Runwood Homes Limited

Kathryn Court

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

Kathryn Court is one of a number of services owned by Runwood Homes Ltd. The service provides care and accommodation for up to 52 people who may need assistance with personal care and may have care needs associated with living with dementia. The service has two floors is divided over two floors accessible by a lift. On the day of our inspection the service was caring for 49 people.

People's experience of using this service and what we found
People felt safe living in the service and had their belongings protected. Relatives told us they were confident their relatives were kept safe and well looked after. There were processes in place to ensure that staff knew how to protect people from abuse and where to escalate concerns if they needed to. Medicines were managed safely with processes for ensuring people received their medicines when they needed them. People had their health and wellbeing assessed and risk assessments were individual to each person based on their needs.

Staff received training in order to carry out their roles and to be able to support people safely. Staff were supported to develop within the service and to achieve additional qualifications. People were supported to maintain a balanced diet and were given choices about what they ate and drank. People were supported to maintain their health and wellbeing in line with recommended guidance and advice from other healthcare professionals.

Staff were kind and caring when they supported people and gave emotional support when needed. People were comfortable with staff and engaged well with them. Staff knew people well and were able to communicate with people individually based on their abilities. People and their relatives were involved in making decisions about their care. People had their privacy and dignity protected. People's relatives felt welcome at the service.

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.

People, their relatives and staff said the registered manager was approachable and listened to them. People and their relatives said that they were encouraged to give feedback and felt involved in the service. There were systems in place which supported monitoring the quality of the service provided to drive improvement. The registered manager was actively involved in initiatives to improve the quality of care that 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
The last rating for this service was Good (published 23 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well led.

Details are in our safe findings below.

Kathryn Court

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Kathryn Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the deputy manager, administrator, senior care

workers, care workers and domestic staff. We also spoke with one visiting healthcare professional. 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 and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and ensure that their belongings were kept safe. This included following the local authority protocols.
- People felt safe living in the service. One person said, "I feel safe and secure here," And a person's relatives said, "It is such a relief to know that when I go home, they are safe here." A visiting healthcare professional told us, "I think their security is good here."
- Staff had been provided with training in safeguarding and were able to describe the process for identifying signs of abuse and reporting concerns in line with the provider's policies and processes.
- Staff knew about whistleblowing policies and felt confident that they would raise concerns if they needed to.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as for falls or pressure wounds. They were put together balancing the need to keep people safe whilst also maintaining their independence. For example, by ensuring that people who were high risk of falls had the appropriate equipment in place to be able to move around independently.
- Care records were electronic and the risk assessments linked into people's care plans. Both risk assessments and care plans highlighted information that staff needed to be aware of about people such as any allergies or a deterioration in health.
- Environmental risk assessments were carried out to manage and maintain any environmental issues such as fire safety and equipment to ensure that people were kept safe from harm within the home. Each person had an individual personal emergency evacuation plan in place which included a photo of the person, any impairments they had and any equipment that they would need to be evacuated safely.

Staffing and recruitment

- People's relatives told us they thought there was a good, stable staff team that were competent in their roles. One relative said, "There are always plenty of staff around, they are willing to help and know what they are doing".
- There were enough staff available to meet people's needs. People, their relative's and other healthcare professionals felt there were always enough staff available and able to assist when people needed them. People's needs were reviewed monthly or when they changed and staffing was calculated based on the outcome.
- Robust recruitment checks were carried out before staff began working at the service. This included checks of their identity, qualifications and previous employment history. All staff had received a full criminal

record check.

Using medicines safely

● Processes were in place to keep medicines securely and ensure they were ordered, available when needed and administered in line with the prescribed guidelines.

● Staff received training in the administration of medicines and had their competencies checked on a regular basis.

● Medication was checked against records to ensure that people had received their medicines as prescribed. Medication audits were completed to check that staff were following processes for administering medicines safely and in line with recommended guidance.

● Processes were in place for people who were prescribed 'as required' medicines. The guidance included what circumstances they should be administered to people, the dosage and what side effects to look out for. People were asked if they needed medicine that was prescribed as 'as required' and were not just administered it with their other prescribed medicines.

Preventing and controlling infection

● People and their relatives said the home was always clean and free of bad odours.

