

Runwood Homes Limited

Brewster House

Inspection report

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Date of inspection visit:
30 March 2022

Date of publication:
24 May 2022

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Brewster House is a residential care home providing personal care to up to 71 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 51 people using the service.

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

The provider had implemented a number of improvements since our last inspection. The service had a new registered manager and deputy manager in post who had a strong focus on driving improvements and creating a positive culture for people and staff.

The management of risks to people's safety had improved. However, the processes in place did not always effectively identify risks or demonstrate what actions had been taken in order to address these. The registered manager was aware of the areas which still required development and was providing staff with additional training and support to ensure processes were improved. There was a service improvement plan in place which the registered manager was continuing to work through to identify what had been achieved and where action was still needed.

The provider completed relevant recruitment checks for new staff; however, some checks had not been fully documented. The registered manager was able to demonstrate how they were making improvements to this process to ensure staff were safely recruited.

There were enough staff available to meet people's needs and the registered manager had improved how staff were deployed throughout the service to ensure consistency of support. Staff spoke positively about the improvements in the service and the support they received from the management team.

People were protected from the risk of abuse. Staff knew how to identify signs of abuse and felt comfortable raising concerns with the registered manager. People received their medicines as prescribed and the provider ensured staff were trained and competent to administer prior to supporting people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The managers and staff had developed positive working relationships with other healthcare professionals in order to support people's changing needs. People's relatives told us they felt able to feedback and raise any concerns and generally spoke positively about the improved culture of the service and the care people received.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 02 August 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 02 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 23 June 2021 and 07 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of risk, safeguarding people from the risk of abuse, staffing and the oversight of the service

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brewster House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Brewster House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by two inspectors and an inspection manager.

Service and service type

Brewster House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brewster House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers and care workers. 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 reviewed a range of records. This included four people's care records, monitoring charts and medicines records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found on inspection and we reviewed training records and quality assurance documentation.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and manage the risks relating to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider's processes for assessing risks to people's safety had improved since our last inspection. However, people's risk assessments did not always accurately reflect people's support needs. For example, for one person at high risk of falls, their care plan stated they preferred to wear shoes when indoors and identified the need to wear appropriate footwear at all times. However, on the day of the inspection, this person was not wearing any shoes and staff confirmed they did not like to wear them. This person had fallen on a number of occasions, however incident and accident forms had not always been completed accurately and the registered manager had not always been informed. This meant actions had not been taken to address concerns and minimise the risk of a reoccurrence.
- Following our feedback, the registered manager confirmed they would review the process for reporting incidents to ensure information was appropriately recorded and joined up more comprehensively.
- One person had complex mental health needs which had resulted in periods of great distress where they placed themselves and staff at risk. Risk assessments and care plans had been updated; however, these did not fully reflect the person's support needs or explain how staff should respond to the person when in distress. The registered manager was able to demonstrate poor documentation had already been identified as an issue in regard to this person. They had carried out care plan and risk assessment training for staff and updated us following the inspection with actions taken to support this person well.
- At our last inspection people's fluid and dietary intake was poorly monitored. At this inspection this had improved considerably. Records clearly evidenced how much people had eaten and the provider ensured there were regular assessments for those at risk of weight loss with the whole team ensuring people were supported in line with guidance from the health professionals, such as the speech and language therapist and dietitian.
- At our last inspection we found people cared for in bed had repositioning charts which had been filled in retrospectively and did not always reflect the care given. At this inspection, this recording had improved. People's monitoring charts were now kept in their rooms so they could be completed at the time care was given. We identified a few gaps in these charts; however, the deputy manager was able to demonstrate that

these had already been identified by the management team and confirmed what actions had been taken as a result.

- The new registered manager had reviewed the number of people who were being cared for in bed and the risks associated with this and found a number of people did not actually require this support. At this inspection we found significantly fewer people cared for in bed and staff understanding of how to promote people's independence had improved. Where people preferred to stay in their bedrooms, they were supported to do so and told us they were comfortable. People appeared more active and engaged.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider's safeguarding processes had improved. Notifications were submitted appropriately to the relevant authorities and staff knew how to identify and report safeguarding concerns.
- Staff told us the culture of the service had changed and they now felt comfortable raising concerns with the registered manager. One member of staff said, "I feel confident that [registered manager] will listen to my concerns and take action." Another member of staff told us, "The manager has an open door policy and I feel confident they would take action if I had a concern."

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough suitably qualified, competent and experienced staff to support people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found staff had been poorly deployed around the service and this meant people did not receive timely care and support. At this inspection there were enough staff available to support people well. Staff engaged with people in a kind and caring manner and were able to anticipate people's

needs. The registered manager had split the service into two areas and ensured the same staff worked on these areas so they could get to know people well.

