Runwood Homes Limited

Elizabeth House

Inspection report

42-56 Benfleet Road, Hadleigh, Essex SS7 1QB

Tel: 01702555786
Website: www.runwoodhomes.co.uk

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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**

Overall summary

This inspection took place on 14 November 2014 and was unannounced.

Our previous inspection in May 2014 found concerns with how people were involved in their care planning, gave consent to their care, the numbers of staff available and how the service was managed. The service sent us an action plan detailing how it would address these issues. At this inspection we found improvements had been made.

The service is required by the Care Quality Commission (CQC) to have a registered manager. At the time of this inspection the previous registered manager had left. The manager in place on the day of our inspection had applied to the CQC to be registered. 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 service provides care and support for up to 108 people. Some people living in the service are living with dementia.

Summary of findings

People told us they felt safe living in the service. We observed staff providing care in a caring and respectful manner.

There were sufficient staff on duty to meet people's needs. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported with their interests and a choice of group activities were provided to encourage people to become involved and prevent social isolation. Some areas of communal space were seen to be under utilised while others were seen to be quite crowded.

People told us they knew how to complaint. The service had a clear complaints procedure in place which was displayed in the reception. We saw that complaints had been recorded and investigated.

The provider had a system in place to monitor the quality of the service. Where shortfalls were identified action plans with timescales for completion were in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had systems in place to make sure that people were protected from abuse and avoidable harm.

Identified risk were assessed and actions put in place to reduce risk as far as possible.

There were enough staff to provide the support people needed.

Good

Is the service effective?
The service was effective.

People's needs were assessed and care plans written in detail so that staff had the guidance they needed to support people's in their preferred manner.

People were provided with a choice of nutritious food.

Good

Is the service caring?
The service was caring.

People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way.

Staff were friendly, patient and discreet when providing support to people.

Staff were knowledgeable about the support people required and how they wanted their care to be provided.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and people's support was provided as agreed in their care plans.

We found that people made choices about how they lived their daily lives and were provided with a range of opportunities according to their individual wishes. However, better use of communal space would enhance people's choice.

There was a system in place to receive and handle concerns, comments and complaints.

Requires Improvement

Is the service well-led?
The service was well-led.

There were systems in place to assess the quality and safety of the service provided.

Good

Summary of findings

The staff were well supported by the manager and there were systems in place for staff to discuss their personal development, performance management and to report concerns they might have.	

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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.

This inspection took place on 14 November 2014 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor in dementia care 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. Our expert on this inspection had experience of dementia services.

We used a number of different methods to help us understand the experiences of people who lived in the service. We spoke with the 12 people who were living in the service, eight relatives, 13 care staff, 2 kitchen staff and the deputy manager. The provider's regional care director visited the service during our inspection. We also spoke with a visiting district nurse. We spent time with people in the communal areas observing daily life including the care and support being delivered.

We looked at four people's care records as well as records relating to the management of the service. We looked round the building and saw some people's bedrooms (with their permission), bathrooms and communal areas.

As some of the people who live in the service live with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our inspection in May 2014 we were concerned that there were not always enough staff on duty to meet people's needs. The provider sent us an action plan outlining the improvements they would make which they said would be in place by October 2014. At this inspection we found improvements had been made.

People we spoke with felt that staffing numbers had improved. One person told us, "We sometimes have to wait before somebody comes to answer the buttons, but it is better than it was." During our observations in the service we saw that staff were present at all times in the lounge and dining areas. We heard call bells being activated but they did not ring for long before staff attended.

The provider used a dependency assessment of people's needs to determine the number of staff required to provide people with the care and support they needed. This used people's assessed care needs to determine the number of staff required to provide that care. The deputy manager told us that the service was fully staffed and that bank staff were used to cover sickness and annual leave. They told us that they used agency staff if the need arose but preferred to use their own bank staff as they knew the people living in the service.

Care staff we spoke with confirmed they had gone through a recruitment process before starting to work in the service. Records we saw confirmed that the appropriate checks had been carried out before people began working in the service.

All the people we spoke with said they felt safe in the home . One person said, "I'm loving it here."

All of the staff we spoke with had received training in protecting people from abuse. They told us the training was thorough and provided them with the information they needed. One person told us, "I would report any allegation of abuse immediately to the managers. It is to be taken very seriously." The service had been involved with one safeguarding investigation since our last inspection in May 2014. We saw that the service had co-operated with the local authority investigation and that the allegation had been found to be un-substantiated.

We asked staff how they managed risks to people while supporting them to remain independent. One person gave an example of supporting someone to make a hot drink for themselves and how they ensured the person remained safe. We saw that this risk had been assessed and recorded in the person's care plan along with ways to mitigate the risks. All of the care plans we looked at showed evidence of consistent risk assessments with identified actions to mitigate the risk with clear instructions to staff. Risk assessment were reviewed regularly. This showed that the staff supported people to manage risks associated with their care.