● People were protected from the risk of infection. Staff were provided with training on the prevention of infections.

● There was personal protective equipment available which staff were seen using when they carried out personal care, cleaning or were preparing food.

● Daily checks were carried out to ensure the home was clean and audits were carried out monthly to ensure all areas of infection control were adhered to.

Learning lessons when things go wrong

● Staff knew how to report incidents and understood the importance of doing so. Records of incidents included information about what had happened and what action had been taken immediately.

● The registered manager had a system for reviewing incidents and falls and looking for patterns and trends.

● Actions were put in place to prevent incidents from occurring again and to keep people safe. This included speaking with other healthcare professionals for advice and updating care plans and risk assessments.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and monitored and support plans were put together in conjunction with other healthcare professionals to ensure they were following appropriate guidance for people's individual needs. For example, speech and language therapists and district nurses had been consulted when putting together nutritional plans for people who were fed via a feeding tube.
- Staff knew people's needs well and delivered care as detailed in their support plans. A relative told us "They are very anticipatory of people's needs as they know people so well, they will always ask for advice or if they can make a referral if they are worried".
- Staff supported people to maintain people's oral hygiene in line with the National Institute for Health and Care Excellence (NICE) guidance. People had access to dental care both routinely and when they needed it.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included completing key training courses, reading key policies and procedures and shadowing other staff. There was also a staff buddy scheme where new members of staff were given an existing member of staff to introduce them around the home and provide support during the initial period of working at the service. Inductions were specific to each job role and covered areas that staff particularly needed to know to carry out their roles. One staff member told us, "We're really given support with our training to make sure we understand it".
- Staff received regular training which included e-learning and face to face training. They had regular supervision with more senior members of staff to ensure that their skills were up to date and voice any concerns or suggestions they had. Staff had completed training in areas relating to the needs of the people who used the service such as dementia. A member of staff told us, "The manager is really supportive with training and will make time for you to do your training".
- Staff were given opportunities to gain qualifications and develop their roles. A member of staff told us "I've been supported through one qualification and am about to start another. It is a really good organisation to work for when it comes to developing".
- Staff had the opportunity to attend a drop-in clinic with a nurse to maintain their own personal health and wellbeing. Staff said that they found this useful as they were not always able to make appointments during working hours.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to food and drink when they wanted it. People were offered drinks and snacks throughout the day but were also able to ask if they wanted something at a different time. People's relatives were also offered drinks and snacks if they were sat with them.

● People were able to choose from a healthy choice of meals which included fresh fruit and vegetables. There were also alternatives available if people did not want one of the main options that day.
● People who required support with their meals were given time to eat at their own pace. Staff followed advice from speech and language therapists and dieticians for people who required specialist diets such as a soft diet. Staff had information about people's dietary requirements and allergies and were able to talk about them knowledgeably.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● People were supported to access other healthcare services such as GPs when they were feeling unwell. Other healthcare services such as district nurses visited people at the service and staff followed guidance given by them such as preventing pressure sores and managing people who required a feeding tube.
● People had access to healthcare professionals based on their individual needs such as occupational therapists, dieticians and speech and language therapists. Care plans reflected the guidance and advice given by the healthcare professionals and was reviewed regularly. Staff had contacted other healthcare professionals if they thought a person's needs had changed, for example, if a person had recently deteriorated in health and felt they may be nearing the end of their life.
● Each person was registered with a GP and people had regular health checks with dentists and opticians to maintain their health.

Adapting service, design, decoration to meet people's needs
● People's bedrooms, communal areas and corridors were spacious to allow enough space for them to move about safely including if they required equipment such as walking frames and wheelchairs to assist them. Corridors had handrails for people to use for support if they needed to.
● There were large signs which included pictures on rooms such as toilets and bathrooms which made it easy for people to identify them. There were photos of people on their bedroom doors to help them locate their bedrooms easily.
● People's bedrooms were personalised with their belongings from home such as their own beds and furniture, photographs, ornaments and cuddly toys to ensure that people were familiar with their surroundings.

