Runwood Homes Limited

The Whitecroft

Inspection report

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Orsett
Grays
Essex
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21 June 2016

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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

The inspection took place on the 15 and 21 June 2016 and was unannounced.

The Whitecroft is registered to provide accommodation and care for up to 56 people some of whom may be living with dementia. There were 51 people living at the service at the time of our inspection. The home does not provide nursing care.

A registered manager was 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. The registered manager was supported by a deputy manager to ensure the daily management of the service.

People told us the service was a safe place to live. People were supported by staff who could explain what constitutes abuse and what to do if they suspected abuse. The registered provider's recruitment procedures ensured that only suitable staff were employed. Staff had the skills and experience needed to provide effective care and there were enough staff to help keep people safe and meet their needs. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Medication was managed and administered safely and people received their medicines as prescribed.

Assessments of people's capacity were carried out in line with the Mental Capacity Act 2005 (MCA). Staff understood and complied with the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS).

Staff knew people very well and understood how to meet their care and support needs. People and, where appropriate, their families were fully involved in the planning and review of their care; care plans were person centred and were regularly reviewed. Staff promoted people's independence and encouraged people to do as much as possible for themselves.

Staff were kind and caring and treated people with respect and dignity. Feedback from people and their relatives about all aspects of the service was positive. People's nutritional needs were assessed and met and people were supported to maintain a healthy and balanced diet. People were supported to access health and social care professionals and services when needed.

People living and working in the service had the opportunity to say how they felt about the service provided and their views were listened to. There was an effective system in place to respond to complaints and concerns.

There were effective systems in place to regularly assess and monitor the quality of the service. The registered manager was able to demonstrate how they measured and analysed the care and support

provided to people to ensure the service was operating safely and was continually improving to meet people's needs.

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.

Risks of abuse to people were minimised by a robust recruitment procedure and staff training.

Staffing levels were sufficient to ensure people's safety and meet people's individual needs.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were cared for by staff that were well trained and had the right knowledge and skills to carry out their roles and responsibilities.

People's rights were protected as the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed.

People were supported to eat and drink sufficient amounts and people enjoyed their meals.

Staff were proactive in referring to healthcare professionals and people were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness, dignity and with respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People were supported to access religious support.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised. Care plans and risk assessments were reviewed regularly to ensure they reflected people's current care and support needs.

Care plans provided clear guidance for staff to ensure people's care and support needs were met.

The provider had effective arrangements in place for the management of complaints.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff were positive about the management of the service.

Staff felt supported and valued by management.

Effective quality assurance systems were in place and were used to improve the service.

The Whitecroft

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 the 15 and 21 June 2016 and was unannounced. The inspection team on the 15 June 2016 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. The second day of this inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We 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 17 people who used the service, seven relatives, two visitors, eight members of staff, the registered manager, deputy manager and three healthcare professionals. We looked at a range of records including six people's care plans, four staff files, staff training records, staff rotas, the arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and were well cared for. Relatives also told us they felt confident their family members were kept safe. One relative said, "[Person] is cared for very well and is kept safe. I wouldn't leave [person] here if I didn't feel they were safe." Another relative said, "It works for us it's a homely service where we know [person] is safe."

Staff knew how to keep people safe and protected from harm and had received training in how to recognise and report abuse. All the staff we spoke with had a clear understanding of what may constitute abuse and how to report it. One staff member told us, "We have safeguarding training every year. We need to look after our residents and keep them safe, for example looking out for signs of possible abuse such as withdrawal, not eating and drinking, neglect, bruising; I would report any concerns to the manager and the safeguarding team. If I had to I would speak to the Police or to the Care Quality Commission (CQC)." Another member of staff said, "I have never had to raise a safeguard but if I had any concerns I would speak immediately to the deputy manager or to the manager." The service had safeguarding and whistleblowing policies in place and staff were aware that they could report any concerns to outside authorities for example the CQC or to the local authority. Whilst there had been no safeguarding incidents in the last 12 months the registered manager was able to demonstrate their knowledge and understanding of local safeguarding procedures and the actions to be taken to safeguard people living at the service.

