

Runwood Homes Limited

Memory House

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Memory House is a residential care home providing personal and accommodation to 36 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

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

People told us they felt safe and well cared for and relatives were happy with the care provided. Staff knew how to keep people safe from harm and risks to people had been assessed and monitored. The service was clean and hygienic and had an infection prevention and control policy in place. There were enough staff to look after people. There was a robust staff recruitment process in place. People received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported with their healthcare and nutritional needs. Staff were well trained and had regular updates to improve their skills.

People told us the staff were fun, caring and treated them with dignity and respect. We observed staff treating people with love and kindness during the inspection.

There were lots of activities for people to take part in. Staff worked hard to provide meaningful social interactions, stimulation and exercise. There was a complaints process and people were aware of this and felt able to raise concerns.

The registered manager had good oversight of the service. Quality assurance processes ensured people were able to give their views of the service. Staff and people were complimentary about the registered manager and felt supported by their positive attitude and kindness.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 31 May 2018.

Why we inspected

This was a planned inspection based on the previous rating.

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

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 we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Memory House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone with personal experience of using or caring for someone who used this type of service.

Memory House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, regional operational director, senior care workers, care workers and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed all the information the registered manager sent us which included quality audits, survey results and the records of meetings with staff and people who used the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm. There was a safeguarding policy and the registered manager reported safeguarding concerns when necessary.
- Staff had received safeguarding training and knew who to report concerns to. One staff member said, "I would report anything untoward to the management. If I was concerned about the management, I would report to CQC or the local authority or go to the regional director."

Assessing risk, safety monitoring and management

- People's risks had been assessed and recorded. These included people's mobility, risk of falls, skin and pressure care and how to help people eat and drink safely. Staff knew what people's risks were and how to support them. One staff member said, "We are really aware of who is at risk of falls and make sure staff are always in the lounge."
- Individual risk assessments for COVID-19 had not been completed however, there were COVID-19 care plans in place. We discussed this with the registered manager who sent us completed risk assessments straight after the inspection. We reviewed these but found they were generic and needed to have people's specific healthcare conditions and risks assessed which we fed back to the registered manager.
- People and their relatives told us they felt safe with the care provided at Memory House. One relative said, "I do think [person] is safe there. The staff are there to keep an eye on [person] and act if anything happens." Another said, "[Person] has got people there 24 hours a day keeping an eye on them, so they are much safer now"
- We observed staff supporting people safely throughout the day.

Staffing and recruitment

- Staff had been recruited safely. The provider had carried out the necessary pre-employment checks such as Disclosure and Barring Service [DBS] to ensure safe were suitable to work with people needing care.
- There were enough staff working at the service to keep people safe. One relative said, "On the whole there seems to be enough staff. When [person] presses the call bell they can wait for a few minutes. Like all homes they are pushed for staff at times"

Using medicines safely

- People received their medicines safely. The service had systems and processes in place to safely administer and record medicines use. Staff were knowledgeable about people's individual medicine needs and preferences. Prescribed medicines were stored safely and securely.
- Staff had received medicines training and their competency had been regularly assessed.

- The registered manager had contacted the local Dementia In Crisis Team [DIST] and requested a medicines review for people taking medicines used to treat mental health conditions such as antipsychotics. These medicines can cause people to become drowsy and may also not be suitable for long term use. The team had carried out these reviews and praised the registered manager for taking a proactive approach to people's care.
- Regular audits were completed by staff to ensure medicines were safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons had been learned from incidents and accidents. The registered manager shared information with staff during team meetings and supervisions. Where there had been an increase in falls, the manager had made sure people's falls risks were spoken about at each hand over so staff were fully aware of people's changing support needs. There had been a reduction in falls since this was implemented.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- At our last inspection we found the dining experience needed to be improved. At this inspection we found the registered manager had made lots of changes and improvements to how meals were served.
- People were provided with a meal of their choice. People were able to choose where they ate their meal and the dining experience was pleasant. One person said, "You can always ask for something to eat if you are getting hungry." One relative said, "[Person] loves the food and has put on a few pounds which is no bad thing" Another said, "A while ago [person] fancied a burger and they [staff] made them one. [Person] does go to the dining room but they can choose to stay in their room if they want to"
- Staff recognised when people needed support. We observed staff supporting people to eat and drink in a kind and encouraging way. People were relaxed during their meal seemed to enjoy the experience, especially when the chef began to play their guitar sing to everyone.
- People were supported with their healthcare needs. The service worked closely with other agencies and healthcare professionals. For example, we saw people had been referred to the Speech and Language Team [SALT] for assessments relating to swallowing. Outcomes of assessments had been recorded in care plans and people's dietary needs had been provided to the chef to ensure people were presented with food suitable for them.
- People were supported to see their GP when they needed to, and the service arranged for people to see healthcare professionals such as opticians and chiropodists. One relative said, "They [staff] are very good at getting the Doctor out and a nurse comes in to prescribe sometimes." Another said, "Staff took [person] to the opticians."
- Staff were supported to be 'champions'. A champion is a person who takes a special interest in an area. They promote good care in their place of work and help to improve the quality of life for people using the service. One staff member said, "I am now a wheelchair and falls champion. I communicate with other staff to make sure people have their walking frames. I make sure the falls risk assessments are up to date and people have the right footwear on."

