

Runwood Homes Limited

Loganberry Lodge

Inspection report

79-81 New Farm Road
Stanway
Colchester
Essex
CO3 0PG

Tel: 01206563791

Website: www.runwoodhomes.co.uk

Date of inspection visit:

31 January 2019

04 February 2019

Date of publication:

04 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Loganberry Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Loganberry Lodge is registered to provide care and support for up to 138 people, some of whom live with a diagnosis of dementia. Care is provided across four units in the main building and a separate unit called Huckleberry located adjacent to the main building. There were 127 people in residence when we inspected.

Rating at last inspection: Requires Improvement (Published 20 February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

People's experience of using this service:

Since the last inspection the service had improved in several key areas and met the characteristics of 'Good'.

People received personalised care from staff who knew them well. People told us they were happy living in the service and staff were kind and caring.

There were clear systems in place to recruit staff and ensure their suitability before they started work at the service. Staff were observed to be busy at key points in the day, but people told us staff were mostly available when they needed them. Staff received training to develop their skills and enable them to meet people's needs.

Risks to people's safety had been considered and steps taken to reduce the likelihood of harm. The environment was well maintained. People benefited from clear signage which helped them to orientate themselves around the building and stay independent.

Meals were nicely presented and looked appetising and people told us they enjoyed the food.

Medicines were managed safely, and practice followed professional guidance.

People had access to a range of health care professionals and support. Where risks were identified to an individual's health or welfare, referrals were made to the relevant healthcare professionals for support and guidance.

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

Care plans were detailed and informative and underpinned the delivery of care. There were a range of

activities provided to enhance people's wellbeing.

People's views were sought, and the information used to make changes to areas such as activities and catering.

Staff were supported in their role and received regular supervision. Staff were motivated and told us the service and the care provided had improved. They expressed confidence in the management of the service.

The registered manager had worked in partnership with local services including the local safeguarding authority and quality improvement teams to improve quality and safety monitoring systems.

The provider had a framework to monitor performance and drive improvement. This included the collection and analysis of data as well as regular audits.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Loganberry Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had a registered manager. 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.

Notice of inspection:

This inspection took place on the 31 January and 4 February 2019 and was unannounced.

Inspection team:

The membership of the inspection team on the first day of our inspection consisted of three inspectors, a professional advisor in nursing care and expert by experience. One inspector completed the inspection on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in older people and dementia care.

What we did:

Prior to our inspection we reviewed notifications we received from the service. Notifications are changes, events or incidents 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 twelve people who used the service. Not everyone using the service was able to verbally express their views. We spent time observing care within communal areas and as a number of people who

lived in the service were living with dementia we used the Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with thirteen relatives, the registered manager and nineteen staff.

We reviewed the care records of twelve 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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in December 2017 this key question was rated 'Requires Improvement'. This was because we had some concerns about staffing levels, infection control systems and risk management. At this inspection we found that progress had been made to improve safety across the service. Therefore, the rating for this key question had increased to 'Good'.

Systems and processes to safeguard people from the risk of abuse

- Policies on safeguarding and whistleblowing were in place and staff had received training on these. Staff demonstrated good awareness of the procedures and were clear about the actions they would take if they had a concern.
- The registered manager had made appropriate referrals to the local authority when concerns had been raised.
- People told us they were happy with the care. One person told us, "I am safe here, it's better than the previous home and residents don't walk around here at night. They check on me at night, though I don't hear them. It's a lot better staff here, anything you ask for they do, I could not wish for better staff, I am happy here."

Assessing risk, safety monitoring and management

- Risks such as those associated with skin integrity and mobility were assessed and managed.
- Staff were provided with clear guidance as to the steps they needed to take to reduce the likelihood of harm.
- Care records provided photographs of slings to guide staff on the equipment they should use to support people who required hoisting.
- Specialist equipment such as mattresses and cushions were in place to reduce the likelihood of skin damage.
- Staff understood when people required support to reduce the risk of harm. They were able to tell us who required repositioning and who was at risk of falls and the action they needed to take.
- Environmental risks were identified and managed. Records confirmed this. Where shortfalls were identified an action plan was developed.

Staffing and recruitment

- There were clear systems in place to check on the suitability of staff before they began work at the service. Disclosure and Barring Check(DBS), identity checks and references were undertaken for prospective employees, however references were not always being consistently requested from previous care providers. The registered manager immediately addressed this with the provider's human resources department.
- People told us there were sufficient numbers of staff available to support them. The registered manager had a dependency tool which they used to calculate the numbers of staff they needed. Staff were busy at

specific times but still able to respond to requests for assistance promptly.