Risks to people's health and safety were well managed and staff had the information they needed to support people safely. Risks to people's individual safety such as mobility, moving and handling, bathing, continence, pressure sore management and nutrition and hydration had been routinely assessed. Where risks had been identified management plans had been developed and control measures were in place to minimise risks to people's health and welfare. The balance between people's safety and their freedom was well managed; for example we observed one person who enjoyed being outside and walking around the grounds of the service, staff had risk assessed this activity without restricting the person's choice and independence. The person told us, "Nobody tells me what to do or where to go, I like that, I'm very lucky to be here." This demonstrated to us that the service was not risk adverse.

People lived in safe environment and appropriate monitoring and maintenance of the premises and equipment was ongoing. The service employed a maintenance person who carried out general maintenance of the building and completed safety checks such as weekly fire alarm testing, electrical portable appliance (PAT) testing and testing of water temperatures. The service had procedures in place to identify and manage any risks relating to the running of the service such as legionella testing, hoist maintenance, the environment and dealing with emergencies.

There were effective systems in place for reporting, recording and monitoring accidents and incidents. All incidents and accidents were recorded on the registered provider's central database and were monitored by the registered manager, regional director and the registered provider's health and safety team. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence.

The service had a robust recruitment procedure and appropriate checks were undertaken before staff commenced work. These included processing applications and conducting employment interviews, seeking references, ensuring the applicant provided proof of their identity and carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. A recruitment checklist was used to make sure all elements of the recruitment process had been completed. The recruitment records we looked at confirmed appropriate checks had been undertaken before staff started employment at the service. Staff also told us they had been unable to work until all the checks had been completed. The service had a disciplinary procedure in place which could be used if there were any concerns around staff practice.

People and their relatives told us they felt there were enough staff. People said they did not have to wait long for assistance when they pressed their call bells. One person said, "I've only ever pressed it [call bell] once by mistake but they came very quickly which is a good sign." Another person said, "They come very quickly unless they are dealing with an emergency which is fair enough." Another said, "Oh yes they come very quickly they'd never leave me if I needed them." The registered manager told us they used a dependency tool to assess staffing levels to ensure there were enough staff to support people and meet their individual needs. Staff confirmed to us that they felt there were enough staff on shift to meet people's needs and they did not feel 'rushed' or 'task focussed'. One member of staff said, "Sometimes we are short staffed but we rarely use agency as we have bank staff. Some days are busier than others but the majority of time all is well." Another said, "To be honest there can never be enough staff but I do feel we have enough staff; the team work well together so we can meet people's needs. I don't feel task focussed we always have enough time." The sample of rotas we looked at reflected sufficient staffing levels. Throughout our inspection we observed staff supporting people in a timely way and there were sufficient staffing levels to meet people's individual needs.

People's medicines were managed safely and administered by staff who had received specific training and supervision. Records confirmed that all staff who administered medication had their competency assessed on a regular basis. We carried out a random check of the medication system and observed part of a medication round. We also reviewed five medication administration records (MAR) and found these to be in good order. Some people were prescribed medicines such as pain relief on an 'as and when' basis. Where people were prescribed these medicines staff ensured they were not given unless required or requested. Where people were prescribed pain relieving patches, records detailing the site of application were in place. This is important so as to avoid re-application of the medicated adhesive patch to the same area of skin. There were appropriate arrangements in place for the ordering, storing, administration and disposal of medication. Regular audits of medication were undertaken to ensure that people were receiving their medications safely as prescribed. Medication audits had also been undertaken by an external company.

Good

Is the service effective?

Our findings

People were supported by staff who were well trained and supported. Staff told us, and records confirmed they had received an induction when they started working at the service. The induction programme covered an orientation of the building, shadowing other staff, getting to know people, health and safety procedures, training and reading the registered provider's policies and procedures. Staff told us, and records confirmed that they had received relevant training to enable them to provide safe, quality care to people. One staff member told us, "There's loads of training distance learning, in house, NVQs, we always have updated training to do and we have practical training too." Another said, "We are given lots of opportunities to do further training and are supported to do qualifications." People told us that they felt staff were trained to a high standard and delivered care in a professional, efficient manner. One person told us, "I feel confident that they [staff] know exactly what to do and how to care for us. Nothing ever bothers them; I think they could cope with anything." Staff received regular supervision and had an appraisal in place. This meant staff had a structured opportunity to discuss their responsibilities and to develop in their role.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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.

