

Runwood Homes Limited

# Heron 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

The inspection was completed on the 19 April 2018 and was unannounced.

Heron 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 care home accommodates up to 35 older people some of whom may be living with dementia in one building. At the time of the inspection, there were 30 people living at Heron Court.

Heron Court is a large detached house building in a quiet rural area in Hutton, Brentwood. The premises is set out on two floors and there are adequate communal facilities available for people to make use of within the service.

At the last comprehensive inspection in February 2016, the service was rated good. Subsequently in May 2017 we completed a focussed inspection in response to information of concern we had received regarding poor quality catheter care. At that inspection, we found the concerns unfounded and the rating remained good. At this inspection, we found the service continued to be good and the rating remains the same.

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 were protected from the risk of abuse as staff had received training in safeguarding and were aware of their responsibilities and how to report any concerns.

Individual risks to people had been assessed and regularly reviewed. Management plans were in place to support staff to keep people safe. Medicines were safely managed by staff who had been trained and assessed as competent.

There were sufficient staff employed who had been safely recruited. Lessons had been learned and improvements in infection control practices and staffing levels had been made to promote the safety and wellbeing of people.

Staff received training, supervision and appraisals of their practice to equip them with the skills and knowledge required to support people effectively.

People were supported to have enough to eat and drink and had access to healthcare and treatment when their health needs changed. The home environment was warm and welcoming and met the needs of the people who lived there.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and treated people with dignity and respect. Staff knew people well and people were included in decisions about their care and support. Independence was supported and encouraged.

Visitors were made welcome at the service, which meant that people were supported to maintain relationships that were important to them.

Care plans were personalised and were regularly reviewed with people to reflect their current needs and wishes. If people had particular wishes for end of life care these were also discussed and recorded.

People were provided with opportunities to engage in a range of activities at the service and in the community. The service had formed links with the local community to facilitate social inclusion.

We made a recommendation about supporting people to engage in activities that are meaningful to them.

People and staff were included in the running of the service. People's opinions were sought and the service responded positively to feedback to make any necessary improvements.

Quality assurance systems were in place to monitor the safety and effectiveness of the service and drive improvements. There was robust oversight of the service and clear lines of accountability at staff, management and provider level.

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?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Heron Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was a comprehensive inspection, which took place on 19 April 2018 and was unannounced. The inspection team was made up of two inspectors 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.

Prior to the inspection, we reviewed information we held about the service including the inspection history, feedback from people and commissioners and statutory notifications. A notification is information about important events, which the service is required to send to us by law.

Over the course of our inspection visit we spoke with the registered manager, the regional manager, the administrator and five care staff. We also spoke with 13 people who used the service and three relatives. We reviewed various documents including four people's care records, three staff files and other relevant documentation such as training records, quality audits and minutes of meetings.

# Is the service safe?

## Our findings

At our previous inspection, the service was found to be safe and was rated good. At this inspection, we found Heron Court continues to provide a service that safely meets people's needs and the rating remains good.

Staff had been trained in how to protect people from the risk of abuse and demonstrated knowledge of the signs to look for and how to report any concerns. A staff member told us, "I have the numbers to call to report a problem but in this service we don't have that problem; we all have love for our residents." The registered manager understood their safeguarding responsibilities and had systems in place to ensure concerns were investigated internally and reported to the relevant authorities in a timely manner.

People living at the service said they felt safe and appeared relaxed and happy. Comments included; "I feel very safe here, I think they handle everything very well." And, "I feel very safe here, no one is ever rude to me or shouts at me and I have never been frightened of anyone."

Risks to people had been assessed with plans in place on how to manage and monitor risk including aspects such as mobility, risk of choking, nutrition, and risks associated with skin integrity. Each individual risk had an associated care plan in place, which provided guidance for staff on managing the risk. For example, where people's mobility care plans specified the use of a hoist, the plan included a photograph of what hoist to use as well as a photograph of the person's individual sling including instructions on what loops to use. Staff were aware of the risks to people and knew what to do to keep people safe. One staff member told us, "I know one person is at risk of falling so we always walk with them." We saw that technology such as floor sensors was used to monitor people's safety whilst respecting their freedom to move around.

