Care Quality Commission

Runwood Homes Limited

Windle Court

Inspection report

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Date of inspection visit: 29-30 April 2015
Date of publication: 01/07/2015

Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

The inspection took place on 29 and 30 April 2015 and was unannounced.

Windle Court is one of a number of services owned by Runwood Homes Ltd. The service provides care and accommodation for up to 76 people who may need assistance with personal care and may have care needs associated with living with dementia. The service is split into four units, including a specialist dementia unit.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People at the service were not always safe as there were not always sufficient staff to meet people's needs. Following our visit the manager increased the staff levels in response to the concerns we raised. Risk assessments were carried out and measures put in place to manage and minimise any risk identified. Recruitment processes

Summary of findings

were robust and staff had received the required training to meet the needs of the people they were caring for. Medicines were stored safely and people received their medicines as prescribed.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The registered manager had a good understanding of MCA and DoLS and appropriate documentation had been completed. Mental capacity assessments had been carried out where people were not able to make decisions for themselves. The service supported people to maximise their independence where their freedom was restricted by measures which were put into place to minimise risk.

People were supported to have a balanced diet and to make choices about the food and drink on offer. They were supported to maintain good health, and had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

Staff provided care in a kind, caring and sensitive manner. Staff knew the people they cared for and treated them with dignity and respect.

Detailed assessments had been carried out and care plans were developed around individual's needs and preferences. People were encouraged to share their views. People knew how to complain and their complaints were responded to by the manager. The service had a clear complaints procedure in place which was clearly displayed.

There had been a number of management changes at the service over the last year which had resulted in some level of disruption. Quality assurance systems and audits had been set up to inform ongoing improvements, however there had not been enough time for changes and improvements to be embedded effectively and demonstrate that they were sustainable.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff ensured people were safeguarded from abuse.

Risk were identified and minimised however there were not always deployed effectively to keep people safe.

Staff were appropriately recruited.

People had their prescribed medicines administered safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff that were well trained and supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good health and access health services.

Is the service caring?

Good

The service was caring.

People received care from staff who knew them well and treated them with kindness and compassion.

People were encouraged to express their views. Staff involved people and their families in decisions about their care.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and were being met in a personalised way. Staff were aware when people's needs changed and responded accordingly.

The service welcomed ongoing input and involvement from people. People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Requires improvement

The service was not always well-led.

The manager was actively involved in developing the service and responded effectively to concerns regarding the care at the service.

Summary of findings

Staff understood their role and were confident to question practice and report any concerns.

Systems were in place to monitor the quality of the service people received. The manager took responsibility for ensuring improvements were made and poor practice was challenged as a result of ongoing audits. However, these systems and improvements were not yet fully embedded.

Windle Court

Detailed findings

Background to this inspection

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

The inspection took place on 29 and 30 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory notifications that had been sent to us within the last year. A notification is information about important events which the service is required to send us by law. We used this information to assist in planning this inspection.

Our inspection focused on speaking with people who used the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with 12 people who used the service, five visiting relatives, the registered manager and deputy manager, seven members of the care staff and two workers from the domestic staff. After the inspection we spoke to a further one family member. We also spoke to three health and social care professionals.

As part of the inspection we reviewed seven people's care records. This included their care plans and risk assessments. We looked at the files of three staff members which included their recruitment, induction and training records.

We also looked at records relating to the management of the service, including staff recruitment and training records, medication charts, staffing rotas, quality monitoring audits and records of complaints.

Requires improvement

Is the service safe?

Our findings

Some people said they felt safe at the service. One person said, “I think it’s 100% here. If I had my way I’d stay here forever, I’m completely comfortable here.” and another said the service was, “Safe, clean, nice carers although I am able to look after myself really”. However, others said that there were not always sufficient staff to meet their needs. One person told us that, “All the staff are lovely here, but there’s sometimes not enough of them.” Whilst another told us that although they were independent, they could see that sometimes people had to wait a long time for assistance with personal care, particularly if they needed two staff to support them.

