

Runwood Homes Limited

Wisden Court

Inspection report

Wisden Road
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Date of inspection visit:
31 December 2019

Date of publication:
06 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wisden Court is a purpose-built residential care home providing personal care to 54 people at the time of the inspection. The service can support up to 54 people.

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

People were mainly happy with the care and support they received. Staff were kind, friendly and attentive to people's needs. People gave mixed views about the number of staff to meet their needs and about if they could make choices relating to timing of care. Six out of the 12 people we spoke with told us they needed to wait for support at times. Staff felt that there were enough of them to meet people's needs in a person-centred way and would be happy for a relative of theirs to live there. Staff were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety in most cases. However, we observed one person who was at risk due to staff not adhering to guidance in the person's plan and some less positive moving and handling observations. Regular checks were in place from the Care Team Leaders to help ensure staff worked in accordance with training and health and safety guidance was adhered to. There were governance systems in place but these were not always used effectively as systems had not identified the issues we found as part of this inspection.

The environment was decorated festively for the season and people told us they liked it. There was plenty of communal space for people to enjoy. People who were participating enjoyed the activities that were provided. There was a 'Tools down' and 'Forget me not' scheme in place to help prevent social isolation.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice. This was because the management team told us that the provider had advised them that deprivation of liberty safeguards applied to everyone living in the home, not just those who lacked capacity. While we found that this had not impacted on people's rights or freedom, but the process needed to be amended to adhere to the principles of the Mental Capacity Act. Staff knew people well and worked in a way that promoted people's preferences and wishes.

People were involved in planning their care when they moved into the home. However people did not always feel that they were involved throughout their stay. People had end of life care plans and there was a 'Yellow basket' scheme which invited people and relatives to add items of comfort for people, which were used when people were nearing the end of their lives. Complaints were responded to appropriately. Feedback was sought through meetings and surveys.

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

The last rating for this service was Requires Improvement (published 4 January 2019). At this inspection the

service has remained the same.

The provider was required to send us an action plan after the last inspection to show what they would do and by when to improve. The registered manager had completed the action plan but this had not been sent to us to review.

At this inspection enough improvement had not been made and the provider was still in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Wisden 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 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.

Service and service type:

Wisden Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was registered with the Care Quality Commission. A registered manager 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 did not request a 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 12 people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, the regional operations director, and five members of staff. 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 five people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 Requires Improvement. At this inspection this key question has remained the same. 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 ensure people's safety was promoted. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to management of medicines and risks to people's welfare.

There was improvement relating to the management of medicines. However there was not enough improvement made at this inspection in relation to risks to people's welfare and the provider continued to be in breach of regulation 12.

- People had their individual risks assessed. However, these needed to be reviewed in some cases to ensure accuracy.
- Staff were aware of individual risks in most cases and we saw them working safely. However, one person was not supported in accordance with their choking risk assessment. They were assessed as needing minced and moist food but had been given salad. We raised this with the deputy manager who removed the salad and instructed staff to give the person the correct meal. When we checked back, the person then had a meal which included gammon and sweetcorn. We again pointed this out to deputy manager who had to intervene once more.
- We raised the concern with the management team about how often this may have happened before due to the lack of oversight as these were regular staff working on this unit. We discussed the need to have information easily accessible at mealtimes to give staff guidance and checks to ensure staff were working safely. Following the inspection, the registered manager sent us a form they had developed to give staff clear instruction at meal service and told us they had met with staff to discuss dietary needs.
- We saw at times that people needed some assistance to stand. Staff did so without the use of aids by lifting or supporting people under their arms. We note that staff had received training in relation to moving and handling. However, staff needed to be supervised and reminded to assess people's needs on an ongoing basis and ensure that assessments for the use of equipment, such as handling belts, were completed when needed if people are unable to stand independently.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Pressure care was delivered safely, and equipment was checked.
- There were systems in place to manage fire safety. Fire drills were completed. One staff member needed prompting on the appropriate evacuation process.

Staffing and recruitment

- People gave mixed views about if there were enough staff to meet their needs. One person said, "If I need help, I ring, and I just have to wait for someone to come. Sometimes quick, often not." Another person said, "The staff are lovely but there aren't enough. They work really hard but if you need them you do have to wait, sometimes I'm bursting (to use the toilet)." Six out of 12 people told us they sometimes had to wait.
- Relatives also gave mixed views about if there were enough staff. One of the three relatives spoken with said, "Staffing isn't too bad when I come but it's often evenings and quite quiet. When I really notice the lack of staff is at weekends because then I'm here during the day and it's often difficult to find someone."
- Staff said that they felt there were enough staff to meet people's needs. Each unit had one staff member with an additional one to three staff floating between the units. This varied based on the time of day. The registered manager told us that following our feedback at the last inspection, an additional staff member had been added at peak times.
- On the day of inspection, we saw that people received support when needed. However, some observations at lunchtime were that staff were busy. We discussed this with the registered manager who told us that due to some people having recently been unwell, they were needing more support until they were fully recovered.
- Following the inspection, the registered manager told us, "I have arranged with the kitchen to have two settings for lunch. From tomorrow the residents who require help with eating or soft diet will have their dinner first before the main trolleys are sent to the suites. This will mean that the staff will be able to spend time with the residents who need greater input and assistance, it will also mean that there are less residents at the main meal times who will also benefit from staff time."
- We reviewed analysis of falls, weights and pressure ulcers and found that this indicated people had their needs met in a timely way. This was because there were no pressure ulcers and there were no themes relating to falls. We also found that people were supported to eat well so not to lose weight.
- Robust recruitment processes followed, and this helped them ensure those employed were suitable to work in a care setting.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions.
- Records tallied with stock held in most cases, but one medicine had an extra tablet indicating a missed dose had occurred. This had not been identified in the home.
- Audits were completed regularly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel safe here." People told us they would talk to a member of staff if they were worried about anything. Relatives also told us that they felt people were safe.
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings.
- Information on reporting concerns was displayed in the home and concerns had been reported appropriately. The registered manager took the appropriate action in response to any concerns.

