

# Runwood Homes Limited

## Evelyn May 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

Evelyn May House is a residential care home for up to 59 older people some of whom may be living with dementia. When we inspected there were 57 people living in the service.

At the last inspection, the service was rated good and at this inspection we found the service remains good.

People were protected from the risk of harm and received a safe service. There were enough staff who had been safely recruited to help keep people safe and meet their needs and preferences. The service managed medication well and people received their medication as prescribed.

People were cared for by supported, experienced and well trained staff. They had the support they needed to have as much choice and control over their lives in the least restrictive way possible. People received sufficient food and drink to meet their needs and preferences and their healthcare needs were met.

Staff were kind, caring and compassionate in their approach and knew the people they cared for well. People were encouraged to remain as independent as possible and staff supported them when necessary. Staff treated people with dignity and respect and maintained their privacy at all times.

People and their relatives were fully involved in the assessment and care planning process. Care plans had been regularly reviewed to reflect people's changing needs. There was a range of activities available to suit individual's interests. Complaints had been dealt with appropriately in a timely manner.

People were positive about the quality of the service. The registered manager and staff were committed to providing people with good quality person centred care that met their individual needs and preferences. There were good systems in place to monitor the quality of the service and to drive improvements. The service met all relevant fundamental standards.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Evelyn May House

## **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 checked 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 2 and 20 March 2017 and was unannounced. The inspection was carried out by one inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection 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.

We spoke with 15 people, six of their relatives, a volunteer and a visiting professional. We also spoke with the registered manager, the deputy manager, a visiting manager and nine members of care staff. We reviewed five people's care and medication records, four staff recruitment, training and support files and a sample of the service's quality assurance records.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating continues to be good.

People repeatedly told us they felt safe living at the service, one person said, "You couldn't feel otherwise than safe here." A relative confirmed this, saying, "I always feel that my relative is safe here. Staff seem to take difficult behaviour from anyone in their stride – they can handle anything." Staff demonstrated a good understanding of how to protect people from the risk of harm. One staff member said, "I know and understand the policy about keeping people safe and protecting them from the risk of harm and have had training." Another told us, "If I had any doubts I know I can call social services but feel the manager would deal with such issues immediately." There were clear policies, procedures and guidelines for staff to refer to when needed and safeguarding matters had been dealt with appropriately.

People had risk assessments and management plans in place to minimise risks to their health, safety and welfare. Staff expressed a clear understanding of the risks people had and told us how they managed them which was in line with the care plans. The service employed enough staff to safely meet people's assessed needs. Staff said, and the duty rotas checked over a six week period showed that staffing levels had been consistent. People told us that staff were always on hand and quick to respond to their call bells when pressed. One person said, "Staff always make sure my call bell is within easy reach. I had a fall once, and pressed my call bell, they [staff] were with me very quickly, they [staff] don't leave you waiting." Another person told us, "Staff come very quickly if you need them, I think there is always enough of them here to help us." The service had a robust recruitment process and all of the appropriate checks such as disclosure and barring service (DBS) and references had been carried out before staff started work at the service.

The service managed people's medication safely. People told us that they received their medication as required and that staff never hurried them. We carried out a random check of the medication system and observed a medication round.

We found that the system worked well and the records had been completed to a good standard. The random check showed that the service's own checks and balances worked as there were no discrepancies found on the medication and records checked. Staff had been trained and had their competence to administer medication regularly assessed. People received their medication as prescribed.

People told us, and we observed that the service was clean, tidy, hygienic and in good order. Several people told us that staff were always 'cleaning up and that they must like cleaning'. The service had carried out regular checks to ensure that infection control practices were adhered to.

# Is the service effective?

## Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating continues to be good.

People were cared for by staff that felt supported and valued. Staff told us, and the records confirmed that they had regular supervision. One staff member said, "I enjoy working here. We get good training and support and the manager is easy to talk to." Another staff member told us, "You get good support here. If you need to discuss anything you can and we get regular supervision where we get the chance to talk about any issues including our training needs."

People told us they felt that staff were well trained. One person said, "The staff know what they are doing and they always check it is alright with me before they do anything. I think that they [staff] are all very well trained." Visiting relatives told us that the staff appeared competent and trained for the job. Staff told us, and the records confirmed that they had received a wide range of training to suit their role and that it had been regularly updated to refresh their knowledge. They said they had been supported to attain a qualification in care. People were cared for effectively by well trained staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training in MCA and DoLS and they demonstrated a good knowledge about how to support people in making decisions. One staff member said, "People should be able to make their own decisions if they can. We can only make decisions for them in their best interests when they lack the capacity to make them for themselves." There were DoLS authorisations in place where necessary and DoLS applications had been made appropriately.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. We observed the lunchtime experience as a pleasant one. Tables looked attractive and inviting with condiments and sauces available. People told us they were very happy with the food. One person said, "We have good food, fresh veg and good meat, not chewy." Another person told us, "The food is marvellous, it looks and tastes good." Where people needed help with their meal we observed that this was done in a kind, unobtrusive manner with staff sitting alongside people, and engaging them in friendly, natural conversation. People's dietary intake had been recorded and their weight monitored to ensure that had enough food and drink to keep them healthy.