Prior to our visit we had received information of concern that people’s needs were not always being met at the home. When we visited, we were told by the manager that there had been recent changes in management and some staff had left the service. Staff were receiving additional training on keeping people safe and meeting their needs. Professionals involved in the service told us that they were assured that measures had been put in place to improve the safety of people at the service.

The service completed a thorough recruitment and selection process before employing staff to make sure that they had the necessary skills and experience. We looked at three recruitment files and found that all appropriate checks had taken place before staff were employed. Staff confirmed that they had attended an interview and that all the relevant checks had been obtained, including appropriate references and Disclosure and Baring checks to make sure they were suitable to work with people who use the service.

The smaller units in the home were well staffed and we observed that people were well supported and their needs were effectively met. One person told us, “I’ve no complaints at all, and the buzzer is answered very quickly down here." However, this was not consistent, and we found there was not always enough staff to meet the needs of the people with more complex needs in the largest unit at the service.

The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet people’s needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that at one point there was only one member of staff on the unit. Therefore where people required two staff to support them with their personal care, this was not available to them and their needs could not be appropriately and safely managed. We also observed people walking around, without any obvious purpose and looking distressed with no staff support available.

Staff and families said that staffing on the unit had been reduced a few months ago. A family member told us that they had asked for help earlier that day for their mother but nothing had happened. They said they did not want to chase as they knew staff were very busy, and they didn’t want to be, “Seen as too pushy for mum.” We were told by staff that reduced staffing meant there were delays in people being taken to the toilet, assisted to bathe, or supported to go to bed. We saw that fluid charts were not up to date for a person who was being cared for in bed. Staff told us that when most of the available staff were involved in providing basic personal care to people, it was difficult to support those with more complex needs and behaviours that may present risks.

The manager told us that the provider had a dependency tool which was used to determine staffing levels, however the lack of staff in some areas did not demonstrate that people’s dependency had been considered when determining the number of staff required. The manager was aware that staffing was an issue in one of the units and told us they were currently reviewing dependency levels to look at how staffing could be deployed more flexibly. After our visit we were told that an additional member staff had been assigned to the unit.

Staff knew how to protect people from abuse and avoidable harm and had completed relevant training, with further updates scheduled as part of individual training plans. Staff had a good understanding of what abuse was and how to minimise risks for the people they cared for. Staff knew who to report concerns to and were supported by an open culture to raise issues. During our visit the manager and staff were dealing with a safeguarding incident and were observed to contact the police and relevant agencies, and put appropriate safeguards in place to minimise risk at the service.

Requires improvement

Is the service safe?

The service carried out risk assessments and put plans in place to minimise risks. Care plans included a variety of assessed risks, such as risks of falling and behaviour observation charts. People were supported to maintain their independence and measures were in place to minimise any risks arising from this. For example, one person was encouraged to use a frame to help with mobility and a sensor mat was put in place to reduce the risk of falls. The care records for this person said it was important the service provided support "without trying to take her independence away from her."

A number of people had chosen to have a stair gate fitted across the door of their room to prevent other people entering uninvited. We spoke to a person who had chosen to do this and they told us it made them feel safer, as did a family member of another person who had fitted a stair gate. When we spoke to the manager she said this was their choice and that everyone who had a stair gate was able to leave their room independently.

There were measures in place to reduce the risk of pressure sores. However, we observed staff were unable to find the repositioning chart for one person with a pressure sore. Although this was later found we were concerned that it hadn't been immediately available by the person's bed. Following our visit we spoke with a district nurse who said that recently there had been some increase in pressure sores at the service, which was unusual, as the service was usually very good at managing this risk.

Risk assessments for the location and environment had been produced and were regularly reviewed. We saw that there had been appropriate monitoring of accidents and incidents. Records showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example evacuation procedures in the event of a fire.

People received their medicines safely and as prescribed from appropriately trained staff. We saw staff records detailing medication training and staff told us that they only administered medicines after they had received this training. People's medication profiles highlighted any allergies they had, and a current list of their prescribed medicines. Whilst guidance about the use of each medicine was mostly well recorded and accessible to staff, this was not consistent. For example guidance about the use of warfarin did not provide staff with clear guidance to follow. Medicines were stored, administered and disposed of in line with current guidance and regulations. Medication audits took place weekly and improvements were made as a result, for example, a staff member's specimen signature had been improved after an audit. Staff received drug competency checks.