There were sufficient numbers of staff to safely meet people's needs, which was confirmed by people who use the service. One person told us, "I've never used the buzzer as there is always someone around." Another person said, "There are staff around, it is quite alright." On the day we visited the lift was out of action, we noted that a staff member had been allocated upstairs to five people who chose to remain their own rooms, the staff member was in and out of people's rooms checking they were okay and bringing them drinks and snacks.

Safe recruitment processes were in place. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining an employment history and checking that the member of staff was not prohibited from working with people who required care and support.

There were effective systems in place to administer, store and dispose of medicines safely. We looked at people's medicine records and saw that they had received their medicines as prescribed. Checks of the stock counts of people's medicines confirmed this. People received appropriate support to assist them to take their medicines and medicines were only administered by staff that had been trained and assessed as competent.

People were protected against the spread of infection. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). We observed the home to be clean and there were suitable infection control systems in place, which were regularly monitored. Lessons had been learned regarding improving infection control practices after a chest infection outbreak. The registered manager had introduced a 'washing hands' signing sheet which staff signed throughout the day to evidence good infection control practices.

Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager. This meant that if any trends were identified prompt action would be taken to prevent reoccurrence. Lessons had been learned from analysis of falls in the home and it had been recognised that an additional member of staff was required for the night shift. The impact of increasing the staff numbers at night was a significant reduction in the number of falls recorded. Feedback from people confirmed that staffing at night was meeting people's needs. A person told us, "I never have to pull my call bell, but I do hear them going in the night when I am awake but not for long, someone must come as they go off." A visiting relative said, "My husband is very safe here, he came here from another home as they could not cope with him because he shouted. However since he has been here he shouts less and the good thing is he has not had a fall."

## Is the service effective?

### Our findings

At this inspection, we found the provider continued to provide an effective service and the rating remains good.

People's needs had been assessed in accordance with best practice guidance and care was delivered which addressed a whole range of needs. These included physical, psychological, emotional, social, spiritual, cultural and environmental care needs. People's preferences were taken into consideration when planning care and support and their care plans had been regularly reviewed to ensure that the service continued to meet people's needs as they changed.

We found people continued to receive effective care and support from staff that were well trained and competent to carry out their roles. Specialist training was available for staff to meet the individual needs of people living at the service, for example, training in managing diabetes, malnutrition and dementia. Staff were supported through a programme of regular supervision (one to one meetings) with their line manager at which they were encouraged to discuss and reflect on their working practices and any additional support they needed. Staff also received an annual appraisal of their work performance.

People were supported to maintain a healthy balanced diet. Staff checked with people what they would like to eat and offered alternative suggestions if people did not like the choices on offer. People had access to hot and cold drinks throughout the day. We observed lunchtime during our visit. Staff served people their meals in a calm manner without rushing. People were able to have their meal either in the dining room or in their room. People were positive about the food. Comments included, "There is always plenty of food and drink here; I have signed this week to stay here, I only came to try it." And, "I never leave any food on my plate it is always so nice, and I love the homemade puddings here; we have a roast every Sunday." And, "My breakfast was brought up on a tray; they are bringing me up some ice cream at 11.00am."

Risks to people's nutritional health were assessed, recorded and monitored using best practice guidance so that they maintained a healthy lifestyle and wellbeing. Care plans contained guidance for staff where people required additional support with nutrition. When risks were identified, people were referred to relevant health care professionals such as the dietetic services.

People's health and well-being continued to be monitored and assessed regularly by health care professionals including G.P's, psychiatrists, physiotherapists, speech and language therapy (SALT), dentists and chiropodists. We saw that people's care files included records of their appointments with healthcare professionals. People told us they received timely access to healthcare services. One person said, "I had a painful ankle and straight away the doctor was called out to see me." Another told us, "The district nurse has to come three times a week to dress my legs and staff always come to ask how I have got on."

