

# Runwood Homes Limited

## Wisden Court

### Inspection report

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### 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 24 January 2017 and was unannounced. At their last inspection on 22 January 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet the standards.

Wisden Court is registered to provide accommodation for up to 50 older people who require personal care and may also be living with dementia. At the time of the inspection there were 46 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People felt safe and staff knew how to promote people's safety. Their individual risks had been assessed and accidents were monitored. There were sufficient staff to meet people's needs and they had been recruited robustly. We also found that people's medicines were managed safely.

People were supported by staff who were trained and felt supported. We found that people were asked for their consent and the principles of the Mental Capacity Act were adhered to.

People received support with eating and drinking. Assessments were carried out and where needed referrals were made to health professionals. We found that there was regular access to health and social care professionals.

People were treated with dignity and respect and were involved in planning their care. People had an advocate available if needed to assist them in being involved in their care. Confidentiality was respected.

People received care that met their needs and their care plans gave staff guidance about how to support people safely. People's complaints were responded to and they felt listened to.

Activities were provided, however, care staff needed further development to support these on the units. There were more outings being arranged at the request of people living at the home.

There were systems in place to monitor the quality of the service. Staff were positive about the registered manager and people felt the service was well run.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and staff knew how to promote people's safety.

People had risks assessed and accidents were monitored.

There were sufficient staff and they had been recruited robustly.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and felt supported.

People were asked for their consent and the principles of the Mental Capacity Act were adhered to.

People received support with eating and drinking.

There was regular access to health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved in planning their care.

Confidentiality was respected.

People had an advocate if needed.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People told us that they received care that met their needs.

Care plans gave staff guidance about how to support people safely. However, some areas needed to be updated.

People's complaints were responded to.

Activities were provided, however, care staff needed further development to support these on the units.

**Is the service well-led?**

**Good** ●

The service was well led.

There were systems in place to monitor the quality of the service.

Staff were positive about the registered manager but people and their relatives felt they needed to be around the home more to observe practice directly to ensure that the service was consistently well run.

# Wisden 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was unannounced and carried out by one inspector and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 10 people who used the service, five relatives, nine staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to five people's care and support. We also reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe living at Wisden Court. One person said, "We are safe here, they look after us." Relatives also felt people were safe. One relative said, "[Person] has been here a few months and I've never seen anyone (staff) be rude to anyone or raise a voice to anyone." Another relative told us, "I trust them completely, it's such a peace of mind." Staff were familiar with how to promote people's safety. This included recognising and responding to potential abuse and working in accordance with safe practice. For example, in relation to supporting people to mobilise and the equipment used to manage pressure care for people.

People had their individual risks assessed and plans were in place to provide guidance to staff on how to support them. There was a record of accidents and incidents, these were reviewed monthly by the registered manager to help identify any themes or trends. The registered manager also checked that all actions to reduce the chance of a reoccurrence had been completed.

There were mixed views from people and their relatives about staffing levels. Three people and two relatives told us there were not enough staff at times as they were busy and this meant they needed to wait. However, a relative told us, "Sometimes they might be busy and they say they'll be back, and they are, they never forget." Another relative said, "The carers are wonderful but there's not enough of them." Staff told us that they felt there were enough staff to meet people's needs. One staff member told us that they felt the way the staffing was set up worked really well. They said, "I like that there are floating staff around, it means you've always got someone to help." Staff all told us that they worked well as a team.

Throughout the inspection we saw that people had their needs met in a timely fashion, call bells were answered promptly and people were answered when they made a request. The registered manager used a dependency tool to assess the staffing levels needed. They told us, "If the needs of people increased, I would make a case to my manager and they would increase my staffing hours, we recently increased the night staff as I put the need to them." We saw that there had been an increase in falls during the night and this had been a factor to increase the night staff numbers. The dependency tool calculated the number of hours needed for each person based on high, medium or low dependency. This gave the amount of hours needed in the home. We saw that the home was staffed in accordance with these hours.

People were supported by staff who had been through a robust recruitment process. We viewed the files of staff who were recently employed at the home and saw that these included all of the appropriate checks. This included written references, a criminal records check, proof of identity and full employment history. This helped to ensure that staff employed were fit to work in a care setting.