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

- People's needs had been assessed before their care started to ensure the service could meet their needs.
- People's choices and needs, such as their religion, culture and dietary preferences had been detailed in their care plans and staff ensured these were met. One person's care plan detailed they were a practising Catholic, staff told us people from the local church came to the service and give Holy Communion.

- Care plans were regularly reviewed and updated. Staff had access to care plans to ensure they had up to date information about how to support people.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively.
- Staff had received an induction suitable to their role and completed both online and face to face training. One staff member said, "The Training is very good and helpful. They [training provider] asks if we understand or need to go over anything again." A relative said, "The staff are very thorough in their care and really know what they are doing"
- We reviewed the training records which showed staff were up to date with their training. Staff had also completed the 'Care Certificate'. This is a set of standards that social care and health workers should adhere to in their daily working life.

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

- Since the last inspection, the service had been purchased by a new provider who had undertaken and extensive programme of redecoration throughout the service.
- The dining room, sitting areas and bedrooms were warm, bright and safe. Peoples bedrooms had personal items and equipment and furniture was within the persons reach. One person said, "My room is beautiful, I have the best room in the home." Relatives said, "[Person] has a lovely room with sea views. It is really stunning and close to the lounge." And, "The maintenance people always seem to be doing something. They keep the home in good order"

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People's capacity to make decisions had been assessed and where necessary best interest meetings had taken place and the appropriate documentation completed.
- The registered manager had completed DoLS applications for people as appropriate. One relative said, "[Person] is not allowed out of the building, there is something in place, a DoLS is it?"
- Staff were observed asking people's consent before providing support.
- Staff had received training and understood the requirements of MCA. Staff told us everyone was free to make their own decisions and should be supported to do this safely.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their family members spoke very positively about the staff and the service. One relative said, "The care is very personal, they know what [person] likes. If [person] is agitated, they [staff] will phone me and get me to have a chat with [person] which calms them down. They always give [person] what they want." Another said, "The care is 100%, I haven't found anything to complain about. The care staff are all wonderful and they all talk to me when I am there. They seem to care about me as well as my [person]. The staff are so kind and exceptionally caring to [person]." One person said, "The staff are really lovely, I am really well looked after."
- People's care plans contained information about their dietary, cultural and religious needs as well as their preferences for male or female staff.
- Staff were kind and considerate when they spoke to people and clearly cared a lot about the people living at the service.

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

- People were involved in decision about their daily care. One relative said, "They [staff] involve my [person] in these discussions and I know there is a plan in place."
- People's care plans contained information about how to involve people in their day to day care. Staff knew people well and encouraged them to make decisions wherever possible. One person said, "I can have as many baths as I like."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed staff knocking on doors before entering rooms and ensuring people had their privacy maintained. One relative said, "They [staff] always do [persons] personal care in their room and shut the curtains and the door. They [staff] are very good and really make [person] feel comfortable. They [staff] never lose patience with [person] and take things at [persons] own pace"
- People were supported to remain independent. One person said, "I don't go downstairs, I like my own company, the TV and reading. Staff come and chat to me and check I am ok." A relative said, "[Person] used to be hoisted but they [staff] are helping [person] to move on their own now, which is excellent"

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and reflected their individual requirements and preferences. Care reviews took place monthly and we saw people and their relatives were involved in these. One relative said, "I go in every day and I have told them [staff] about [person] so they [staff] know them well. They [staff] are all really fond of [person] and are very encouraging with them. Staff really take the time to talk to me and [person]"
- Staff ensured they spent time getting to know people so they could meet people's needs and preferences. One staff member said, "We were told [person] likes to stay in their room. We found out [person] loves Harry Potter and Lord of The Rings. [Person] is now downstairs and is eating and drinking more and is interacting with us. We have really good interactive relationships with friends and family to find out the little things."
- A relative told us, "We were concerned that [persons] independence would be taken away from them, but it hasn't been like that. They [staff] have recognised [persons] ability and encourage them to do things. [Person] likes to be busy so if they are feeling down staff will take [person] into the laundry room to sort the washing out. [Person] also loves a big mug of tea and they [staff] will go with [person] and let them make a cup of tea. They [staff] know that [person] loves tea and has 2 sugars".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs had been assessed and documented in their care plans. This included where they needed hearing aids or glasses.
- One person did not speak English as their first language. Although they spoke fluent English, with the progression of their dementia they were often speaking in their first language. Staff had created a food menu in the persons language and a range of prompt cards with words and phrases so staff could understand and communicate with the person. We observed staff speaking with the person in their own language throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The atmosphere at the service was vibrant, happy and energetic. People were given freedom to express themselves.