We found that the home was warm, clean and tidy and free from any unpleasant odours. People told us the home was comfortable and met their needs. Comments included; "The room is always kept tidy and the lady comes every day to Hoover." And, "The lady who clean the room does a very good job, she will always



leave a clean flannel and towel."

The home had a very well kept garden. On the day of our visit, we saw that people had free access to outside spaces and these areas were being used. One staff member told us, "We have one person that uses the garden every day, they like to potter in the raised beds and can be out there most of the day."

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 (MCA) (2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. Where there were concerns regarding a person's ability to make specific decisions we saw that the registered manager had worked with them, their relatives, and relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. Where an application to deprive the person of their liberty for their own safety had been authorised by the local authority we saw that all of the appropriate documents were in place and kept under review.

# Is the service caring?

## Our findings

At this inspection, we found the service continued to be caring and the rating remains good.

People were well cared for by staff who had a caring attitude and treated them with kindness. Interactions between the staff and people who used the service were positive and relaxed. Throughout the course of our inspection, we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know people well they were able to tell us about people's individual needs and what they did differently for each person. We observed people in the lounge and outside in the garden and saw that staff addressed people with their preferred name and spoke with kindness. Staff looked at people when speaking with them and chatted to people about things that interested them.

Staff were attentive to people's needs, for example, fetching cardigans for people if they were cold and helping people to change their shoes so they could go outside. We saw that this attentiveness towards people was also demonstrated by the registered manager who noticed a person whose shirt had become unbuttoned. They immediately helped the person to do up the buttons on their shirt to maintain their dignity.

People's dignity and privacy was respected. Staff knocked on people's doors and waited for a response before entering. We saw that this practice was in use throughout our visit. Daily notes were kept which detailed the care and support people received. We saw these were written in a sensitive way, demonstrating the positive values of warmth and kindness. For example, one person's entry stated; '[named person] had an absolutely beautiful day, they ate and drank really well and interacted well with people and staff.'

Staff understood the importance of helping people be as independent as possible. A staff member told us, "[named person] can get themselves dressed so we only help with the buttons which they can't do because of their fingers." People confirmed that staff helped them to maintain their independence. A person told us, "I can wash my body myself and then the staff will come and help me to do my back."

People were supported to maintain relationships that were important to them and visitors were made welcome. One person said, "My visitors can come anytime they like." A visiting relative told us, "I can visit here any time and staff always will speak to you. Look I have bought my mum some flowers and the staff member came up and said can I put these in water for you."

We looked at how the service recognised equality and diversity and protected people's human rights. Care records captured key information about people including any personal, cultural and religious beliefs. People's preferences for gender of keyworker was recorded and upheld so that people felt comfortable and at ease receiving personal care and support. Where people had particular sensory needs these had been recorded along with guidance for staff on how to support people to be able to communicate their needs and wishes.

## Is the service responsive?

### Our findings

At this inspection, we found the service continued to be responsive to people's needs and the rating remains good.

The service involved people in planning their care and support. When new people joined the service their strengths and abilities were assessed and a care plan was designed to reflect their individual needs. People's care plans were reviewed regularly with people and their relatives, if appropriate. People's opinions had been documented during the review so that they felt listened to and were included in the process. For example, one person had stated at their review, "I walk by myself, I don't need any help from staff."

The information in people's care plans helped staff to deliver care and support in the way the person wanted. Care plans recorded information about the person's life, wishes and preferences. In people's care plans, we saw documents entitled, 'A life worth living' and 'My day'. They contained life story information, documented important relationships, past occupations and people's likes, and dislikes. One care plan stated, "I like my hair set weekly and I like strong tea without sugar." Another care plan detailed a person's life in the RAF. When we spoke to this person they pointed to their door which also contained a picture related to their time in the RAF and we could see that this was indeed very important to them.

Staff confirmed that people's care plans helped them understand the needs and wishes of each person so they could provide individualised care. One staff member said, "[Named person] loves their paper so we make sure they always have this." Another staff member said, "[Named person] wears 'old spice', and another person likes to go out to the shops. We all know people well and what they like or dislike."