We checked whether the service was working within the principles of the MCA. The provider had policies and procedures in place and staff had received training on the MCA and were able to demonstrate an understanding of the key principles of the MCA. Records showed that people who used the service had had their capacity to make decisions assessed. Where people did not have capacity to make certain decisions the service acted in accordance with legal requirements and, where decisions had been made on a person's behalf, the decision had been made in their best interests. The registered manager was aware of their responsibilities with regard to DoLS and, where people had been deprived of their liberty appropriate applications had been made to the local authority for a DoLS authorisation. Staff understood the importance of consent and described to us how they gained people's consent to their care and helped people to make choices on a day to day basis. One staff member said, "We always ask for people's consent and encourage them to do things themselves. People may not be able to communicate verbally so they may nod or we can use picture cards." Throughout our inspection we observed staff asking for people's consent before they assisted them with any tasks, helping them to make choices and giving them time to respond before providing assistance. This told us people's rights were protected.

People were supported to enjoy a choice of food and drinks to meet their nutritional needs. Throughout our inspection we observed people regularly offered drinks and snacks. People told us they enjoyed their meals and had the choice of eating in the main dining room or in their own rooms. For people who preferred to eat in their own rooms we noted they received their meals promptly and the food was still hot. Tables in the

dining room were attractively set out with tablecloths, condiments, vase of flowers and pictorial menus. There were sufficient numbers of staff to serve people and spend time with them as they ate. Where people required assistance to eat their meals this was provided sensitively by staff. The atmosphere over lunch was a very pleasant, friendly one. As well as the daily menus displayed on the tables staff helped people to make choices by showing them 'plated up' meals. People were able to choose an alternative meal option if they did not want anything from the menu. One relative told us, "[Person] always says the food is good; they haven't had much of an appetite lately but the kitchen staff are really good and prepare food [person] likes to encourage [person] to eat." We saw from minutes of meetings and questionnaires that people were asked for their feedback about the food and menu options. Records confirmed that people's dietary needs had been assessed and their food and fluid intake and weight had been monitored and recorded to ensure that their nutritional intake kept them healthy.

People were supported to access healthcare services as required such as GPs, district nursing team and chiropodists. The outcome of health appointments was recorded within people's care plans and communicated to staff at handover meetings so that staff knew what action to take. All staff were responsible for monitoring people's health and told us they would report any concerns to their seniors or to the registered manager. One person told us, "They know me very well here, they'll notice if I'm not well." Relatives told us they were always kept informed if their relative was unwell or a doctor or ambulance was called. A healthcare professional told us that staff sought their advice and guidance and, where appropriate, made referrals in a timely manner; they said, "I come here on a daily basis and this is one of the best homes we come to. They contact us and highlight any issues; information is always available and the charts are filled in, I have no cause for concern."

During our inspection we spoke with three healthcare professionals who all gave positive feedback about the service. One healthcare professional told us, "I am very happy with the service they provide here. I have seen the people here for many years and their complexities of health needs have increased over the years. The service handles these increasing needs very well. They contact me when appropriate by fax or telephone and I visit when they need me too."

The service provided an appropriate environment. People's rooms had been fitted with a number to resemble a front door, helping them to identify their own personal space. They also had their name on their door and some people had a picture of their choice. Each room had been personalised and people were able to bring personal belongings from their home. There were a number of communal areas around the service which people could use including a dining room, large lounge, two small lounges, tea room and several seating areas where people could spend time quietly. The service had an extensive and well maintained garden which people had access to.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People and their relatives were very complimentary about the staff. Comments included, "All the staff are lovely, I like them all, I honestly can't think of one I don't like. They are all so caring, especially if someone's really ill, they don't mind what they do for people, it's really wonderful.", "I don't know what we would do without these girls, they're absolutely marvellous to us; everyone's always so kind to me." And, "They are all so good to me. I came here because they looked after my wife so well; I could never have gone anywhere else but here." A relative told us, "I'm amazed at how [relative] has settled and seems genuinely content most of the time. They [staff] understand and care for them so well here; I couldn't be more satisfied."

