

# Runwood Homes Limited

## Wisden Court

### Inspection report

Wisden Road  
Stevenage  
Hertfordshire  
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Tel: 01438 354933

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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 

#### Overall summary

The inspection was carried out on 28 January 2015 and was unannounced. At our previous inspection on 20 September 2014 we found that they were meeting the required standards.

Wisden Court is a care home that provides accommodation and personal care for up to 46 older people, some of whom live with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

The CQC is required to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the

# Summary of findings

inspection the service had started to make applications to the local authority in relation to people who lived at the service. The manager and staff were familiar with their role in relation to MCA and DoLS.

People had their individual needs met. Staff knew people well and provided support in a timely manner. There was sufficient food and drink available and people were assisted to eat and drink in a calm and sensitive way.

People had regular access to visiting health and social care professionals where necessary. Staff responded to people's changing health needs and sought the appropriate guidance or care by healthcare professionals. Medicines were managed safely to ensure people received them in accordance with their needs.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. The manager responded to all concerns or complaints appropriately.

Staff were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff were clear on what their role was and shared the manager's views about the type of service they wanted to provide for people. People and staff were positive about the manager and their leadership.

# 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.

People were supported to ensure their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Staff who worked at the service had undergone a robust recruitment process.

Good



### Is the service effective?

The service was effective.

People were supported appropriately in regards to their ability to make decisions.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring.

People were treated with kindness.

People who lived at the home were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

Privacy was promoted throughout the home.

Good



### Is the service responsive?

The service was responsive.

People who lived at the home and their relatives were confident to raise concerns and had them dealt with appropriately.

People received care that met their individual needs.

There was a good provision of activities that promoted people's hobbies and interests.

Good



### Is the service well-led?

The service was well led.

There were systems in place to monitor, identify and manage the quality of the service

People who lived at the service, their relatives and staff spoke highly of the manager.

There was an open and empowering culture in the home.

Good



# 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 2012, to look at the overall quality of the service and to provide a rating.

This visit was carried out by two inspectors on 28 January 2015 and was unannounced.

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

During the inspection we spoke with seven people who lived at the home, three relatives, five members of care staff, two care team managers, a housekeeper and the registered manager. We received feedback from health and social care professionals. We viewed four people's support plans and three staff files. 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 due to complex health needs.

# Is the service safe?

## Our findings

People told us that they felt safe. Their comments included, “I feel safe as staff support you when necessary which is a good thing.” “I feel safe as staff know what I need and help me” and, “There are always staff near so I feel safe.”

Staff had a good understanding and knowledge of how to safeguard people against abuse. They knew people well and were able to describe the individual changes in people’s mood or behaviour and other signs which may indicate possible abuse or neglect. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff. All had completed safeguarding training and were encouraged by the seniors and managers to report any concerns. Staff knew the whistleblowing procedures and said they would not hesitate to use them. Contact details for external agencies who they could report to were displayed.

People told us there was always enough staff on duty. One person said, “If I ring my bell they come really quickly and are always happy to come.” Staff told us that they felt there were sufficient numbers to meet people’s needs. Throughout the inspection we saw that people were given assistance when they needed it and they were not left waiting, with call bells answered promptly. The home consisted of different units each of which had dedicated care and senior staff responsible for people’s care and welfare. We viewed the staff rota and we found that minimum staffing levels had been consistently maintained across the home. The manager told us that they didn’t use agency staff and were able to cover shifts using their own staff bank. This meant that people’s needs were met in a timely manner.

People were supported by staff who had undergone a robust recruitment procedure. Most of the staff had been employed for some time. The most recent told us they had undergone a full interview with pre-employment checks. We found that appropriate checks had been carried out and staff were not allowed to start without documentation. This included criminal record checks, written and references and a full employment history check.

Staff were clear on how to manage accidents and incidents. One person had been found with a cut on their forehead. They were unable to say what had happened. Staff tended the wound and then monitored them for 24 hours. All incidents are recorded and staff reassess the people concerned to see if they require any further support. One staff member said, “We all live with risk each day but we try to reduce any risks, in the environment, in how people are supported whilst maintaining their independence.” Staff said they would sometimes discuss situations in staff meetings or supervisions as a learning tool. The manager told us, and our inspection confirmed, accidents and incidents were monitored to identify any trends and develop action plans to reduce risks.

People received their medicines safely and in accordance with the prescriber’s instructions. We observed medicines being administered and saw that people were provided adequate levels of support. Staff washed their hands and took each person their medication and asked if they wanted water or juice to help them swallow it. They waited with the person whilst they took the medication. The carer wore a tabard saying ‘do not disturb’ and we found that medicines were managed effectively and stored safely.