Preventing and controlling infection

- The home was clean and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice.

- People and their relatives told us the home was kept clean.

Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the registered manager shared this information with the senior team through daily meetings. These senior team members then shared this with the staff team.
- Staff confirmed that they were kept informed of changes from the Care Team Leaders.

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.

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.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded. The staff team acted in the best interests of people and respected their choices.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation. However, the principles were not applied in relation to DoLS. This was because a member of the provider's team had stated that all people required an application to be sent, not just those who lacked capacity. We asked the registered manager to review the applications to ensure that they were completed in accordance with the MCA principles.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met.
- Staff were kept informed of expected standards by the management team and this reiterated at meetings and during the care team leaders' observations.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained for their role. One person said, "They look after us well, they know what they are doing."
- Staff had received training in subjects relevant to their role and they told us they felt equipped for their

role.

- Staff said they felt supported and had one to one supervision meetings.

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

- People enjoyed a varied and balanced diet. Staff were kind and chatting with people.
- People told us that they enjoyed the food and choices were available. One person said, "It's nicely cooked and there is lots. Really you couldn't get better anywhere. The chef is very good." A relative had sent a compliment to the home about how much they enjoyed Christmas lunch with their family member.
- Dietary needs were assessed and communicated to the chef. However, we observed an instance where a person did not get food in accordance with their needs. We discussed with the management team ways in which this information was readily available at meal service.
- Weights were monitored, and action taken if people were noted to be losing weight and at risk. This had helped improved people's weights. One person said, "I have this little milkshake because I think I wasn't feeding myself properly, so they are helping me get back to proper eating."

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

Adapting service, design, decoration to meet people's needs

- The building set up in a way that allowed people to move around freely. There were ample communal areas for people to use. The home had been pleasantly decorated for Christmas and people commented that they were enjoying the festive environment. Several people were dressed in festive wear ahead of the party planned for the afternoon.
- There was an accessible garden which people told us they enjoyed in the nicer weather.
- Bedrooms were personalised, and bathrooms had equipment available for people to use the facilities.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals.
- We saw that people were visited by the optician and chiropractor and when needed referrals were made to specialist healthcare teams, such as the mental health team or the speech and language team. A hairdresser was in the home on the day of inspection. We were told that the hairdresser had come in on Sunday to do the hair of a person who had a family event the following day.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. One person said, "They always help me, and I don't feel embarrassed." Another person said, "The carers never make you feel bad." They went on to say they had suffered a bout of incontinence and said, "They were so kind that I didn't feel bad."
- All doors were shut whilst personal care was happening, and staff knocked on all doors before entering. We noted that staff on the main door to units which indicated respect for these being people's homes. Some bedroom doors were left ajar, but staff still knocked before going in.
- Staff were discreet when speaking with people or about people's needs.
- Records were held securely so to promote confidentiality.

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

- People told us that staff were kind, attentive and respectful. One person said, "The carers are lovely to me." Another person said, "They are so kind." A third person said, "I wanted to bring my own chair here and they've said I can because there's plenty of room, they are very kind." A relative said, "The carers all know me, they know the family and they always chat if they have time."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people as they passed. There was a 'Tools Down' scheme in place where staff stopped what they were doing and spent time chatting with people. An announcement came over the speaker. We saw that some of the care staff, the maintenance man and administrator all sat with people chatting. However, not all staff got involved. For example, the housekeepers, although in rooms cleaning, did not stop and speak with the person in the room.
- Visitors could go to the home at any time and staff knew them well. One person said, "My [relative] visits and they come and go whenever they want to and whenever they can, they are always happy for [relative] to come."

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

- People and their relatives were involved in planning and reviewing their care and the day to day decisions. Relatives told us that staff contacted them about any changes if appropriate. One relative said, "I do get involved. I would and do tell them if there is a problem, we've just had a look at the care plan and review."
- Some people felt that the time they got up or went to bed was to fit in with staff routine and not in accordance with their preference. One person said, "I don't have a choice about going to bed or getting up, I just wait for the carers. If I want a shower I will ask, and they will put it into their day." Another person told us, "They come in when they want to and when they have time. I've never been asked what times in the

morning and evening I would like. They come round about 9pm and turn off the TV."

