

Runwood Homes Limited

Crowstone House

Inspection report

Crowstone Avenue
Westcliff On Sea
Essex
SS0 8HT

Tel: 01702436611

Website: www.runwoodhomes.co.uk

Date of inspection visit:

05 January 2023

11 January 2023

Date of publication:

27 February 2023

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Crowstone House is a residential care home providing personal care to up to 54 people. The service provides support to older people including people living with dementia. At the time of our inspection there were 45 people using the service.

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

The provider did not have robust systems in place to assess and monitor risks to people's health and safety. Risks within people's living environment were not always identified or adequately managed in order to keep people safe from harm. The provider's processes for monitoring the quality and safety of the service were not always effective in highlighting and addressing concerns.

The provider had not always ensured all relevant recruitment checks were completed for new staff. We have made a recommendation about the safe recruitment of staff. The provider had recently increased staffing levels in the service. However, we found the deployment of staff did not always fully meet people's needs.

The provider had processes in place to manage people's medicines. However, some guidance did not reflect how medicines were being administered.

Staff were aware of how to report safeguarding concerns and the provider had sent notifications and shared information with the relevant authorities when appropriate. People and relatives told us they knew who to speak to if they had any concerns or complaints.

The provider had safe infection prevention and control processes in place and visitors were welcomed into the service. Relatives were encouraged to give feedback and spoke positively about the approachability and availability of the management team. Staff had received an induction and relevant training and told us they felt valued and supported in their roles.

People were encouraged to maintain their independence and the provider worked alongside other healthcare professionals to support people's health needs. People and relatives told us staff were generally kind and caring and were respectful of people's privacy. 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.

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 outstanding (published January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the number of people having falls in the service and the number of staff available to support people. The inspection was also prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report. The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to the management of risks to people's health and safety and the oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Crowstone House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 1 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We 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 also spoke with 2 people who used the service and 9 relatives about their experience of the care provided.

We spoke with 9 members of staff including the registered manager, deputy manager, unit manager, care team leaders, care staff and the housekeeper. We also received feedback from 5 healthcare professionals who have regular contact with the service.

We reviewed a range of records. This included 5 people's care plans, 5 people's medicines records, 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks to people's safety were not always managed effectively. During the inspection we found risks within people's living environment which had not been identified or risk assessed. For example, the provider had not always fully considered environmental hazards which may pose a danger to people at high risk of falling.
- The provider had not ensured all appropriate environmental safety monitoring checks were completed to safely manage risks relating to the age and condition of the building.
- People did not always have detailed risk assessments in place in relation to their health conditions. There was a lack of guidance about control measures required to minimise risks related to people's health needs.
- The provider did not always have robust oversight of incidents where people required support due to feeling distressed or upset. Incident reports were not always fully completed and did not correspond with people's daily care notes. This meant it was not always clear what steps had been taken to ensure safe care was provided and minimise risks to people and staff.

The provider had not effectively assessed and managed risks to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had recently responded to concerns regarding the number of people having unwitnessed falls by increasing the number of staff on shift throughout the day and allocating 1 member of staff specifically to the lounge areas. Staff told us this had made a positive difference to their ability to monitor people who were at high risk of falling. However, during the inspection we observed short periods of time before and after lunch where staff were not available to support people mobilising in the lounge areas. This meant people remained at risk of falling whilst unsupported.
- Following our feedback, the provider told us they would monitor and review the deployment of staff during busy periods of the day.
- The provider had processes in place to ensure new staff were safely recruited. However, recruitment documentation was not all held in one location with some records held within the staff recruitment files and some held electronically. We found one member of staff who did not have a full employment history recorded.

We recommend the provider reviews their processes for the storage and oversight of records relating to the safe recruitment of staff

- Following the inspection, the provider responded promptly to evidence a full employment history was now documented.