Using medicines safely

- Medicines were safely managed. People told us that they received their medicines when they needed them. One relative told us, "Staff got the doctor in, they thought my relative had a water infection, took a sample Monday morning, and by Monday afternoon the medication had arrived."
- There were clear systems in place for ordering administration and monitoring of people's medicines. Staff administering were trained and their practice observed before working independently.
- Medication administration charts had been completed correctly and all but one of the medicines we looked at tallied with the records. We asked the registered manager to follow up on this shortfall.
- Where people were prescribed antipsychotic medicines, details were maintained on a register, a care plan was in place and the medicines were reviewed by their GP on a six-monthly basis.
- Some people were prescribed medicines to take when needed, for example for the management of pain. However, some of these plans would benefit from more detail to enable staff to monitor if they were effective.

Preventing and controlling infection

- Staff had access to personal protective equipment to reduce the risk of cross infection.
- There were clear arrangements in place for the management of the laundry and linen.
- The service was generally clean, but a small number of areas needed a deep clean. We discussed these with the registered manager and they agreed to immediately action. We observed that these areas were being addressed on the second day of the inspection.
- Some furnishings were showing signs of wear and tear. A programme of refurbishment was ongoing, and the registered manager told us that these items were due to be replaced.

Learning lessons when things go wrong

- Management were keen to develop and learn. They welcomed any support and advice from external agencies.
- The service worked with 'Prosper' which is a local multiagency project which aims to improve safety in care homes and reduce falls and pressure ulcers.
- Data on areas such as accidents and falls were collated and reviewed to identify learning. Complaints were reviewed, and actions taken to make improvements.

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

At our last inspections this key question was rated as 'Requires Improvement'. At this inspection we found improvements had been made and have rated this as 'Good.'

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples care, and support were delivered in line with current standards and guidance. The providers leadership team ensured that the registered manager was kept up to date with evidence-based guidance including that from skills for care.
- The provider had oversight of the guidance, equipment and assessment tools used in all their services and had systems in place to monitor their effectiveness and update and adapt where necessary.
- People's needs were assessed before they started to use the service. The assessment process involved the person and their next of kin and identified, their physical, social, and emotional support needs.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and carried out their roles effectively. Relatives expressed confidence in the staff and their skills. One person told us, "Staff are marvellous."
- Staff received an induction before they started work and completed ongoing training on a range of areas in line with the needs of the people using the service.
- Staff told us that they were supported in their role and received regular supervision. One member of staff told us, "The manager is very fair, honest and understanding, open to listen, I feel valued, and supported. Staff morale is good." A member of staff told us, "You don't have to wait for supervision if you need to talk."

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

- People were supported to eat a diet that met their needs and preferences. People told us that they enjoyed the food, one person told us, "Food is much better and hotter." Another said, "The chef knows I like roast lamb, so he sent over extra for a sandwich for my tea."
- Care plans were specific about people's individual preferences and included details of special diets. Staff we spoke with were aware of people's dietary requirements.
- We observed the midday meal and saw that staff were on hand to offer support when required. Condiments were available, and people were offered wine with their meal. Equipment was available to aid people to remain independent.
- People were provided with choice. During meal times we saw staff showing people the food to enable people living within dementia to choose what they wanted. The chef seen chatting to all the residents and asking about the meal, "Was there enough garlic on the bread?". "How was the lasagne?" "Did you enjoy the sweet and sour." People who had been identified as at risk of losing weight, were regularly monitored and referred to dieticians for specialist advice when needed. Snacks and smoothies were provided throughout

the day and we observed people being supported to access them.

- We saw and heard staff encouraging people to eat. One staff said, "Just try one more spoon." We saw the person went on to eat three more spoons of their food after the encouragement from staff.
- Drinks promoted throughout the day and people had good access. Food and fluid charts were maintained with a named staff responsible for meals. However, we noted that some people were not always meeting their fluid intake. The registered manager told us that they were aware of this and speaking with health colleagues regarding this.

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

- The environment was pleasant and comfortable. The service was well maintained although we did identify shortfalls such as a broken toilet seat and missing plugs in several sinks. The registered manager told us that the toilet seat was on order but that they would expedite this and immediately address the other matters.
- The environment was dementia friendly in terms of good signage. There were both pictorial and colourful word "toilet" signs. Peoples bedrooms had pictures that meant something to people to aid wayfinding as well as encourage conversation. One person had a picture of fish and chips, another had a picture of a dog. Staff and records confirmed the pictures were significant for the people.