- We raised this with the registered manager who told us that this information was recorded in care plans and reviewed monthly to ensure that this was still accurate. However, we recommend that plans record people's involvement at the monthly reviews to ensure they accurately reflect people's wishes and feedback.
- Throughout the day, we heard staff asked people before supporting them.

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 Requires improvement. At this inspection this key question has improved to Good. 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 told us that they were happy with the care they received, and it was delivered in a way they preferred. One person said, "I get up whenever I want to. Sometimes I get up and get dressed and then I go back to bed." Another person said, "I ask for a shower when I want one. There's no set time, you just ask."
- Care plans gave an account of people's needs. They were easy to follow, and person centred, providing staff with detail about how people spent their days.

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.

- Care plans set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people.
- The pain monitoring chart had been developed into two versions, one with a numbered pain scale and one with faces showing different expressions.
- More consideration was needed to help ensure people with impaired sight had access to activities and interaction in the home.

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 involved in the group activities told us they enjoyed the activities provided. Some people said they didn't enjoy the activities. One person said it was because they couldn't see and needed support. A relative told us, "They (staff) send out the activities by email to relatives which is handy, so you can come and join things that you know they would like."
- We reviewed the resident meeting notes and no other suggestions had been made by people when asked about plans for the activities schedule. Each week the provision of activities was reviewed to ensure they had covered a range of things and the number of people who joined in.
- There were activities going on during the inspection. In the morning we saw a quiz going around the units and the activities organiser doing the quiz on a one to one basis with someone who was sitting alone and someone who was in bed. There was a visiting entertainer in the afternoon which most people went to watch.
- Some people stayed in their rooms and these people had the 'forget me not' scheme set up. this included

a book was attached to their door to prompt staff to go in the room and spend a few minutes chatting with the person. We reviewed a book for someone at the end of a corridor and saw that there were regular entries throughout the day. Staff were familiar with the scheme.

Improving care quality in response to complaints or concerns

- People and relatives told us that they felt confident to raise an issue if one arose.
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends.

End of life care and support

- End of life care was provided at the service. The staff worked with people to help ensure they were supported in a dignified and pain free way.
- Care plans were in place for people stating what their wishes were, including if a person wished to be resuscitated and the relevant documentation was in place.
- The service had developed a 'yellow basket' scheme. When a person was nearing the end of their life, their relatives were invited to add things into the basket that the person might like. This included photos, perfumes, music. One person was noted to have had staff singing their favourite hymns with them. Staff were aware of the basket scheme and when it would be used.

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 Requires Improvement. At this inspection this key question has remained the same. 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

- The management team carried out checks and audits to help satisfy themselves that standards and regulations were met. This included monthly visits from the regional operations manager. The care team leaders carried out checks in the units daily. There were daily head of department meetings to discuss any issues.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. The management team had taken feedback from the last inspection and ensured all staff were aware of the shortfalls and the plan to make the improvements.
- However, while the registered manager took swift action in response to the issues fed back to them by us, their internal systems had not identified some of the issues we found. This included the lack of oversight of meal service to ensure staff met people's dietary requirements and the potential moving and handling issues observed on inspection.
- Following the last inspection, the provider was required to send us an action plan stating how they would make the required improvements. We did not receive this action plan. At this inspection the registered manager provided us with a copy of that action plan, which showed completed actions, however the regional manager at the time had not forwarded this to us.
- Accidents and incidents were reviewed to ensure there were no themes and trends. Also, to check all needed action had been taken. Staff were made aware of what was required.

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

- People and relatives gave mixed views about if they knew the registered manager. Five of the 12 people we spoke with did not know the registered manager. One person said, "I don't know who the manager is. If I had a problem I would talk to [staff member] or my [relative]." Another person told us, "I have no idea who the manager is. I talk to the lovely lady in the office." A relative told us, "I think the manager might be [registered manager's name] but if I needed anything I would just go to the office."
- Staff told us that they were supervised by the care team leaders and the deputy at times. One staff member said, "I would like to see [registered manager] out in the units a bit more, so she can see what's going on." However, staff did say that they could go to the office and see the registered manager if they needed to.
- People, relatives and staff did feel like the home was well run.

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

- The management team were responsive to all feedback on the day of inspection, taking prompt action to review issues and implement actions to address areas of concern.
- Meeting notes showed that safeguarding issues were discussed. Changes to practice that were needed to keep up to date and provide the appropriate care were also discussed.

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

- There were regular meetings for people. The meeting notes included actions and feedback for people.
- Staff also told us that there were regular meetings and opportunities to speak with a member of the management team.

Continuous learning and improving care

- Incidents, complaints and events were reviewed, and meetings discussed any learning as a result. A lessons learned record was completed.
- The service had a development plan in place to help drive any improvements forward and develop the quality of the service delivered.

Working in partnership with others

- The management team worked with the local authority to address areas they found as needing development. There were no concerns following the provider's last contract monitoring visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's safety was not robustly promoted.