# Is the service effective?

## Our findings

People told us they felt they were supported by appropriately skilled staff. We saw that staff had received appropriate training for their role. We saw that staff worked in accordance with guidance and they told us the training had been beneficial. There were opportunities for further training. Staff told us they received the training they required to carry out their roles through E-Learning and practical sessions. All had completed training in dementia care and found the training really helped them provide care and support tailored to people's individual needs. Some staff had completed a dementia champion's course and others were currently working through it. We spoke with a staff member who was currently completing this course and they told us, "I love it, it's really helpful."

Staff received regular supervision and appraisal. They said they could talk about any concerns to do with their work and the people they were supporting, as well as look at their training needs. Comments included, "We are encouraged to gain qualifications." "You can talk easily in supervision we are well supported." We saw that this covered all areas of employment and personal development with development plans arising as a result. Staff also had a supervision contract in place which set the basis for discussions so that both they their supervisor were clear on its purpose. Staff told us they enjoyed working at Wisden Court and they were a "Happy" team.

People's ability to make decisions had been assessed. Where support was needed for a person who was unable to make decisions independently, the process was clearly documented to guide staff. We saw that staff offered choice and clearly explained what they were doing. For example, during breakfast staff asked people if they wanted cornflakes, hot or cold milk, tea or coffee as well as cooked meal. Staff comments included, "Shall I help you cut this up.", "Are you ok, can I give you a hand?" Staff were able to explain how they sought consent when people were not able to communicate verbally. One staff member said, "We use picture cards for menus or we bring things to the table. I also observe people keenly to see what they like." Another said, "I will show people items of clothing for them to choose."

The manager told us that Deprivation of Liberty safeguards (DoLs) authorisations had been applied for in line with published guidance. They said that although people had

access to areas outside the home, authorisations had been obtained in cases where people may need to be prevented from leaving in order to keep them safe. This meant that the service was working in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts and told us they enjoyed the food. We saw that there was adequate choice and variety and meals looked appetising. Where needed, people were assisted to eat or drink in a patient, and sensitive manner. Staff said, and people confirmed, that they offered a choice of hot or cold drinks mid-morning and afternoon. We observed people being offered cups of tea and juice. People were encouraged with their eating, food was served to each table at the same time and staff worked at people's pace. The chef was aware of people's dietary needs and preferences and prepared menus accordingly. People who were at risk of not eating or drinking sufficient amounts were monitored closely to ensure needs met. Where there were concerns, this was passed onto the appropriate medical professional. One relative told us, "[Relative] had a poor appetite and this was making [them] frail. Since coming here, [they're] eating really well. I think this is because the food is good so [their] appetite has come back, has really made [them] back to [their] old self." This meant that people were receiving the support they needed to ensure they received a healthy balanced diet.

People had regular access to health and social care services when required. We saw that people had visits from GP's, district nurses, the specialist mental health team and were supported to attend hospital where necessary. Social workers, opticians, GP's and chiropodists were involved making sure that people's needs were regularly reviewed and met.

The hairdresser was there at the time of our inspection and people commented that they enjoyed having their hair done. People spoke about their access to GP's and this was positive and we saw that staff supported people to manage contact with health care professionals. Health and social care professionals told us that the staff always responded to people's needs and felt they supported people well. They told us that staff approached them for advice promptly if needed. This meant that people were supported to maintain good health and receive on-going health care services.

# Is the service caring?

## Our findings

People told us they had good relationships with the staff at the home and were very positive about how kind and responsive they were. One person told us, “It’s lovely here the staff are so kind. If you can’t be at home it’s the best place to be.”

People told us they were involved in making decisions about how they spent their day and the care they received and that staff knew them well. An experienced staff member mentored a new staff member and we heard them pass on their knowledge about each person’s preferences. For example, what they liked to drink and where they liked to sit. This gave the new staff member a starting point and we later saw them use this knowledge to speak with people get to know them. One staff member told us, “We know the people we look after we care for them and make a homely home.” Another staff member said, “One of the people I am key worker for likes to tell stories so I feel it’s important to listen to them.” We found that people received support by a staff team that had invested in providing a good standard of care and who wanted to establish meaningful relationships.

Staff were attentive and caring. For example, one person said they were cold so the staff member went to get them another cardigan. They asked them if they wanted it around their shoulders or to put it on rather than making assumptions. We observed people and staff relaxing together during some activities. Staff were respectful and people told us they felt important and valued. For example, one person cleared away their plate onto the draining board and staff thanked them. We saw that people enjoyed conversations and gentle banter with staff who encouraged them and explained anything they didn’t understand. For example, one person started talking about ‘the lotto’ and the carer explained to another person what it was. Also, when one person kicked someone under the table, staff explained that it was an accident and helped them both sit in a way that prevented it happening again.