Good

Is the service effective?

Our findings

People told us this was a good service. One person told us, "This is one of the best homes in the area." A relative said staff, "Work very hard and get work done." A volunteer told us, "You can't fault the carers, they are very good."

Staff had the skills and knowledge to meet the needs of the people at the service. New staff completed an induction process and received training and support to develop their skills. Staff also received ongoing training, one member of staff told us that the service, "Gives good training." We observed a group training session on care planning and personalised care. This training was interactive and practical and after the training staff told us it was a useful session. Staff were given opportunities to develop their skills and staff told us that they could put themselves forward for courses where they had gaps in their knowledge. We saw the training matrix which outlined what courses staff had been on and the plans for ongoing development across the service.

The manager told us that she had arranged for the provider's dementia specialist to visit their service to provide training and support to staff to increase their skills in the area of dementia. A member of staff told us they had received training to develop their skills to enable them to take on more responsibility and they were happy that this is a service where staff can progress. We observed that staff were competent and confident and had the skills to meet people's needs. Staff communicated well with people and their families. Staff had the necessary skills to motivate people who were reluctant to engage with personal care or to interact with other people.

Staff told us that they were well supported and we observed staff approaching other staff members and managers for advice and support. Staff received ongoing supervision from their line manager. We saw records of recent individual and group supervision sessions held by the manager. We observed the manager provide verbal and written guidance to staff to help them develop their skills and knowledge. For example when a member of staff had not recorded a safeguarding incident this was immediately discussed with them.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), and appropriate applications had been made to the local authority for DoLS assessments. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests in line with legal requirements. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

Staff we spoke with had an awareness of the MCA and DoLS and how this helped to keep people safe and protected their rights. Staff knew how to support people in making informed decisions. Staff had received training covering the MCA and DoLS. We saw individual documentation was in place to assess people's capacity and identified what day to day decisions they needed help with.

The service had made the necessary DoLS applications and were monitoring this process effectively. The service had fitted key pads throughout the building to minimise the risks to people. Whilst this was done for the safety of people at the service it did place restrictions on the freedom of everyone living there. However, we observed however that a number of people had the code to the door and were able to move in and out of the service freely.

People were supported to have sufficient to eat, drink and maintain a balanced diet. One person told us that the food was, "Lovely" and another person told us that the food was, "Ok" and that "sometimes the meat can be a bit chewy but we tell the chef." We observed that people were offered choices at meal times.

Staff were skilled in supporting people to eat. They told us that they sit and eat with people at meal times and that this encouraged people to eat. We also observed that meal times became more animated and interactive when staff sat with people as they promoted conversation and socialisation. We observed staff supported people who did not want to eat by gentle and positive encouragement. Whilst there were sufficient staff to support people effectively at meal times in some of the units, there were not enough staff deployed in one unit. The staff were observed to be competent and the meal was served efficiently, however they were under time pressures and as a result the support was task focussed and rushed. Staff later told us it was harder to give people choice and to have a proper chat with them when there were fewer staff serving lunch.

Good

Is the service effective?

People's nutritional requirements had been assessed and recorded. Where a risk had been identified there was nutrition and weight charts in place to enable staff to monitor people's nutritional needs and ensure people received the support required. Care records were updated where a person's needs had changed, for example if they needed their food to be a different texture. As part of a wider survey a visually impaired person had said, "I wish people gave me the knife and fork in my hand instead of leaving it on the table for me to find." Staff had made the necessary changes to the support given to this person and this was being monitored by the manager.

The service had put in place measures to support people to have sufficient to eat and drink throughout the day. One person told us that if they are still hungry at night they have supper, such as toast and marmalade but that it, "Can be patchy whether you are offered it." We saw in the team meeting notes that the manager had said, "Don't forget to push suppertime to make sure people are eating enough as it can be a long time between teatime and breakfast the next day." The manager had also recently introduced protected meal times, in which all available staff on duty were directly involved in assisting people to eat their meals.