We observed medication being administered safely in a warm, gentle and professional manner. Medicines were stored securely in two locked rooms. Access to the rooms was restricted to senior staff to avoid distraction to staff when dealing with medicines and to reduce access for security reasons. Within each room was a separate lockable cupboard for controlled medicines and a lockable fridge for the storage of medicines which were required to be kept at a low temperature. Staff told us they received training which was updated annually.

The staff used a monitored dosage system for the administration of people's medication. Each dose of medication was ordered by the staff from a local pharmacy following the receipt of a prescription from the general practitioner. These were delivered in sealed packs which were checked by staff. Regular audits of medication in stock were carried out by senior staff. We saw that any unused medication was collected by the pharmacy. People's medication administration records (MAR) were up to date and accurate with no gaps or omissions. The relationship with the local pharmacy and the accurate recording on the MAR chart ensured that people received their medication as prescribed.

Good

Is the service effective?

Our findings

People we spoke with and their relatives thought that the service provided effective care which promoted a good quality of life. One relative told us, "It's all good."

Care staff we spoke with had received an induction. Following their induction new care staff worked with a senior member of staff until they felt comfortable to work on their own. This helped care staff familiarise themselves with people's needs and preferences before working on their own. Care staff we spoke with told us that they received additional training to meet the specific needs of people living in the service such as dementia and diabetes. Commenting on recent dementia training one member of staff said, "No matter how many times I do it there is always something new to learn."

Records confirmed that staff received regular training in subjects which were necessary for them to work effectively such as safeguarding, whistleblowing, moving and handling and health and safety as well as training specific to the needs of people living in the service. For example specialist dementia training helped staff to understand the needs of people living with dementia.

Staff had received training in the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. The deputy manager had submitted applications to the local authority under the DoLS. The local authority is the body responsible for deciding application. We saw that authorisations using this process had been correctly recorded and reviewed thus ensuring that people's rights were protected.

Care files we looked at contained mental capacity assessments and best interest decisions made in consultation with care professionals and people's relatives. Best interest decisions covered a range of decisions such as transferring using a hoist, and receiving personal care.

Care staff demonstrated good practice in caring for people with dementia. We saw there were clear pictorial signs in shared areas. These assisted people living with dementia to know where they were in the home. People's names and photographs were displayed on the door to their room to assist the person to identify their own room. Rooms were personalised with people's own belongings and memorabilia to assist memory and reminiscence

People told us they enjoyed the food. One person said, "It's very good here. Food is good, especially breakfast which is really good." We saw that the menu choices for the day of our inspection were varied and contained healthy choices such as fruit.

We observed a meal in one of the dining rooms. We observed staff supporting people to eat their meal. They were attentive, focused on the individual and assisted at a pace that appeared to suit the person. They spoke in a warm and reassuring manner throughout. We saw when a person could not remember what they had ordered or had changed their mind staff offered them a choice of food. The dining room had a relaxed atmosphere with people and care staff enjoying casual relaxed conversation.

We spoke with two kitchen staff. They told us they were made aware daily of the choices made by people using menu cards. They explained how they catered for special diets such as vegetarian and gluten free.

Care plans we looked at contained dietary assessments and associated care plans. The staff used the Malnutrition Universal Screening Tool (MUST) to assess people. This is a recognised method to assess people's nutritional state. As part of this screening we saw that people were weighed monthly and appropriate action taken to support people who had been assessed as at risk of malnutrition.

We spoke with a district nurse who was visiting the service. They told us that the staff referred people to the district nursing service promptly when required. They gave us an example of when the staff had followed the advice they had given.

Care plans viewed showed evidence of the regular involvement of other professionals such as people's general practitioner, a dementia nurse, chiropodist and optician. The staff was supporting people to access healthcare services and to receive on-going health care.

Good

Is the service caring?

Our findings

People living in the service and their relatives told us that the staff treated them with kindness and in a caring manner. One person told us, “The carers are good.” Three relatives of a person who had recently moved into the home told us how pleased they were with the way their relative was being cared for. They told us the staff had been very welcoming to their relative and to them.

We spoke with a person about the care their relative was receiving from the staff. They explained that their relative did not always want to accept support. They told us that the care staff were kind and skilled, taking time to encourage and support their relative to become more mobile and with their daily routine. They described how their relative’s condition had improved and told us this was because of the care and support provided by staff.

We observed staff gently engaging with people and distracting people when managing difficult behaviour.

We observed the lunch time meal in one dining area. We saw that care staff supported people in a way which encouraged them whilst respecting their dignity. People were given a choice of whether they wished to use protective equipment to protect their clothing whilst eating and when used it was used discreetly and with the minimum of fuss.

We saw staff supporting a person who had fallen on the floor in a communal area. One member of staff stayed with the person holding their hand to provide reassurance while another member of staff called an ambulance. Care staff provided continuing support until the paramedics arrived. We spoke with care staff after the incident who displayed a good knowledge of the person’s care needs and underlying condition. We observed staff throughout the day and saw interactions between people and staff to be warm and professional.