People told us that staff treated them with dignity and promoted their privacy. One person said “They are always calm they never raise their voices.” Staff described how they preserved people’s dignity by ensuring personal care was carried out in private with bedroom doors, and if necessary, curtains closed. Staff promoted people’s independence where appropriate. Staff were seen to knock on people’s bedroom doors before entering.

# Is the service responsive?

## Our findings

People who lived at the home and relatives told us that they felt involved in the planning of their care and staff valued their input. One person told us that staff were supportive when they moved in, “Staff told me to bring in whatever I wanted or needed and then they went through asking how I wanted to be helped.” One relative told us, “They took ages going through it with [relative] and us, they really wanted to know all about [relative].” We saw that care was provided in a way that met people’s needs and was adapted to support them appropriately when those needs changed. For example, changes to the specialist equipment a person needed. We saw staff knew how to respond to people’s changing needs. For example, one staff member said how one person was feeling frail so they left them in bed to rest longer. We saw another staff member walk around the unit with someone who was unsettled but also wanted someone to walk and talk with. A relative told us, “Since [relative] has been here, they’re eating again, walking about and back to [their] old self. The staff have done that.”

Staff said they encouraged people to make choices and be involved in their care. . One staff member said, “We always involve people. Before they come in we create a pre-assessment to make sure we can meet their needs, then when they come in we involve them in what they can do.”

People told us they knew how to raise a concern if they needed to. However, everyone we spoke with told us that they had not needed to. A Relative told us about an issue

they wanted resolved when their relative first moved into the home. They told us that the manager and staff had resolved the issue straight away and there had not been a problem since. We found that the manager had thoroughly investigated all complaints and provided people with a response. The manager shared information about concerns and complaints with staff to ensure that lessons were learnt where necessary. This meant that people could raise concerns and be confident that they would be listened to with the appropriate action being taken.

People told us they enjoyed the activities provided at the home. They told us that staff asked them what they liked and tried to support their hobbies and interests. For example, one person liked to help staff sort out the laundry and deliver clean clothes. Another person told us, “I like clearing up and so I do it here.”

There was a craft table set up in the activity area which people told us they enjoyed and also some group games which people were engaged in. This created lots of laughter and we saw that people had fun. People who were in the lounge areas were also given support to join in with crafts and staff told us they spent time with people in their bedrooms. We saw that there was a variety of things for people to do. On the day of our inspection the activities organiser was not present, however care staff got involved and ensured that people were supported with activities they wanted to do. This meant that interests, hobbies and activities were part of the culture of the service and people benefitted from having plenty of opportunity to get involved.



# Is the service well-led?

## Our findings

People told us that the manager was kind and helpful. One person said, “The manager is good she comes to see us”, Relatives also told us that the manager was approachable. One relative said, “The manager is brilliant, been terrific.”

The manager told us that they spend time on the units, speaking with people, guiding staff and identifying any areas that require improvement. One person told us, “I see the manager walking around” and “[They] help me dance.” We saw that they recorded these checks on a manager’s audit. Staff told us that the manager was approachable and they liked their leadership style. They told us that the manager was regularly out on the floor, observing practice and giving guidance. Staff shared the manager’s view that people came first and told us that they were proud to work at Wisden Court. All staff were positive about the manager. One staff member said, “They are very good, very knowledgeable as well as supportive and available. They are on the end of the phone at any time outside working hours. I feel I can go to [them] and they will sort things they are really good.” Another staff member said, “You can talk to them they are always approachable.” Staff said they were proud to work in the home and shared the values of the manager and the other staff. They said they felt well led and confident in the seniors and managers. One staff member said, “We work as a team and help each other.”

Staff knew what was expected of them in their roles. Some had been given responsibility for audits and supervision. They then fed this back to the manager. The manager held regular team meetings and shared findings of audits and feedback with the staff. This meant that good practice was recognised and promoted by raising staff awareness.

The provider carried out compliance visits which looked at all areas of the home and included speaking with people who lived there, staff and relatives. Any areas identified as needing improvement were developed into an action plan. We saw evidence of these action plans being completed in a timely way. We saw that the provider had given the manager and the home an award for its achievements. This demonstrated that they acknowledged the work that the manager and staff had put into the home.

There were strong links with the local community. For example, the service was linked with a day care service. This gave people the opportunity to take part in a range of activities and socialise with other. There was contact with other local groups who provided learning opportunities, activities and improved facilities in the home. For example, they had worked with the local museum to develop personalised door plaques and college students had worked with people to decorate the communal areas into a beach theme. People had enjoyed this and the manager told us they were always looking for ways to bring the community into the home and vice versa.