People were treated with dignity and respect. Throughout our inspection we saw people and staff were relaxed in each other's company. There was free flowing conversation and exchanges about people's wellbeing and how they planned to spend their day. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, for example kneeling to people's eye level and offering reassurance where required. Staff were not rushed in their interactions with people and took time to listen closely to what people were saying to them. Staff were patient and discreet when providing care to people for example we saw one person being transferred by a hoist from a wheelchair to an armchair; staff spoke calmly to the person and explained every step throughout the transfer which prevented the person from becoming anxious. We saw a 'Dignity Tree' in one of the corridors where each leaf of the tree had a quote from people of what they thought dignity was. The registered manager told us the service promoted dignity and staff were committed to ensuring people's dignity was respected.

People were supported to maintain their personal appearance so as to ensure their self-esteem and self-worth. One member of staff told us, "I help people to make a choice about what they want to wear; I help them to be colour coordinated and if any clothes are creased I take them straight back to the laundry even if they are clean. I make sure their hair is done nicely and put on jewellery for them, all this is really important to people." Several people showed us how staff had manicured and painted their nails. People told us how they had regular access to a hairdresser who visited the service and that they enjoyed their time in the hair salon. One person told us, "We have a good natter in here, and a good old laugh too." Another person said, "I get my hair done here, best I've had it done in a long time."

Staff were very knowledgeable about the individual needs of people and were able to tell us about people's likes and dislikes as well as information about their personal histories. One member of staff told us, "You get so much from talking to people and this helps to get a discussion going and you learn more about that person. If they are unable to communicate I read their care plans." During our inspection we saw staff talking to people about their life and experiences which helped staff to explore the person's life and memories and to raise their self-esteem and improve their wellbeing.

People's privacy was respected and we observed staff knocking on people's doors before entering their room and closing doors prior to personal care being provided. One person told us, "They always knock before they come in, they [staff] said 'This is your room and what you say goes'; isn't that just lovely." Staff

promoted independence and encouraged people to do as much as possible for themselves. One person told us, "They [staff] don't take over they encourage me to be as independent as possible."

People were encouraged to maintain relationships with friends and families. The service had a 'tea room' where people could sit and relax with visitors. A relative told us, "This [tea room] is a wonderful idea, we can make ourselves a cup of tea and sit and talk in a nice environment." There were no restrictions on visiting times and relatives confirmed that they could visit at any time and told us they were always made to feel welcome by staff. One person told us, "Staff here always make my relatives extremely welcome; that's very important to me."

Information on advocacy services was displayed in the communal area of the service. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager informed us that no one was currently being supported to access advocacy.

People's diversity needs were respected and included in their care plan. People were supported to access religious support and the registered manager told us that pastors visited the service and religious services were held at the service for those who wished to attend.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Each person's needs had been assessed before they moved into the service to ensure their needs could be met. Where possible, people and their relatives had been involved in the assessment process. Information from the pre-assessment was used to inform and develop people's care plans.

Care plans were personalised and covered a range of care needs such as mobility, medication, mental and physical health and socialisation needs. Care plans were reviewed and updated regularly and included information relating to people's specific care needs and how they were to be supported by staff. Staff told us there was sufficient information in the care plans to enable them to meet people's needs. People who were able to were involved in the review of their care and, where appropriate, relatives were also invited to be involved in the review process. Where a person's needs had changed staff were made aware of the changes through daily handover meetings, through discussions with senior staff and the communication book. This showed us that staff had up to date information which ensured people received the care and support they needed to meet their needs. During our inspection it was clear that staff knew people very well and were aware of their life histories, care and support needs.

People were encouraged to make choices about their care and support and follow their preferred routines. One person told us, "I get up very early often about 5.30am because I always have. I just call them when I'm ready to get up." Another person said, "When I want to go to bed, I just press my bell, and tell them I'm ready for bed. They're very good." Another person told us, "What I like about this place is that we're never told to do anything we don't want to do. It's always our choice."

People were supported to follow their interests and take part in social activities. The service employed two activities coordinators who were responsible for organising and running activities. We spoke to one of the activities co-ordinators. They told us how they worked closely with the other activities co-ordinator and shared with us their plans for continual improvement, they said, "[Name of registered manager] is very understanding and approachable and is open and supportive to new ideas. It's really important to talk to people, get to know them and find out what they like to do. Some people are unable to communicate or to participate in activities so I try to get them involved as much as possible; some people just prefer to sit and chat and that's important too." Notices were displayed informing people of forthcoming events and the scheduled activities taking place. At the time of our inspection these included pampering sessions, art and craft, reminiscence, music/singalong, exercise, bingo and board games. On the first day of our inspection we observed a music activity which was clearly enjoyed by people. People also told us they had enjoyed a party which was held to commemorate the Queen's 90th birthday, a relative said, "The staff put on a big party at the weekend. It was fabulous; they didn't let the British weather put them off. It was great fun, lots of friends and families having fun together." In the provider's PIR they stated that wanted to make use of the registered provider's mini bus to enable people to access the community and to go on day trips. During our inspection the registered manager informed us that a driver had now been recruited and the mini bus had been booked for some summer outings. The activities co-ordinator told us they were in the process of talking to people to see where they would like to go.