We saw people were encouraged to be as independent as possible whilst remaining safe. We saw staff supporting a person to lay the table in the dining room and another person to make a hot drink. We observed that people were enjoying being involved in these tasks.

All the people living in the home had their own room and we saw that when personal care was being delivered staff ensured the door was closed. We observed staff ensuring a person’s dignity was maintained whilst using a hoist in a communal area. This was carried out with a minimum of fuss and as unobtrusively as possible.

Requires Improvement

Is the service responsive?

Our findings

The Manager and staff were responsive to people's changing needs. One person told us how when their mobility had declined they had moved to a room closer to the lounge so they did not have so far too walk.

We did notice during the morning that one lounge on the ground floor was very crowded. The television was on quite loud. People in the room were also engaged in other activities such as reading the paper or a magazine. One person told us, "I come in here for a cup of tea and then I go back to my room for some quiet." Care staff came in to dispense drinks and snacks. Not everybody in the room had somewhere to put their drink within easy reach.

We saw that one person who wanted to get up and leave the room could not do so as another person in a wheelchair was obstructing their path to the door. People were also receiving relatives in the lounge and we saw that some people were finding it difficult to hold a conversation above the sound of the television. We had noted that there was another lounge on the ground floor and at the time, that this lounge was crowded the other lounge was empty. Encouraging the use of both lounges with a quiet lounge for those who wished to sit and read and the television lounge for those who wished to watch the television would ensure people had a choice and could move about more easily. We asked the manager about the use of communal lounges and they told us that it was something they had noted and would be addressing.

Care plans showed that people had been involved with their care planning and had signed their care plans to indicate their involvement and consent. They contained a life history of the person and we saw that this had been written with the involvement of the person and / or a friend or relative if the person had been unable to participate. Care plans also included a person's likes, dislikes and preferences with regard a number of different categories such as food, sleeping preferences and bathing. This meant that care staff would be able to provide care according to a person's expressed preferences.

The service had a room which was decorated as a tea room. People told us they liked to use this room when their relatives visited as it provided a relaxed and comfortable atmosphere. The manager told us that activities such as the weekly knitting club took place in this room. Using this room for smaller groups such as knitting enabled people to follow their individual interest and receive personal support with their interest.

People told us that regular group activities were provided such as sing-a-longs and bingo. One person told us that there are lots of activities and their relative had gradually joined in more of these. Group activities such as bingo and regular clubs encouraged people to become involved with something which interested them and avoided them becoming isolated by staying in their room.

We looked at the complaints records. We saw when a complaint had been made it was recorded and the investigation documented. Changes were made in response to complaints and suggestions. Staff we spoke with knew how to respond to complaints if they arose and people we spoke with were aware of who to speak with if they wanted to raise any concerns. The provider monitored the recording and investigation of complaints. This meant that people knew how to make complaints and could be assured they would be acted on.

Good

Is the service well-led?

Our findings

The registered manager had left the service prior to our inspection. There was an acting manager managing the service. They had applied to the Care Quality Commission to be registered as the manager. The manager told us they encouraged people and their relatives to come and speak with them at any time if they had any concerns and that they also held a more formal open door session once a week.

The manager told us that the provider held regular meetings for managers of their services and that this enables them to share good practice discuss any problems.

During our inspection we saw that a group of students from a local college were visiting the service. People told us they enjoyed speaking with, "the youngsters" and that it, "keeps me young." The manager told us that the students visited regularly and that visiting the service had become an integrated part of their course. Visits of this type demonstrated the service involvement with the wider community.

Staff told us that they received supervision sessions every three months from their line manager. They told us they were constructive and addressed areas which they did well and areas for improvement. One member of staff told us, "There is not always much to talk about as I can talk to my managers at any time." This demonstrated the manager's encouraged open communication.

People and staff were aware of the change in registered manager. One person told us that changes in management were unsettling but that all the management team were approachable and supportive.

We found there were quality assurance systems in place so the manager was aware of any concerns. Audits of systems and practices were carried out by the manager, which covered all aspects of the service including infection control, medicines and pressure ulcers. We saw that the provider's regional care director carried out regular visits to the service. The manager told us that these regular visits enabled them to feed back any problems they may have and request any additional resources they required. We saw the records of these visits with action plans with timescales for completion of any issues requiring attention.

The provider monitored risks across its services. We saw that the registered manager provided the result of audits to the provider on a weekly and monthly basis. These included falls, pressure ulcers and the results of nutrition screening. If the provider identified a trend in a particular aspect of care we saw that an action plan was put in place which was monitored by senior staff.

Regular quality assurance surveys were carried out. We saw that three monthly surveys of the catering were carried out and that these had resulted in changes to the menu. A yearly survey of the quality of the service was carried out with input from people using the service and their relatives. We saw that the provider analysed the results and addressed any areas of concern.