Staff worked together in making sure people were provided with the opportunity of participating in activities to reduce the risks of boredom. There was a planned programme of activities available and staff told us that they tried to occupy people and keep people busy. On the day of the inspection, we observed staff spending one to one time with people giving them hand massages. We also observed a reminiscence session in the lounge where people were shown pictures of items from the past and a discussion was then held about their memories. In the garden, a sensory session was being held. People were given different bottles to smell and then shown a choice of things that the smell might be associated with. One person said, "That was Jasmine, I used to have that in my garden." Another person smelt the bottle and then looked at the cards carefully, they said, "That smells lovely, and then picked out it was blackberries." In the Garden we also saw other people sitting together enjoying tea and cake and chatting together, it was a hot day and staff had made sure people were sitting in shaded areas. Staff told us that activities included taking people out and they had recently been to Southend on sea.

We received mixed feedback from people regarding the activities and how they were planned. One person said, "They do have more activities going on now than they used to." Another told us, "Last week we went to Southend it was lovely to go out." A relative told us, "My mum is often asked to join in activities but does not like to; they seem to have a lot going on here." However, two people told us that the service had not explored their hobbies and interests to support them to engage in activities that were meaningful to them.

One person said, "No one has ever asked me my hobbies or what I would like to do." Another person said, "Often I just sit in my room, no one really knows my hobbies."

We recommend that the service review their systems and processes for capturing information about people's hobbies and interests to support people to engage in meaningful activities.

There was a complaints procedure in place, which explained how people could raise a complaint. The service had not received many complaints since our last inspection but records showed even minor concerns were logged and actioned. One complaint recorded that a person's hairbrush had gone missing. The action stated that after a search by staff the hairbrush was found under the bed and returned to the person. People told us they knew how to make a complaint and felt confident the manager would listen to them and address their concerns. One person told us, "There is nothing here I have to complain about, and if I did I would go to the manager as she is very good and will listen to you."

People were supported to make decisions about their preferences for end of life care which the service then recorded. We saw how one care plan provided guidance which stated, "When the time comes I would like soft music, my [family member] with me and many flowers around me." Where appropriate DNACPR's were in place. A DNACPR is a way of recording the decision a person, or others on their behalf have made not to be resuscitated in the event of a sudden cardiac arrest.

## Is the service well-led?

### Our findings

At our previous inspection, we found the service was well-led. The service continues to be well-led and the rating remains 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 understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. They were supported by an administrator and together were responsible for the day-to-day running of the service.

The registered manager was hands-on and visible within the service and people told us they were approachable and accessible. One person told us, "The manager here is very good, she is frequently walking around, and residents love her dog." A relative said, "Yes I know the manager she will always come and have a chat to you, this home is managed well we moved my husband from another home to come here." Staff were also positive about the registered manager." One staff member said, "[Named registered manager] looks after me, they are very good." Another told us, "The manager is very supportive."

The atmosphere within the service was warm and welcoming, staff were cheerful and friendly and there was a strong sense of teamwork. Staff and management were clear about their roles and responsibilities. The service operated a 'Dignity Champion of the month' award, which was given to staff in recognition of good practice and to promote positive values within the service. All of which contributed to a positive culture where the values of caring, dignity and respect were understood and demonstrated by the management and staff team. One staff member told us, "This is a really nice place to work, people get good care and I believe that because my [family member] is coming here."

The service worked in partnership with other organisations and the local community, for example, local schools, the rotary club and the local church. These links supported people to have their cultural and spiritual needs met and to feel part of their community.

There were robust quality assurance systems in place to monitor the safety and effectiveness of the service. We saw that a range of audits were completed by the management team including health and safety, infection control, catering and medicines. Where issues were identified, actions were taken to ensure improvement.

People and relatives were included in the running of the service through regular meetings and requests to complete satisfaction surveys. We looked at the latest survey, which 13 people had completed. The results were universally positive. Comments included; "My jumpers smell lovely and clean." And, "Everyone is so friendly and smiling." And, "I like the baking club." We saw that where people requested improvements the service listened and responded to what people said. For example, where people had asked for scampi this

was added to the menu. People had also asked for more trips out and this had been arranged.