Where people choose to spend time in their own rooms or were cared for in bed staff spent one to one time with them; this prevented them from becoming socially isolated and promoted their well-being. One person told us, "There's always someone around so I don't ever feel isolated or lonely. When the girls go by they always stop to ask if I'm alright; they don't ever ignore me."

The registered provider had a complaints policy and procedure in place. A copy of the complaints procedure was displayed in the main foyer. People and their relatives told us they felt confident to raise any concerns or issues. One person told us, "They'd always be happy to talk to me and they'd do something about it I'm sure; they know me so well they would probably notice there was a problem before I had a chance to say anything to them." One relative told us they were unaware of the complaints procedure, they said, "I would approach the manager if I had a complaint or google what to do. The manager is very approachable and I feel any concerns would be listened to." The service had received nine complaints in the last 12 months and records confirmed these had been dealt with appropriately and responded to quickly.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager in the day to day management of the service. The management structure gave clear lines of responsibility and accountability and staff were clear on their role and the role of others.

People, relatives, visitors and healthcare professionals all described the management of the service as open and approachable. The registered manager was very visible within the service and knew people very well. All the people and relatives we spoke with said that the registered manager and staff listened to any concerns they had. People told us that the registered manager regularly visited them for a chat and to check that they were alright. One person said, "She is a very pleasant lady, she knows exactly what's going on all the time." Another person told us, "I do think credit should be given to the manager. She is very good at recruiting exactly the right sort of people, there's not a bad one among them." Another said, "I've got to know the manager very well. I think she's very good and she listens to us." People repeatedly told us that they would recommend the home, one person said, "I couldn't find fault with what goes on here, I don't think anyone could."

There was a positive culture within the staff team and it was clear they all worked well together. One member of staff told us, "It's homely here like a family even amongst the staff, there's something about this place, and you don't ever want to leave the job." Another said, "This is the best job I've ever had." Staff told us that the registered manager was supportive and that their views were sought and listened to, they told us the registered manager operated an 'open door' policy and was always available for support and guidance if they needed it. Regular staff meetings were held where staff had the opportunity to discuss a variety of topics including any changes to the running of the service. Staff told us they were encouraged to put forward suggestions on how the service could be improved; this was through informal discussions or at the monthly staff meetings. One member of staff said, "You can put forward ideas and suggestions and [name of registered manager] always listens and considers them and tells you the reasons why if they cannot be put in place."

The registered manager sought the views of people using the service and their relatives through daily interactions with people, monthly resident meetings, relative meetings, regular questionnaires and a suggestion box located in the main foyer. Minutes from meetings confirmed people had the opportunity to share any concerns about their care, discuss activities, food menus and general day to day management. The registered manager told us, "We always ask 'please tell us if there is anything we can do better'; we need to ensure the care we are providing is the right care."

There were effective quality assurance systems in place for example care plans, medication management, falls and infection control audits were undertaken to ensure any areas of improvement were identified and addressed. The regional care director also carried out unannounced compliance visits to the service each month which involved talking to people, checking records and inspecting the environment. Any required actions from these visits were recorded on an action plan with clear timescales for actions to be completed. A quality monitoring report by the Local Authority was completed in February 2016 and showed that a score

of 90% had been achieved by the service. This demonstrated that the service had a quality assurance programme in place which was effectively monitored.

The registered manager told us she was supported by the regional care director and the registered provider. She attended monthly meetings with other managers within the Runwood Homes group to share experiences and good practice and seek ways to continually improve the service provided to people. The registered manager also attended local provider meetings, she said, "Meeting with other managers and providers helps us to move forward and improve the service; its all continual learning, things are always changing and we need to move forward with the times."

The registered manager had notified CQC of all significant events which have occurred in line with their legal responsibilities.