Ensuring consent to care and treatment in line with law and guidance
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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
● The registered manager understood the requirements of the MCA and their responsibility to apply it within the service. They had a process in place for monitoring applications made to deprive someone of their liberty including authorisations received and reapplied for these as required.
● Staff had received training and knew the principles of the MCA and how it applied to people in the service.
● Support plans were person centred and had taken account of people's ability to make decisions about

their care. Where people lacked capacity to make decisions about their care, decisions were made using best interests and included families, power of attorneys and other healthcare professional.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with their individual needs. Care plans reflected people's preferences and recorded whether people had any preferences in relation to religion or spiritual needs. Religious or spiritual support was sought when people requested it.
- Staff received training in equality and diversity to raise awareness of protected characteristics.
- Staff were aware of people's individuality and respected people's needs in relation to these.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in developing their support plans to make them meet their needs. One relative told us, "Right from the very beginning we were kept involved, we are always informed about changes or if [person's relative] becomes poorly."
- People's relatives told us that they spoke with the registered manager and staff every time they visited and felt included in the service. People said staff always talked to them about the care they received.
- Staff knew and understood people very well and spoke to them about topics they were interested in. Staff engaged people when they passed them in the corridor or communal areas. Activities were planned based on what people liked and people were engaged in the activities they were doing that day such as exercises and arts and crafts.
- There was a resident of the day system in place where each day a different person had all their care plans reviewed.

Respecting and promoting people's privacy, dignity and independence

- We observed people being supported to maintain their independence such as by being encouraged to be active around the service and maintaining hobbies such as knitting.
- Staff gave examples of how they respected people's privacy by closing curtains when giving people personal care and we observed them being discreet when they spoke to people about personal care.
- People were able to choose where in the service that they spent their time. There were communal areas that included two main lounges and a quiet area that people could use. People's relatives told us that they were always welcome to spend time with their relatives in any area of the home.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in planning their care. People told us that they were able to make choices about things like how they spent their time, what they wore each day and what they wanted to eat and drink.
- People's relatives told us that they were involved in pre-assessments when people moved to the home. They said that they were actively involved in any changes to people's care plans and were contacted if staff felt they were not well. One relative said, "They are very proactive and always thinking about how they can make things better for people so we're often asked what we think about new ideas and I can honestly say I have seen a huge difference in [person's relative] since they first arrived."
- People's choices and preferences were reflected throughout their care records which was then used to plan the care they received. Staff spoke knowledgeably about people's preferences and were observed asking people what they wanted throughout the day. For example, staff asked people where they wanted to eat their lunch or what they would like to do.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was individual information in people's care plans which detailed how they communicated and what they responded best to. For example, if people had a hearing impairment, it was documented and staff were reminded to speak slowly, clearly and louder than usual. Staff were observed doing this for the person.
- There was signage around the home which was in large print and included pictures and photographs to make them easily identifiable to people, such as people's bedrooms or bathrooms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who were nursed in bed or chose to spend time in their rooms were included in a 'forget me not' scheme where staff made meaningful contact with them throughout the day which included going to see them for a chat, giving them a hand massage or painting their nails.
- Some people had expressed that they were religious and it was recorded whether they chose to practice it or not and to what extent. Staff supported people to practice in the ways that they had chosen which sometimes included holding different services in the home or having additional religious support when people neared the end of their lives.

● People were supported to maintain personal relationships and to spend time with their partners and families, as well as including them in activities. The service was preparing for a Mother's Day meal where people's families were invited to join them for dinner. One relative told us, "We're coming for dinner on Mother's Day. It'll be the third meal we've been invited in for and it is always lovely".

Improving care quality in response to complaints or concerns

● People and their relatives knew how to raise concerns if they were not happy about something. One relative told us, "I've never had to but I know if I needed to, I could go to the manager, she is always checking that everything is ok." Another relative told us, "There were a couple of things in the beginning as we were settling in but they were sorted out immediately and we've had no problems since." Information about how to make a complaint was displayed in a communal area in a format people were able to understand.

● There was a system in place for recording, responding to and monitoring complaints which followed organisational policies and procedures. This included identifying any learning that came from complaints or concerns raised.

● People and their relatives were encouraged to express their views as part of meetings, surveys and care reviews.