People were supported to maintain good health. Care records demonstrated that ongoing health needs were met and people were supported to access healthcare professionals and specialists according to their specific needs. Referrals had been made to health professionals such as district nurses or speech and language therapy. We spoke to a district nurse who told us that the service is very good at making referrals to her service, and that she can raise any concerns with them when she has her monthly meetings at the home. We observed a training session where the manager provided guidance on meeting individual health and social care needs and the possible action needed, such as use of pressure cushions and referral to district nurses where there is a concern around pressure sores. The manager told us that the service was taking part in a project with the local health authority who was visiting in June for two weeks to further develop the service they provided to people with dementia.

Good

Is the service caring?

Our findings

People told us staff were caring, one person told us, “All the staff are lovely here.” Relatives said that staff knew their family members well, one told us that staff, “know by her expression what my mum needs.”

Staff spoke about people with compassion and were observed to treat people with kindness and dignity. A member of staff told us they worked with, “Good staff who genuinely want to care.” Staff listened sensitively when a person lost their handbag; a staff member said this was because handbags were of particular importance to someone who has had to leave treasured possessions behind when they moved into the service. We observed staff interacting in a positive and entertaining way. One member of staff said, “I take a personal interest in helping them as much as I can.” Staff made people feel like they mattered. Staff told us of the support given to a person who had experienced loss, saying that staff gave them a hug and spent time talking to them.

Staff knew people well. We observed a member of staff passing a person’s room which had on the door a sign saying, “If you pass by, say hello.” The room was empty but when the staff entered the lounge she went up to the same person and greeted her. Later the staff member told us how much that person liked a chat. Staff knew people’s interests. One member of staff joked about a campervan with one person and said of another person as she went in to see her, “Can’t get her out of her room but she loves a good gossip.”

People were supported to express their views about the care they were receiving. Staff told us that they listened to people and offered them a choice of when making decisions during the day such as what activities to do or what clothes to wear. People were supported to have some control over their daily decisions whilst ensuring they received appropriate care. We observed staff attempt to gently encourage a person out of their bed but when they declined the staff said to them “If you want to have a snooze that’s fine”. We observed that people who did not want to eat at lunch were supported in their decision. Staff returned later to encourage them to eat. A professional told us the service had a “resident focus.”

People’s privacy and dignity was respected. Staff described how they could ensure dignity and privacy through calling people by their chosen names, knocking on doors before entering and closing curtains during personal care. Staff were observed to cover a person with a blanket during personal care to ensure dignity. They chatted during the task, constantly checking that the person was comfortable. Staff told us that people can take visitors to the café bar which offers more dignity and privacy then going to sit in their rooms.

Good

Is the service responsive?

Our findings

People told us that they received the necessary support to meet their needs. A family member told us that, "Staff pick up problems quickly and issues get sorted." A professional told us that staff assess people as individuals and we observed staff providing personalised support.

People's care needs had been fully assessed before moving into the service, one resident told us that she had an assessment in hospital before she moved in. The care plans we reviewed outlined each person's needs, for example we saw records which gave guidance on how to provide personal care when a person was reluctant to be supported. The manager told us they were developing the care plans further to make them more person centred and that staff were being trained to make the necessary improvements. We observed a training session where the manager focused on providing advice personalising care plans. A timetable was in place for reviewing care plans and whilst some care plans had been recently reviewed others had not. The manager said that they were aware that this was an issue and had allocated this piece of work to a senior member of staff to ensure this process was improved.

People had been involved in contributing to how their care was provided. We saw a form in some files called 'My Day', in which a person had been supported to outline what was important to them. For example one person's form read, 'Can be reluctant to let staff assist me with personal care.' A person told us staff had asked them if they wanted to move from one unit to another where staff felt they would be more comfortable but the person had chosen to stay where they were. We saw that families had been involved in planning people's care and families told us that communication with staff was good.

People were supported to follow their interests and take part in social activities. People told us that they had been on trips to Burnham and Maldon, and another trip was planned for the following week. There was a timetable of activities however, staff said that they adapted the activities depending on what people fancied on the day, one member of staff said, "We start off with one activity and if they all groan I change it." Staff and friends of the service raised funds for activities and had recently refurbished the café bar to make it a welcoming place for people and their families.

