all."

- The service worked well in partnership with other health and social care professionals such as district nurses, GPs and the local authority. The new manager had been very open to discussing improved ways to meet people's needs and was determined to embed these changes and make them sustainable.

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

- Staff engaged with people in a positive way and used their preferred names. However, people could be more involved and engaged in day to day activities to increase their sense of purpose and independence. We saw on numerous occasions, some people sitting and then walking up the corridor and then being brought back to the same chair and sat down again.

- Regular meetings were held with people, their relatives, staff and managers to discuss people's care and the running of the service. We saw notes of meetings, where discussions had taken place, and actions taken as a result.

- Some of people's protected characteristics were in their care plans but there was not a system in place to ensure people's lifestyle and culture was recorded. To fully record and consider people's age, disability, gender reassignment, marital status, race, religion or belief, sex and sexual orientation would ensure the service was able to meet everyone's needs equally. Work was being undertaken to look at how this could be incorporated as part of the assessment process.