End of life care and support

● At the time of the inspection, thirteen people were receiving palliative and end of life care. The service had worked with the GP, palliative care nurses and the person's family to ensure that their last days were made as comfortable as possible. Anticipatory medicines had been put in place when needed and the people's care plans were reviewed as people's needs changed.

● Staff had discussed people's wishes about what they would like when they were nearing the end of their life. Care plans included information such as their preferences and who they would like contacted.

● Staff had received training in end of life care.

● End of life support continued with people's families after they had passed away. This included providing them with a bereavement pack which included information about local resources.

● People were given a palliative bear when they were identified as nearing the end of their lives. The bears were then passed on to families once they had passed away as a memory.

● Palliative care boxes had been introduced which were offered to families for supporting their family members. The boxes included items that helped with maintaining their hygiene, comfort and oral care such as lip balm, mouth swabs, wet wipes and hand creams.

Good

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 the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff told us they found the registered manager approachable. They said they found the service to have an open culture and were kept up to date with changes in the service. Staff liked working at the service and one staff member told us, "I feel really supported and it feels like a family working here."
- People were treated as individuals and received care based on their preferences and choices.
- People's relatives told us they found the service to be welcoming and proactive in meeting people's needs. For example, one relative told us, "They know people so well they can anticipate what it is that would make people happy or how to avoid them getting upset. They don't just wait until something is wrong."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were aware of whistleblowing and said that they would feel confident to raise concerns if they had any. Staff said that they were able to go to the registered manager with anything and felt listened to.
- The registered manager was aware of their responsibilities under duty of candour and had contacted people's families and other healthcare professionals when incidents had occurred and put plans in place for preventing them happening again. Relatives told us that they were always informed if their relatives were involved in any incidents. One relative said, "My sister was called in the middle of the night when my mum had a fall, they let you know immediately which is so reassuring."
- The registered manager kept up to date with best practice guidance to drive improvement in the service. The provider shared learning amongst the registered managers for their services. The registered manager then implemented any necessary changes within the service.
- The provider supported the registered manager and carried out regular visits to assess the quality of the service and put action plans when improvements were needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager carried out surveys with people who used the service, their relatives and healthcare professionals to gather their opinions on the quality of the service. They analysed the responses they received back and put actions in place in response to the results. For example, some people had raised that they had to wait for their call bell to be answered so the registered manager carried out checks of

people's call bells to see how long it took for staff to respond. There was a noticeable improvement in the time it took for call bells to be answered.
● People and their relatives had regular meetings and were able to give their opinions and make suggestions about the service. All feedback about the care had been positive and people had made suggestions about activities and outings they would like to go on such as celebrating St Patricks Day.
● The service received a high number of compliments from people, their relatives and visiting healthcare professionals. They had received a number of compliments in areas such as end of life care, management and activities.

Continuous learning and improving care
● The registered manager was kept up to date by the provider in areas relevant to social care and the needs of the people who used the service. They attended meetings with the provider's services to share learning and best practice.
● The registered manager had a quality monitoring system in place to ensure that the quality and safety of the service was regularly reviewed, and improvements were made where needed. This included reviewing people's care plans and documentation to make sure it reflected their current needs, auditing medication to ensure it was administered safely and environmental audits.
● The provider had oversight of the quality management system and conducted checks and audits to support the registered manager to improve the quality of the service. No areas of concern had been identified at the most recent visit in March 2020.
● The registered manager had won the provider's outstanding residential manager of the year award in 2019 and a member of staff had been a finalist for the provider's carer of the year award 2019.

Working in partnership with others
● The registered manager worked in partnership with other organisations and healthcare professionals to provide care to people following best practice guidelines and current legislation. For example, the registered manager had worked with district nurses to ensure safe management of people who required a tube for feeding. Although most of the care was managed by the district nursing team, staff followed guidance set by them and made them aware when they were concerned about people.
●Action was taken in partnership with other organisations in relation to incidents where people were considered a risk to themselves or others such as putting behaviour management plans in place to reduce the risk of harm.
● Feedback received from other healthcare professionals who visited the service was positive. Comments included, "I think it is a lovely home, the staff are wonderful and caring and will always come to you if they are worried about someone" and "This is one of the most proactive homes for doing what they can to make things better for people."