Some people told us that there were limited activities that they found interesting, and others said that many of the activities were based in one of the smaller units. The manager said she had raised this issue with the staff responsible for activities, and systems were now in place to review and develop the activities further to meet everyone's needs.

Information about activities was advertised throughout the service and there was a newsletter with photos of past activities. A television monitor showed film clips of former activities, for example of a ball where people had dressed up in tiaras, which were a positive reminder for people and their families.

In addition the service supported volunteers who provided activities such as poetry reading and card making. People at the service were also encouraged to volunteer and we saw a person run a sweet cart and another greeted visitors at the entrance. People told us that they enjoyed helping out and it had helped them settle into the home.

The service had exceptional art displays and murals on the walls, many which had been designed to aid memory and provide stimulation for people with dementia or memory loss. A member of staff told us that they had a number of former publicans at the home and so there was a display with optics and other paraphernalia which looked like a pub counter. One member of staff told us the service, "Didn't used to be so homely, we use pretty plates now and other touches…makes it feel more like home."

The service responded to people's concerns. For example, following feedback from people and their families we saw improvements in the way activities were publicised. There was a complaints policy in place and we saw records of complaints and of the action taken. We saw complaints information around the service and that people and their families were encouraged to give feedback. There were systems in place to capture lessons learnt from complaints and other concerns.

Requires improvement

Is the service well-led?

Our findings

The service had an open culture. One person told us that they attended resident meetings where they were encouraged to share their views. They said, "We had a tussle over mashed potatoes and won." Family members told us that they enjoyed resident meetings where issues, "Get sorted straight away by the home".

Staff were encouraged and empowered to raise any issues regarding poor care and practice. Two staff told us that they had raised an issue about poor care and had found management to be supportive and dealt with the problem immediately. Another staff member told us that the manager was approachable and this was, "A really good place to work."

The service listened to people to find out their views about the service. The service organised resident and relative meetings where people were supported to share their views and opinions. These were popular with the people we spoke with, one family member told us, "You have a nice chat together and you get to hear about the things going on around the home, and we can all talk about similar problems and help each other out". Questionnaires were sent to relatives and people who used the service to gather their views and opinions about the quality of the service. The information received back had been analysed and improvements implemented. The manager had changed the menu as a result of the feedback and brought in a cook from another service for a mentoring session to share best practice and address any issues raised.

Within individual units however staff understood their roles and worked well as a team. However, the service had experienced a number of changes in management and staffing over the last year and this had caused some disruption to the service. There was confusion about the overall vision for the service, in particular how the dependency levels were decided across the different units. The manager had implemented a number of recent changes to improve the service, for example in the way care records were being reviewed. However, there had not been time for these changes to embed and become established. In some cases, the manager was still in the process of implementing improvements, such as making care planning more person centred and so they were not able to demonstrate that the service had achieved the planned improvements yet.

The manager took responsibility for concerns raised with them and did something about it. A member of staff told us the manager, "Listens and take things seriously." The manager had demonstrated good strong leadership in resolving a number of concerns relating to poor care. Some of the changes which they had implemented had not been popular with everyone, for example the staff team was disrupted and unhygienic staff attire addressed. Staff we spoke to told us that they were supportive of the drive to improve care, a staff member told us, "There is a nice management team."

The service had a number of systems in place to help monitor the standard of care received which included measures put in place recently by the manager to improve the quality of care provided. The manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvement. Audits were meaningful and resulted in improvements in the service. For example there was an infection control audit which had highlighted that staff were wearing jewellery which could be a source of infection. The manager dealt with this issue immediately with staff and monitored this on an on-going basis. Likewise, daily audits provided detailed examples of where poor practice had been challenged, for example where an area had not been cleaned adequately. We were shown audits and quality assurance systems which had only been set up by the manager over the last few months. Some systems, such as the complaints log, had not been in place long enough to demonstrate they were fully embedded and sustainable over time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met. The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the provision of the regulated activity. Regulation 18 (1)