People's medicines were managed safely. One relative told us, "No problem with medications, they always have the right ones and there's no delays in getting them sorted, very organised." We saw that the staff worked in accordance with guidance when administering medicines. Records were completed consistently and stock quantities were accurate. We saw that handwritten entries were countersigned and medicines prescribed on an as needed basis had a plan to instruct staff when and how this was needed. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

## Is the service effective?

### Our findings

People were supported by staff who were trained and felt supported. People told us that they felt the staff were skilled. Relatives also felt that the staff were knowledgeable. One relative said, "They're a good bunch." We saw that staff had received training in subjects including safeguarding people from abuse, moving and handling, dementia and dignity. New staff were currently working through the Care Certificate induction. This induction covers the information and skills people need to provide a good standard of care. Staff told us that they felt they had enough training for their role. We saw that most training was delivered by online learning and this was mostly up to date.

Staff told us they felt supported. One staff member said, "So well supported, I think it's a lovely home." We saw, and staff told us, that they received regular one to one supervisions which was an opportunity to discuss areas they needed to develop and anything that was on their mind.

People were asked for their consent and the principles of the Mental Capacity Act were adhered to. 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 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people were asked for their consent in relation to the content of the care plan. We saw that this had been signed by the person to who it related, or where they were unable, a relative had signed. People were asked for consent prior to be supported with care and supported. Staff told us that even if people were assessed to not have capacity, this did not mean that that staff should not ask them about day to day choices. One staff member said, "I think it's important you still treat people like they can make decisions and give them choices, it changes day to day."

People received capacity assessments and where they were assessed as not having capacity to make their own decisions, a best interest decision was documented. For example, in relation to receiving personal care. We also found that applications had been made to DoLS in relation to people not going out alone or the use of bedrails. Least restrictive practice was in use and people were supported to get out of bed and had opportunities to go out with staff.

People told us they enjoyed the food. One person said, "Oh yes the food is good and there is plenty of it." Another person said, "The food is ok here, I have enough and if I wanted more I would ask." When we arrived the breakfast tables were set beautifully to make breakfast an enjoyable experience. Menus were displayed on the tables and all cutlery and crockery was available. However, at lunchtime, the same care and attention to the tables had not been taken. The registered manager told us that this was odd as they expected the

same attention to detail to be taken at every mealtime. People told us that they enjoyed the food. However, there were areas of the mealtime experience that could have been improved. For example, the meal served was cottage pie but the menu said shepherd's pie. The kitchen staff seemed unaware of the difference. We discussed this with the registered manager. We also found that half-hearted choices were offered at the dining tables. The registered manager told us that the expectation was to show a plate of both meal choices for people to choose from, however, this didn't happen and people were showed a plate of food with a comment of, "Do you want this?" from some staff. We noted that when the care team manager arrived into the unit we were observing they tried to offer choices more clearly and a care assistant offered a visual prompt for choices of juice.

We also found that snacks were not readily available throughout the home. When asked, staff told us that they would offer biscuits to people with their tea or coffee. However, we did not see this happen. We asked staff if finger food was available to be around, in particular for people living with dementia, staff told us that there will be cakes and biscuits offered in the afternoon. We asked the registered manager about snacks and they told us that biscuits, fruit and crisps were normally around the units. However, we noted that people living at the home had raised this as an issue at a residents meeting in November so this was a reoccurring issue. The registered manager told us that they would address this at the team meeting that was scheduled the evening of the inspection.

People received support with eating and drinking. We saw that where people needed assistance to eat, all staff, including care team managers and housekeeping staff, were involved during lunchtime to help ensure everyone ate at the same time. Where people were assessed as being at risk of not eating and drinking enough, a record was kept of what they had consumed. People were weighed regularly and nutritional assessments were completed. If staff were concerned, referrals were made to healthcare professionals.

There was regular access to health and social care professionals and people told us their health needs were met. We saw that as needed health professionals were called. This included GPs, district nurses, dentists and chiropodists. People told us they were happy with the availability. One person said, "We have an optician come in and the doctor comes in nearly every day." Another person told us, "If I go to hospital they book transport and always a carer comes with me."



## Is the service caring?

### Our findings

People were treated with dignity and respect. People told us that staff were kind. One person said, "The staff are very friendly, they are good to us." Another person told us, "The carers are very good but very busy, they often say 'I'm busy at the moment but I'll be there', most of them are OK but we do have some excellent ones." A third person said, "The carers are very nice here." The person then grabbed the hand of a staff member and gave it a kiss. The staff member responded very warmly.

