

Runwood Homes Limited

Broomhills

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 

Overall summary

This inspection took place on 14 and 29 September 2015.

Broomhills is registered to provide accommodation and care for up to 47 people some of whom may be living with dementia. There were 42 people living in the service on the day of our inspection.

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.

People received their care and support in a way that ensured their safety and welfare. There were sufficient numbers of staff who had been safely recruited, were well trained and supported to meet people's assessed needs.

Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with

Summary of findings

the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made applications appropriately when needed.

People were supported to have sufficient amounts of food and drink to meet their needs.

Staff were kind, caring and compassionate. They knew people well and ensured that their privacy and dignity was maintained at all times. People participated in

activities of their choosing and were able to express their views and opinions. Families and friends were made to feel welcome and people were able to receive their visitors at a time of their choosing.

People's care needs had been assessed and catered for. Their care plans provided staff with sufficient information about how to meet their individual needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

People knew how to raise a concern or complaint and were confident that any concerns would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

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 protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind, caring and compassionate in their approach.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Good



Is the service responsive?

The service was responsive.

The assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure and people were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

Staff had confidence in the manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Good



Broomhills

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 29 September 2015 was unannounced and carried out by two inspectors on 14 September 2015 and one inspector on 29 September 2015.

Before our inspection we reviewed information that we held about the service such as previous inspection reports, 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.

We spoke with nine of the people using the service and four of their relatives. We also spoke with the regional care director, the manager, the dementia services manager and seven members of staff. We reviewed four people's care records and four staff's recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People told us that they felt safe and secure. Throughout our visit they were comfortable, relaxed and happy when interacting with staff and each other. Relatives told us that people were safe, happy and well looked after. One relative said, "I know [person's name] feels safe and I am very happy with the service. It is a spotlessly clean home and people are well looked after." The manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer to when needed. Staff had been trained in safeguarding people and knew the actions to take if they witnessed or suspected abuse. One staff member said, "I would always ensure the person was safe and then would report to my manager or directly to the local authority if necessary." There was a leaflet displayed entitled 'Ask Sal' which contained the contact telephone number for people to use if they had any concerns. The manager had reported safeguarding concerns appropriately to the local authority and the CQC. People were protected from the risk of abuse.

Risks to people's health and safety were well managed. Staff had received training in first aid and fire awareness. The telephone numbers for essential services were clearly displayed for staff to see and they knew to call the emergency services when needed. Fire drills had been regularly carried out and staff knew how to support people in the event of an emergency. There were risk assessments together with management plans in place to help keep people safe. For example for their mobility, falls, skincare and nutrition. Staff had a good knowledge of people's identified risks and described how they would manage them. People were supported with taking everyday risks to maintain their independence.

People were cared for in a safe environment. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and safety certificates were in place and up to date. The service had a maintenance person who worked for 20 hours a week carrying out repairs as and when needed. The maintenance person had recorded when repairs had been reported and when they had been carried out. There were emergency telephone numbers available for staff to

contact contractors in the event of a major electrical or plumbing fault. One staff member said, "There are a list of emergency numbers in the manager's office and I would always telephone her in event of emergency."

There were sufficient staff to meet people's assessed needs. People told us that there were generally enough staff and they did not have to wait too long for staff to support them. One relative told us, "I think there are sufficient staffing but there has been a bit of a turnover with new faces occasionally." One staff member said, "We have not used agency staff recently as we generally cover the shifts. It can sometimes feel a bit rushed in the morning but there is more time on the late shifts." The staff duty rotas showed that staffing levels had been consistent over the eight week period checked.

The service had a robust recruitment process in place to ensure that people were supported by suitable staff. The manager had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.

People's medicines were managed safely. People told us that they were given their medication correctly and that they knew what it was for. One person said, "I get my medication on time and can get pain relief when I need it. Another person said, "I was a bit late getting my medication this morning but it is usually given on time and I can have pain relief if I get a headache." We observed a medication round and carried out a random check of the medication system. The care team manager had a good knowledge of people's medicine needs and their individual medical history and they gave people their medication appropriately. The medication check was satisfactory. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. There was a good system in place for ordering, receiving, storing and the disposal of medication. Staff had been trained and had received regular updates to refresh their knowledge. The manager had carried out observations of practice to ensure that staff administered medication correctly. People received their medication as prescribed.

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Staff told us that their induction to the service was thorough. They said that it equipped them to do their job effectively. One staff member said, “My first few weeks were spent shadowing more experienced staff and getting to know people. I asked lots of questions and there was always someone to ask. I love my job and working here.” Staff told us, and the records confirmed that they had received regular supervision. They said that they felt valued and supported by the manager. One staff member said, “The manager is very supportive and is very hands on and will help us when needed.”