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

- People had access to a range of health care professionals and support. Where risks were assessed to an individual's health and welfare, referrals were made to the relevant healthcare professionals for support and guidance.
- Records in people's care plans evidenced good communication with these professionals.
- A visiting healthcare professional told us that people were appropriately referred, and that the surgery had a good working relationship with the service and staff. There were clear arrangements in place to meet people's oral health care needs. The services had recently won a prosper award for the work that they had undertaken in this area.
- Staff told us when residents transferred to hospital, a copy of their medication administration sheet would be given to the paramedics so that they have the most up to date information relating to people's medicine and any allergies.

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).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised. The registered manager told us that they had made applications as required to the local authority on behalf of people where their freedom of movement had been restricted, to ensure their best interests would be assessed by those qualified to do so. A tracker was in place to oversee when the applications had been made.

- Best interest decisions were in place and showed that staff had given consideration to the least restrictive option. Staff had a good understanding of consent. Throughout the day, we observed staff offering choices to people and asking their permission before commencing various tasks.

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; equality and diversity

- Staff were kind and helpful. One person told us "Some staff are very good, I get on with them all. They tell me why they are here, help me get out of my chair, they are gentle and don't rush me. I can have a laugh and joke, although they are always busy."
- We observed staff supporting people in a kind way. One person was being supported to eat and this was well paced, and the member of staff waited until the person was ready before helping them with the next spoonful.
- Staff showed concern for people's wellbeing and we saw two staff members supporting an individual who was upset and gave the person the time they needed.
- Staff knew people well and could tell us about their needs, people's personal history and what they enjoyed. One person for example had a diagnosis of dementia but had worked in retail and the member of staff told us how they still enjoyed talking about fashion.
- The service supported several people from different cultures. Efforts had been made to support these individuals through adapting the meals and supporting their communication.
- People had good relationships with staff. We observed one person say to a member of staff, "I am fond of you," to which the staff member replied, "And I am very fond of you." This interaction was followed by lots of smiles and laughter.

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

- People told us they were supported to make choices and decide how they spent their time.
- Care plans focused on people's skills and what they were able to do.
- Regular reviews of people's needs were undertaken with people and their relatives to discuss their progress and care preferences.
- Communication care plans outlined strategies in place to communicate with people effectively. One person told us, "Staff are kind, I am not rushed, I can tell them what I want by writing it down."
- The service used iPads and communication boards to aid communication. The activity programme had been translated into the language of one of the people who lived in the service to enable them to make decisions about what they wished to be involved in.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and supported to maintain their independence. One person told us, "Staff treat me with respect, they are kind and listen to me." Another person told us, "I am definitely

independent, once helped to get up and dressed, I put my face cream on, do my hair, happy to do my own thing and stay in my room. They leave me, I can buzz for help. They let me be independent. I can walk and take care of myself, I am never bored."

- Staff respected people's privacy such as closing doors and knocking appropriately. One member of staff told us, "We are in resident's home and we need to respect their choice."
- People were dressed appropriately and looked comfortable. However, we did speak to the registered manager about one individual who was not wearing their socks and another who had not been shaved. The registered manager said that they would follow this up immediately.
- We observed people being encouraged to pour their own drink. Mobility aids were left within reach.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated as 'Requires Improvement' and we found that a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people did not consistently receive care which was responsive to their needs. At this inspection we found that improvements had been made and people's needs were met through good organisation and delivery.

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

- People received personalised care in line with their needs and cultural diversity. Care plans were detailed and set out people's needs, preferences and how staff should support them. One care plan read, "I like to watch television while having my meal. I have no set time to go to bed."
- Staff knew people well and could tell us about individuals and what was important to them. Comprehensive life histories were in place and were used by staff to engage in conversation. For example, we heard a member of staff conversing with an individual about their pets.
- Care plans were subject to regular review and updating. Relatives told us that they were kept informed of changes in their relative's wellbeing.
- Daily records were dated and timed and detailed conversations between staff and people and any support refused. However, bowel monitoring was not always consistently monitored which placed some people at risk of constipation and complications arising from this. The registered manager told us that the service was moving to an electronic recording system and this would enable staff to more easily enter data.
- Staff told us they communicated during handovers. They also had a communication book where they logged any significant information.
- A keyworker system was in place. Pictures of the key workers were in people's rooms with details about the key worker and their role.
- Information such as the residents guide was provided in different formats relevant to the people living in the service.
- Pets were welcome in the service, and one person had a dog, which also provided a talking point for other people living in the service.
- Activities were provided to promote people's wellbeing. There had been some changes to the activity team since the last inspection and the registered manager told us that they were in the process of recruiting additional staff. One member of staff told us, "I love it here, I get job satisfaction, I like giving the residents something to do, I give them inspiration to get up."
- The activities team produced a helpful handout to let people know what events were planned. The activities planned included a trip to a garden centre, fish and chips and karaoke.
- There were lots of items for people to look at and touch, such as pictures and objects. Chairs were positioned along corridors, so people could sit and chat to staff and watch people going by. Some people who spent significant periods in bed had fairy lights above their bed to provide interest and stimulation.