- People were actively supported to maintain relationships with their families and friends. People told us they had seen their relatives and relatives said they were able to visit the service. One relative said, "I have to take a test before I visit and show them the result, they [staff] check your temperature when you get there, and we all have to wear a mask. It is pretty well organised. They are relaxed about where you visit, and we can take [person] out if we want to"
- People were supported to take part in a range of social activities. During the inspection, staff and the activities co-ordinator were seen interacting with people through games, singing, dancing, and exercise. People were given a choice if they wanted to take part. Those that did not were able to sit quietly. One staff member said, "[Name of activity co-ordinator] is great, we have the minibus now. Even if we just take everyone out for a drive on the seafront and get an Ice-Cream, they all come back buzzing."
- Relatives told us people had a lot to keep them active and involved in daily life. One relative said, "They [staff] are always doing something with the residents. They celebrated Halloween. When it was [persons] 90th birthday they went above and beyond with cake and balloons" Another said, "The atmosphere is brilliant and they [staff] try to celebrate anything that comes along. They [staff] get people involved and help to keep people in touch with the outside"

Improving care quality in response to complaints or concerns

- The service had a complaints policy. The registered manager took all complaints seriously and dealt with them in line with the providers policy. This included an investigation and written response.
- People told us they felt confident to make complaints and gave us examples. One person said, "I raised an issue with the Senior who told the Manager. They apologised and said it wouldn't happen again and it hasn't since."

End of life care and support

- People had appropriate care plans in place for end of life care. Peoples wishes and preferences had been discussed. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were kept in people care plans.
- Staff had received appropriate training in end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives told us they were happy with the care provided by Memory House. One relative said, "I see [registered manager] every week, they are lovely. Very helpful and kind and they always know how [person] is. They do a good job from what I can see. Another said, "It feels like a family there, very homely. I am really pleased with the home and the staff. [Person] is happy as they know who they can have a chat with"
- Staff were consistently complimentary about the registered manager who told us they had worked hard to improve staff morale. Staff said, "Staff morale is really good. We all get along, we all communicate. [Registered manager and deputy manager] are here every day, I feel very supported." And, "I love working here, I wouldn't want to work anywhere else, it's such a homely home, the residents can do what they want. I work with a great team; they love the residents. [Name of registered manager] has guided me for months, [registered manager] praises us and tells us they are really grateful for everything."
- The provider and registered manager were aware of their responsibility to be open and honest with people when things went wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening again in the future. The registered manager had an open-door policy and encouraged everyone to speak with them.

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

- The registered manager had good oversight of the service and had in place effective quality monitoring arrangements. Regular audits of medicines, care plans and health and safety checks were completed. The regional operations director also completed a monthly compliance visit and completed any action plans with the registered manager.
- The registered manager undertook a daily walk around. Any issues noted were actioned straight away. For example, a carpet had been deep cleaned as a malodour was identified.
- The registered manager attended daily flash meetings with the Runwood management team to discuss any concerns and keep up to date with any changes. Urgent updates were shared with staff straight away to ensure they were up to date with current guidance.
- There were contingency plans in place for the safe running of the service in the event of a crisis. Staff had been made aware of these.
- The registered manager had notified CQC of any events which needed reporting in line with their

regulatory responsibility.

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

- Staff attended regular staff meetings and supervisions. Staff meetings covered topics including infection control, training, medicines and pressure sores. One staff member said, "We have regular staff meetings, any concerns we can go into the office and its dealt with quite quickly."
- Surveys had been completed by people, relatives and staff. The survey results were positive with people saying there were very happy. One person had said lunch felt rushed; the registered manager had spoken to staff and advised them to make sure people had plenty of time to enjoy their meal.
- The registered manager held meetings with people and their relatives. One relative said, "I have been on Zoom for the relative's meetings. They ask us what we want and tell us what is happening"

Working in partnership with others

- The service had developed good working relationships with other healthcare professionals. Records showed regular visits took place from GP's and referrals were made to District Nurses and SALT. The registered manager was also in regular contact with the local authority for support and guidance.
- The registered manager told us they had been offering breakfast to visiting healthcare professionals as a thank you for their hard work during the COVID-19 pandemic.