Relatives were also positive about the care and kindness shown to people. One relative said, "Most of the staff are really nice and caring. When they have regular staff then that's nice and they are allocated but then they move them around." Another relative told us, "[Person] loves the people (staff) here. [Person] is back to [themselves], smiley and chatty now."

We noted that staff were kind and attentive. Some staff needed a little more development to consistently speak in a way people could understand and ensure they offered clear explanations and choices. For example, some staff were seen putting protective aprons on people before meals with little or no explanation, or with a comment such as, "This is for you." However, in most cases it was evident to see that staff had developed positive relationships with people and knew them well. For example, we noted one person who was unsettled and calling out. A staff member came into the room and soon had the person laughing and engaging in conversation.

Confidentiality was respected. Care plans were kept securely in a locked office. However, we did not on occasion some notes were left out and were accessible to people who may not have been entitled to access.

People were involved in planning their care. We saw that plans included specifics about what people liked. For example, the gender of the staff who supported them. Relatives also told us they felt involved in people's care and kept well informed. One relative said, "I'm always involved, so is [person]." The relative went on to say that they felt the care provided was person centred. They went on to say, "They are very forthcoming with information." Care plans included people's likes and dislikes, preferences and life history, named 'A story worth telling'. People and their relatives were invited to reviews of the care plan to ensure that they were happy with how things were going. Where people did not have family to support them, an advocate was requested. One person was currently receiving the support of an advocate.

## Is the service responsive?

### Our findings

People told us that they received care that met their needs. We told one person that part of our role was to ensure that people were happy and that we checked everyone was receiving everything they needed. They replied, "That's exactly what happens here." We noted that nearly all people who lived at the home were up and dressed at the breakfast table when we arrived at 8.30am. However, some people when we arrived at the service in the morning had not had their hair brushed and one person had clearly not had their teeth cleaned. A relative told us that one person was wearing the same clothes today as they were wearing yesterday and they were disappointed that staff hadn't prompted a change of clothes. However, we also noted that when one person was in need of urgent personal care, a staff member immediately supported this person kindly and discreetly.

Care plans gave staff guidance about how to support people safely. The plans included information about each area a person needed support and how they liked to receive this support. However, we did find that some information, for example feedback from a district nurse about a mattress setting, was not always recorded in plans. This meant that if staff did not remember this information, something may be missed. We discussed this with the registered manager and the deputy manager who told us they would ensure they included all the information needed. We also heard through a bathroom door that a person was very anxious while receiving a shower. The staff member was very patient and kind, gave lots of reassurance but we could hear that the person was shouting that they did not like it. The person's care plan stated that they enjoyed a bubble bath, had restricted vision and was living with dementia. There was no reference to if this person should have a shower, or guidance for staff about giving the person a shower. We asked that staff member about why the person was given a shower and they told us this was what they always had because it was quicker and that they had followed the daily care notes as they were new to working at the service and all staff gave this person a shower. They also said that the person was going out and they had wanted them to feel nice. They said, "[person] said thank you afterwards and told me [they] felt much better." We noted that there was no bath on the unit that the person resided on. We discussed this with the registered manager and the deputy manager as to why a plan would not have addressed the anxiety a shower caused and why it would not guide staff to try bathing this person instead. The registered manager told us that they would review this following the inspection. People's care plans were reviewed regularly and the person, and their relatives if appropriate, were invited to be part of the review. These had not identified any of the points found on inspection.

People's complaints were responded to. We saw that there was a record of complaints received and this included an acknowledgement letter followed by an investigation. A letter was then sent to the complainant letting them know the outcome.

Activities were provided, however, care staff needed further development to support these on the units. Feedback about the activities from people was mixed. One person said, "I do very little." We noted that most of the activities were centred around the main communal area which also formed as part of the day centre. People who were living at the service tended to be in their own units most of the day. One person said, "I don't get invited out there very often." Later in the day we saw them sitting alone, in the main lounge, no one

had interacted with them. We encouraged them and they went and sat at a table with a chatty person who was also sitting alone. Another person said, "We should have a sheet in our rooms and the carers should tell us too then we wouldn't miss out. Sometimes they come round and tell you but not always and you could be in the toilet." There was a poster on a notice board in each unit advising what activities were on. We found that on most units, colouring pens and printed Christmas pictures were available on people's tables in the unit's lounge area. People had coloured some of the pictures and then fallen asleep. Staff had not encouraged a 'craft' gathering at the main tables, in the main communal area or offered any engagement. They were in the kitchenettes or sitting writing notes. Two people had knitting, one told us they were learning to knit and a staff member brought the other person their knitting. A person told us, "If people were to talk more then we would know more. You don't get proper conversations here." We raised this with the registered manager who told us that the activity organiser had developed 'cookie jars' which contained ten minute activities to do with people. None of the people or staff we spoke with mentioned these activities and we did not see them in use. This was an area that needed further development.