Staff had the knowledge and skills to care for people effectively. People felt that staff were well trained. One person said, “The staff are very good here and they know what they are doing, they do a lot of training.” Another person said, “They [staff] know how to do things properly so I would think they have plenty of training.” Staff told us, and the records confirmed that they had received recent training that included first aid, food safety, health and safety, infection control, dementia, mental health and equality and diversity. One staff member said, “The training is very good we cover a range of interesting subjects that help me to do my work.” Another said, “Most of the training is e-learning but we do have some practical such as moving and handling, first aid and fire. Staff told us they had completed a national qualification such as their NVQ (National Vocational Qualification in Care) and the Diploma in Health and Social Care. People were cared for by well trained staff.

Staff knew how to support people in making decisions and had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the Act. The service took the required action to protect people’s rights and ensure that they received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments and there were DoLS

authorisations in place where required. There were assessments of people’s mental capacity in the care files that we viewed and during our inspection we heard staff asking people for their consent before carrying out any activities. This meant that where people were not able to make every day decisions for themselves decisions were made in people’s best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. They told us that the food was good. One person said, “There is plenty of lovely food here and I can ask for something else if I don’t like what is on the menu.” Another said, “The food is always good and although I don’t eat a lot I enjoy what I do eat.” One visiting relative told us, “There is always a selection of good quality food and plenty of it. People can have something different if they don’t like what is on the menu. Only yesterday I saw that a person was given an alternative because they did not fancy what was on the menu.” Another said, “My relative has a choice of whether they want to eat in their room or downstairs. There is a good selection of sandwiches offered and staff always ask my relative how many they want.” The mealtime was a pleasant experience for people; they were relaxed, happy and chatting with staff and each other. Where people needed support to eat their meal, staff provided it sensitively giving them sufficient time to enjoy their food.

People’s healthcare needs were met. They told us that they saw a variety of healthcare professionals such as the chiropodist, the optician, the doctor and the specialist nurse. One person said, “Staff will always help me if I need to see a doctor.” A visiting relative said, “The staff are very good when it comes to communicating about my relative’s healthcare needs. A recent example of this was when my relative had a GP appointment and all the staff were aware of it as the manager had left them a message. I was impressed because I never had to remind the staff.” People told us and the records confirmed that they had been supported to attend routine healthcare appointments to help keep them healthy.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "If ever I want something I'm sure they will help me because all the staff are so good and they are very caring. They are so kind and have made me feel comfortable and at home, they are very kind people. All the staff talk nicely to me." Another said, "My night time friend [night staff] comes to see me to check that I am OK." One visiting relative told us, "My relative is well looked after here...without a doubt it's a team effort as staff are very competent." Another said, "The way staff treat [person's name] is lovely. Sometimes staff do not know I am here and I hear them speaking to people in a caring and respectful way."

People were treated with dignity and respect; for example, we saw people being treated with kindness and compassion and staff interacted with them at eye level. Staff took time to talk to people to ask if they were OK or if they needed anything. We heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any tasks. People were relaxed, happy and cheerful throughout our visit. One staff member explained how they treated people with dignity and respect such as ensuring doors were closed and covering them when assisting with their personal care. Staff displayed kind and caring qualities and it was clear that they knew people well and had built up positive caring relationships with them.

People said that the staff never 'rushed them' and they told us that they were treated in a 'kind and caring' way. Relatives told us that staff were kind, caring, respectful and polite in their approach when supporting people. One relative said, "The staff are so very kind, they are helpful and attentive. The staff advised us of what type of slippers to buy [person's name]."

People's religious faith was respected and their cultural needs had been met. They told us that they were able to attend the church of their choosing. The manager told us that the Catholic church came to the service every Sunday to give people Holy Communion and the Church of England church came to the service monthly so that people could follow their faith.

Staff supported people to maintain their independence. People said that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed.

One person told us, "The staff helps me to be as independent as possible." Another said, "I do what I can for myself and the staff help me when necessary." We saw that one person was clearing the table after their lunch. They told us, "I like doing things and it keeps me busy and makes me happy."

Where they were able to be, people were actively involved in making decisions about their care and support. People said they were able to make choices about how they wanted to spend their time, what they wanted to wear and where they wanted to be. Relatives told us that they were kept informed about changes to their loved ones care and support. One visiting relative said, "We as a family have been, and continue to be involved in [person's name] care planning." The service had good information about people's likes, dislikes and personal histories. Staff were knowledgeable about what mattered to individuals and cared for people in a way they preferred. One relative told us, "Before [person's name] moved in staff asked for information about their life and they wrote a life history and this helped them to understand [person's name] better."

People told us that they had the privacy they needed. Some people chose to take their visitors to their rooms; others received their visitors in quiet areas for privacy. Visiting relatives told us that there were no restrictions on visiting and they could visit their relative when they wished. One person said, "My family are very good and can see me any time they want to."

Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the hallway. 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

People received personalised care that was responsive to their individual needs. People's needs had been fully assessed before they moved into the service and their relatives told us that they had been involved in the assessment process. One relative said, "My relative had a full assessment carried out before they moved in and we were fully involved in the assessment and are kept fully involved now." One person said, "They ask me about what I want and what I need and they make sure that I get it." People said they were encouraged to be as involved as they were able to be in the assessment and care planning process.