People told us they were supported to attend routine health appointments such as to the GP and the hospital. Relatives told us that staff kept them informed of health related issues in a timely way and that they felt the staff were very good at meeting people's healthcare needs. The records showed that people had been supported with their health related visits and the outcome and any follow up actions had been

clearly recorded to show how people's healthcare needs had been met.

# Is the service caring?

## Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating continues to be good.

People told us that staff treated them kindly and we observed this throughout our visit. One person said, "Staff treat me very well, we get on fine together and they are always smiling, they're lovely." Another person told us, "Staff are absolutely marvellous, they can take a joke, and they have time for us, and would never be nasty. They sit her in the evening having a chat with us; they treat us like their friends." All of the comments from people using the service and their relatives were positive about how friendly, kind, caring and respectful staff were.

Staff were very respectful towards people's diverse needs. For example one person was very confrontational and was constantly complaining and arguing with staff and they always responded in a respectful and kind manner doing their best to please them. Relatives told us that all of the staff were thoughtful, considerate, and respectful and that they treated their loved ones with dignity and kindness. They said that people's independence was encouraged and supported and that staff were always there if people needed support mobilising around the home. One visiting relative said, "When my relative came here they were very thin and they have put on weight and are much healthier now - that is how well they've cared for them." Another relative told us, "Staff encourage [person's name] independence and support them well to maintain it for as long as possible."

People and their relatives told us they were actively involved in making decisions about their care and support. Visiting relatives told us they were kept fully involved and felt they were able to contribute to how their loved one was cared for. People said they were asked about their care plans and the care plans included good information about people's likes and dislikes and they described how people wanted to be cared for.

Each person had a named key worker who was responsible for ensuring that they had everything they needed and that their diverse needs were met and respected by the staff team. Staff respected people's privacy and made sure they had consent before entering their rooms.

People were supported and encouraged to maintain relationships with their families and friends. Visiting relatives told us they were always made to feel welcome and that they had the privacy they needed. One visiting relative told us, "I am grateful for the kindness of staff. If I can't visit for any reason, staff supports my relative to speak with me on the telephone so they don't worry."

Where people did not have family members to support them to have a voice, they had access to advocacy services. 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.



## Is the service responsive?

### Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating continues to be good.

People had their needs fully assessed before the service started and their care plans had been devised from the process to meet their individual needs. People and their relatives told us they had been fully involved in the assessment and care planning process. The care plans provided detailed information about people's likes and dislikes and their past life history. Staff told us that the care plans provided clear instructions on how they were to deliver the person's care. One staff member said, "I find the care plans easy to follow and you get to know them after a while. I like knowing about people's past as it sometimes jogs their memory when you talk about things that were important to them." Another staff member told us, "It is very clear in the care plans about people's risks and they tell us how to manage them." The care plans and risk assessments had been regularly updated to reflect people's changing needs.

People told us about the range of activities offered and how they met their individual needs and preferences. For example we observed a quiz taking place during our visit. This was organised by a volunteer whose late relative had been cared for by the service. People were totally engaged in the 1930's quiz and it became a real conversation starter as people guessed at answers which led onto other discussions. The volunteer was quick to acknowledge answers, both correct and incorrect, in a friendly, non-patronising manner, encouraging quieter, less confident people to participate. Other activities such as pamper mornings and discussion groups were scheduled to take place. One person told us, "I never feel bored here, there's always someone to talk to. I don't think there is anything they could do to improve."

People told us they were confident that their concerns would be listened to and acted upon quickly. One person said, "It's like a private hotel here – I'd say if anything wasn't right, I'd talk to any of them." Another person said, "I may have a few moans now and then, but it's always sorted out." Visiting relatives were confident of their concerns being dealt with appropriately. One visiting relative told us, "I spoke to [manager's name] about activities and told him my relative needed more stimulation. They listened and it's better now." Another visiting relative said they had spoken to the registered manager about issues in the past. They told us, "They [registered manager] are very easy to talk to and are as good as their word. They are also very helpful with general advice too." The records showed that complaints had been dealt with to people's satisfaction.

## Is the service well-led?

### Our findings

At this inspection we found that the service still provided people with a well led good quality service and the rating continues to be good.

There was a registered manager 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 and staff's shared vision was to provide people with the best quality person centred care. There was an open and inclusive culture and people, staff and visitors told us they were able to raise any issues freely with the registered manager. People told us, and the records confirmed that regular resident, relative and staff meetings were held. Meeting dates, together with the minutes from the last meeting were clearly displayed on notice boards around the service.

People knew the registered manager well and they said they are very nice and very approachable. One person said, "I like them [registered manager], I think they'd always make time to listen to us." Another person told us, "The registered manager comes in to see us quite regularly, they check we're alright. They sat and had fish and chips with nus the other day – we thought that was really nice of them."

People's views had been sought and analysed and regular audits on systems and processes had taken place. The registered manager had identified areas for improvement and had action plans in place to make the necessary improvements. People and their relatives told us the service provided good quality care. One relative said, "I'd thoroughly recommend this home – in fact, I have done."

People's personal records were stored appropriately in locked offices when not in use but they were accessible to staff, when needed. The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.