The activity organiser completed a survey and took feedback from people about the activities on offer. We saw that activities, hobbies and interests detailed in people's plans were incorporated in the monthly activity schedule. A request was made for more outings to be available. There were more outings being arranged, on the day of the inspection some people were going out to lunch. A relative told us there was always something going on but staff were busy and they could not always facilitate activities for those that needed more support. One relative told us that they felt there were always activities on going. They told us there had been a recent cheese and wine evening, arts and crafts and card making that their relative had enjoyed.

## Is the service well-led?

### Our findings

There were systems in place to monitor the quality of the service. The registered manager used a dependency tool which gave them an overview of how people were. This included weight and other general health indicators. They reviewed this and noted action taken to address any change in weight or health. There were audits carried out and action plans developed to address any areas of shortfall. These included unit audits which looked at snacks available, activities, dignity, access to call bells observations of mealtimes and provision of personal care. There were also resident and relative meetings which also had an action plan where any issues had been identified. However, some issues were not always fully resolved.

We noted from our observations that areas of shortfall on the day were issues that had been found over previous months. For example, snacks around the home and comments about activities. The registered manager told us that she had taken steps to address these areas. They told us, "On any other day you would see snacks out." And went on to say of the activities, "The staff are always doing activities with people, I don't know why they haven't today."

The registered manager acknowledged our feedback about the, at times, lacking engagement with people and the need for further development of skills throughout the staff team. We also discussed the need for oversight to ensure all expectations were understood and being met by the team. They told us, "I think we will need to look at skill mix on the shifts, we do have quite a new team on today." They told us that they would address the reoccurrence of issues with the team during the meeting which was scheduled for the evening of the inspection. The registered manager sent us a copy of the minutes from this meeting which showed our feedback was shared with staff. An action plan to address the issues raised at the meeting was also received which stated how they would help ensure these shortfalls did not reoccur. For example, further training and supervision for staff, snacks and choice offered being more closely monitored and added on the unit audits and also a designated person allocated to oversee activity provision on the units. We also saw that other areas, such as an activity sheet in each person's bedroom and changes of the menu were also added.

We did find however that other issues, for example in relation to staff approach, had been listened to and responded to with development plans being introduced for staff. We also found that issues were found at during the unit audits and these were addressed with staff. Staff told us that the management team shared lessons learned with them on walk rounds, supervisions and during meetings. The registered manager had enrolled staff on 'Champion' training to provide the home with champions in key areas. This included dignity, nutrition, falls and wounds. A recent external survey had been completed and the feedback was positive. There were some suggestions of how the home could improve on some areas. These had been taken on board and an action plan put into place.

People and their relatives gave mixed views about if the service was well run. A relative told me, "The manager's ok, she keeps it ticking over here." People and their relatives told us they knew who the registered manager was and several of them knew them by name. One relative told us that the registered manager had been a fierce advocate for their relative who lived at the home recently. They told us, "They

deal with things, and keep an on eye on things for [person]." They felt they always had the welfare of people they supported in mind. We noted that the registered manager was able to discuss all people we asked them about with knowledge of them and their needs. They were also open about issues they had experienced in the home and what they were doing to address them. We noted that the deputy manager was taking an active role in helping to run the service and this was why people and relatives were more familiar with seeing them. However, we noted that the registered manager's office was right next to reception and they were easily accessible to people and visitors.

Staff were positive about the registered manager. One staff member said, "[Registered manager] makes me feel if I have a problem I can go to [them]." They told us that the care team managers worked with the team and they were supportive and they could go to them about anything they needed to. They said that the deputy manager tended to do most of the 'on the unit' checks and was around if they needed advice or guidance. There were also several very positive comments about the administrator by both residents and relatives. One person said, "[Administrator] is marvellous, she'll do anything for you and you can see her often and you can always ask her." This indicated that the service was supported by a management team who all shared in the duties to aid the smooth running of the home.