- Staff told us they had more time to support people and complete their tasks. One member of staff said, "Staffing is much better, I now have enough time to update care plans, carry out supervisions and spend time with people."
- Staff told us they had received significant support from the new management team to improve practices in the service and additional learning had been introduced to support their understanding of people's needs. This included understanding the needs of people living with dementia, their nutrition and fluid care, pressure care needs and record keeping. Daily meetings were held with staff and the management team to discuss any issues or concerns.
- The provider completed recruitment checks with new staff prior to them being employed. However, some gaps were still identified in applicant's employment histories. The registered manager told us they had identified this and implemented a new form to ensure any gaps were explained and documented.

Using medicines safely

- People received their medicines as prescribed. Staff had completed medicines training and understood how to support people safely.
- People's care plans contained information about what medicines they were prescribed, how they liked to be supported and any possible side effects. People who were prescribed 'as required' medicines [for example medicines to relieve pain] had clear protocols in place to monitor when and why these medicines were administered and whether they were effective.
- The management team completed regular audits of medicines and competency checks for staff to ensure they understood the processes for administering medications.

Preventing and controlling infection

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

Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

Learning lessons when things go wrong

- The registered manager told us they had used the last inspection to learn lessons and drive improvements. Learning was now discussed as part of the daily staff meetings and as a regular agenda item in the monthly staff meetings. The provider sent out lessons learnt bulletins to share learning across the organisation.
- The registered manager acknowledged there were still improvements to be made in the processes for recording and responding to accidents and incidents to ensure lessons were learnt and risks to people minimised. They told us they were providing continuous training and support to staff and monitored

practices closely to address any concerns and improve the systems in place.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had not ensured effective processes were in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider has not achieved a good rating in the safe domain since 2015.
- Whilst the provider's systems for monitoring the safety and quality of the service had improved since our last inspection, these improvements were not fully embedded into the service and more time was needed for the service to demonstrate sustained improvement. Not all concerns found during this inspection had been identified by the registered manager.
- The registered manager had improved oversight of risks to people at the service, however processes in place to review accidents and incidents in the service were not yet robust and risks were not always identified, mitigated and managed effectively. Following our feedback, the registered manager confirmed they were putting measures in place to improve the relevant recording and reporting systems.
- The registered manager understood the importance of being open and honest with people when things went wrong and had kept in regular contact with the local authority and CQC about any safeguarding concerns, responding promptly and providing additional information when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service had significantly improved under the new registered manager. Staff spoke positively about the changes made and the difference to their working environment. One member of staff told us, "It's so much nicer to work here now. The staff that didn't want to change left. I am really happy here, and the residents are happier here." Another member of staff said, "It's really good here and [registered manager] is really supportive. When I came it was awful, people were not looked after well. It's so much better now."

- The registered manager told us their biggest challenge when coming into the service had been to change the staff culture and create a more positive atmosphere. They told us, "Previously staff weren't able to raise anything negative, now they feel comfortable raising issues. My door is always open, and they will tell me if they are not happy with something. They needed to be able to take more ownership of what they do and to feel part of the home. We've got to the stage now where it is more stable, and we can just improve and improve."
- The registered manager had implemented a feedback box so staff could post comments and suggestions and introduced a 'You said, we did' notice board to demonstrate how the suggestions had been acted upon. People, relatives and staff were asked to complete regular satisfaction surveys to identify improvements in the service.
- People's care was now more person-centred, with staff able to spend more time with people to support them to achieve good outcomes. We observed staff engaging regularly with people and supporting them with their personalised interests.
- Relatives were generally positive in their feedback about the improvements made in the service. One relative told us, "It's a lot better than it was before. Now they really listen and if I have any worries, I can go and tell them." Another relative said, "It's greatly improved. The manager is approachable and whenever I've had a problem, they've responded straightaway."

Continuous learning and improving care; Working in partnership with others

- The provider had promoted positive working relationships with other healthcare professionals in order to meet people's needs and support staff knowledge. People's care plans contained information about the health professionals involved in their care and when to contact them. Referrals had been made appropriately when people's needs had changed including contacting the occupational therapist, dementia specialist team and palliative care team.
- The provider had implemented a service improvement plan following the last inspection. When the new registered manager came into post, they had continued to implement this, signing off actions and amending the plan to ensure it remained relevant and reflected where the service was currently at.
- The registered manager had created a presentation, which they shared during the inspection, documenting their improvement journey. They told us, "I wanted to be open and transparent and explain what we were going to do and how we were going to do it. "