Improving care quality in response to complaints or concerns

- People and their relatives told us that they were able to raise any concerns which were investigated, and actions were taken as required.
- There was a complaints procedure in place.
- We looked at the records of complaints and saw that concerns raised had been investigated and where shortfalls were found, apologies had been given and actions identified.

End of life care and support

- There were clear arrangements in place to support people at the end of their life to have a dignified pain free death. People's end of life wishes were recorded. One of the plans stated, 'My GP reviewed all my medication and they will visit me very two weeks... carers should contact the GP if I can't swallow my medication.'
- The registered manager told us they worked alongside other agencies such as the hospice and the district nursing team.
- Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders in place which set out their wishes not to be resuscitated. There were clear arrangements in place for their access in an emergency.
- The management of the service had developed a helpful booklet for people and their families on end of life care. The booklet aimed to provide practical advice to friends and family about what to expect and sources of help.

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 this key question was rated as 'Requires Improvement'. At this inspection we found improvements had been made and have rated this as 'Good.' The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service and their relatives spoke positively about the staff and the management team. One relative told us, "Communication is good, we have got a very good relationship with the manager. If the senior staff cannot deal with anything, I can go to the deputies, all are well up to speed."
- Staff were motivated and told us that the service and the care provided had improved. They expressed confidence in the management of the service. One told us, "The manager is supportive. I am completing additional training and have had nothing but encouragement and support." Another told us, "I have no complaints about management. They hear you out and implement suggestions if possible."
- Since the last inspection significant changes had taken place in both the environment and processes within the service. The senior's office had been relocated and this meant that staff were based closer to the communal areas and had much greater visibility as well as oversight.
- Lead roles and champions in areas such as dementia care and end of life had been appointed to drive improvement.
- The registered manager told us that they had tried to create a 'no blame' culture within the service and where issues had occurred they had undertaken a root cause analysis to identify contributing factors and identify learning.
- Their rating was displayed at the home and on their website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

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

- There was a clear organisational structure. The registered manager was supported by three deputy managers who took responsibility for different aspects of care delivery and provided out of hours support for staff.
- There was a framework to monitor performance and drive improvement. Regular heads of department meetings took place to reflect on care and review progress. Regular supervisions, observation of practice, appraisals and team meetings were undertaken.
- There were clear management processes to review the care and audit delivery.
- The registered manager knew the residents and their needs.
- Data was collated on areas such as falls and weights and this was reviewed by the manager and clear plans developed. For example, the action plans for falls reviewed what action was taken and whether the action

plan worked. Because of the work they had undertaken they told us that their number of falls had reduced significantly.

- Audits were completed on a range of areas including infection control and medicines.

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

- The registered manager told us they engaged with people using the service, their families, the public to ascertain their views of the care. We saw relative and resident meetings were held and satisfaction surveys conducted. Wellbeing surveys were due to be given out in each of the units asking for people's views on specific areas such as food and activities. It was planned that these surveys would be undertaken monthly.
- We could see that actions had been taken to address issues after they had been raised by people using the service and their families, such as changes to the catering arrangements and the organisation of a mobile clothes shop.
- Regular feedback was sought from staff. This included staff meetings which were held on a regular basis and provided staff with opportunities to raise issues and discuss new developments.

Working in partnership with others

- The registered manager had worked in partnership with the local safeguarding authority and quality improvement teams to improve overall quality and safety monitoring systems. The service was also part of the prosper project which aims to reduce falls across the service.
- Feedback from visiting health professionals was positive and they told us that they had good working relationships with the service who, "wanted to improve and do better." They had recently organised some training on the management of skin tears which had been positively received.

Continuous learning and improving care

- There was a service improvement plan in place to drive change at the service. The registered manager welcomed innovation and embraced the new initiatives with enthusiasm, including giving a keyring to new staff, providing them with a summary of procedures.
- The regional operational staff undertook several audits to check on the care delivery as part of the provider's quality auditing system. These looked at a range of areas including care plans, infection control, medicines and health and safety. Where areas had been identified there were clear timescales for improvements.
- The registered manager received regular support visits from the provider's area manager and attended management meetings with managers from other services owned by the provider to share ideas and best practice.