Staff knew how to support people and described their individual needs and preferences. Staff said that they had sufficient information in the care plans to enable them to meet people's needs. One staff member said, "If people's needs change it goes into their care plans and the changes are discussed at handover so that we are all aware." Another said, "We have a good 15 minute handover each shift and the care team manager (CTM) tells us what is going on and updates us on any changes to people's needs."

People told us that they received the care they need when they needed it. Care plans had been devised from the initial assessment and had been reviewed and updated at least monthly and more frequently if required to ensure that they continued to meet individual's changing needs. People told us that the manager provided suitable equipment such as hoists, walking aids and wheelchairs to support their mobility.

Staff responded quickly when needed for example, we saw that people were given support to mobilise around the home as soon as they needed it. Call bells were answered promptly throughout our visit. People told us that staff were quick to respond when they pressed their call bell. One person said, "When I buzz staff because I need to go to the toilet they come very quickly." Another said, "Although sometimes they [staff] might be busy I never have to wait too long for help. They are very quick to answer my call bell."

People enjoyed a variety of activities that met the individual needs and choices. The activities coordinator encouraged and supported people to follow their own

interests and hobbies. Notices were displayed at the service informing people of the scheduled activities taking place each week which included trips out in the service's mini-bus. People told us that they had been out for pub lunches and rides out to the seafront for an ice cream or do-nut. One person said, "I enjoy all the activities here, we do quizzes and play bingo and we regularly do armchair exercises." Another said, "I enjoy going out to Stambridge to play bowls and I go to the blind club every other week." The manager told us that people attended the Stambridge club weekly when they can play bowls or table tennis which helps keep them active. The service also had regular visits from entertainers such as a variety of different singers and a shop visits the service regularly to enable people to buy their own personal items. People told us about a local dog group where a number of PAT (pets as therapy) dogs had done agility training in the garden. People said they were very happy with the activities offered at the service.

People told us that they spent time with their relatives and we saw that there were many visitors coming and going throughout our inspection visit. One visiting relative said, "The service [person's name] gets here is very good. The staff are all very quick to respond and always make me feel welcome. They [staff] made me a cup of tea in the middle of the night when I visited [person's name]."

People were asked for their views on a daily basis and we heard and saw this in practice. People told us that they had regular meetings and the notes showed that a range of issues had been discussed which included food, activities and staffing. One person said, "When we have our meetings we can say whatever we like about the home and the care that staff give us. I am always asked if I am happy and usually have a laugh with staff because I like a giggle."

People told us that they knew how to complain and there was a good complaints process in place which fully described how any complaints or concerns would be dealt with. One person said, "I would soon let the manager know if I was unhappy because I feel comfortable talking to the manager." Another told us, "I have no reason to complain as I am very happy but would know how to complain if I needed to." The manager told us, and the records confirmed that when complaints had been received they were dealt with quickly and appropriately. People said they were confident that their complaints would be dealt with effectively.

Is the service well-led?

Our findings

The service had a registered manager in post and they had a good knowledge about the people they were caring for. People and their relatives told us that there was an open door policy and that they could speak with the manager as and when they wanted to.

Staff and relatives had confidence in the manager and said that they were supportive and approachable. They said that they were available when needed and that they responded positively to requests. There were clear whistle blowing, safeguarding and complaints policies and procedures in place. Staff told us they were confident about how to implement the policies. One staff member said, “I would report any concerns to the manager and I know they would deal with them correctly.” Other staff told us that they would not hesitate to report any issues of concern.

Staff told us they felt valued and that they shared the manager’s vision for the service and that the manager was very supportive. One staff member said, “The manager is very hands on and gives people her time. I have often seen people having a cup of tea then and they never turn anyone away.” Another said, “I like the manager she always finds time to talk with me.” Staff said that they liked working in the service and that the manager was a good leader. Relatives told us that they felt the service was well managed and that the manager was a good communicator.

People, their relatives and staff told us that regular meetings had taken place where they were actively involved in making decisions about how to improve the service. The notes showed that a range of issues had been discussed which included meals, activities, health and

safety, staffing, the philosophy of care and the 2014 ruling on the Deprivation of Liberty Safeguards (DoLS). Staff told us that regular staff meetings were held. One staff member said, “Sometimes I cannot attend the staff meeting because of my working pattern but I always receive a memo which informs me what has been discussed at the staff meetings so I don’t miss anything.”

There was an effective system in place for monitoring the quality of the service. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly managers self-audit where they checked care plans, activities, hotel services and management and administration of the service. Actions arising from the self-audit were detailed in the report and included expected dates of completion and were then checked at the next monthly self-audit.

People’s views had been gathered in July 2015 and the responses had been analysed and an action plan had been devised to address the issues identified. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people’s needs to keep them safe and deliver good care.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service’s computer system that was password protected to ensure that information was kept safe.