Using medicines safely

- There were not always detailed records in place to document how and why people were being supported to take their as and when needed [PRN] medicines. During the inspection we found a person was being supported to take a PRN sedative medicine every day, despite having a protocol in place which stated the specific circumstances in which it should be given. This meant there was a risk the person may be unnecessarily sedated.
- The registered manager told us the person's medicines were in the process of being adapted and they had regular medicines reviews and input from the GP and relevant health professionals. However, the person's care plan did not provide clarification for staff about why this medicine was now being given daily, how long it was safe to do this or when it should be reviewed.
- Following the inspection, the provider confirmed the person's care plan and risk assessment were being updated to ensure accurate guidance was in place for staff.
- Staff had completed medicines training and the provider had assessed their competency to administer medicines safely.
- The management team completed regular medicines stock checks and audited people's medicines administration records to ensure they were being completed correctly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and understood what to do if they had any concerns. There was a safeguarding policy in place for staff to follow.
- The provider had submitted the appropriate notifications to the local authority and CQC when necessary. The registered manager had engaged with the local authority's safeguarding investigations, providing relevant documentation and addressing actions promptly.
- The provider had processes in place for reviewing and investigating safeguarding incidents. The registered manager shared learning with staff to improve practices.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider ensured visitors were able to come into the service without restrictions and in line with government guidance. People received regular visits from friends and relatives.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The provider completed an initial assessment of people's needs and this information was used to create people's care plans.
- Staff were able to access a range of policies and procedures to support their knowledge and working practices. Changes to guidance and policy were discussed during staff meetings to ensure staff were aware of any updates.

Staff support: induction, training, skills and experience

- Staff completed an induction when starting in their role and undertook a range of relevant training. The registered manager had a matrix in place to check when staff had completed their training and when it was due for renewal.
- Staff told us they received regular supervisions and were able to talk to the management team about any issues. Staff felt supported and valued. One member of staff told us, "The managers are very supportive, I'm able to raise any concerns and I have trust in them."

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

- People and relatives were generally positive about the food and drink provided in the service. One relative told us, "There is a choice of meals. They are very good at putting juice near [person] and [person] gets regular tea and coffee." Another relative said, "The food is really good. [Person] gets what they prefer to eat."
- Staff understood people's eating and drinking needs and we observed staff offering people support and encouragement to eat where appropriate.
- Staff had completed nutrition and hydration training to support their knowledge in this area.
- Staff documented people's food and fluid intake in their daily notes and any concerns were flagged on the electronic care planning system.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider responded to people's changing health needs, making referrals to the relevant health professionals when necessary.
- People's care plans contained information about the health professionals involved in their care and how and when to contact them.
- People were supported to attend health appointments and a record of the appointment including any feedback or recommendations was recorded in people's care notes.

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

- The provider had considered the challenges posed by the layout of the building. The registered manager told us they were planning to make adaptations to the lounge areas to ensure they better suited people's needs.
- People's bedrooms were personalised to reflect their individual preferences. People's relatives generally spoke positively about the environment of the home.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had assessed people's capacity to consent and documented the decision making process.
- The registered manager had submitted DoLS applications to the appropriate authorities when necessary. People's care plans recorded when DoLS had been authorised and when they were due for renewal.
- Staff had received MCA training and were able to demonstrate how they applied the principles of the MCA when providing care.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. 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's relatives told us staff were kind and caring in their support and we observed positive interactions between people and staff during our inspection. Comments about staff included, "The staff are lovely and very caring," "I think the carers are kind, thoughtful and can see what [person] wants" and "The carers are all very polite, friendly, approachable and come across as very genuinely caring."
- People's religious and cultural support needs and preferences were considered during the provider's initial assessment and this information was recorded in people's care plans.
- Staff had completed equality and diversity training to support their understanding of how to respect and promote people's individual rights.

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

- People were supported to make decisions about their daily care. We observed staff offering people choices and checking they were happy with the support being offered.
- People's care plans contained guidance for staff about what decisions they were able to make themselves and how to ensure choices were given in a way people were able to understand. For example, one person's care plan detailed the importance of a quiet environment for conversation and another person's care plan noted the importance of speaking clearly and giving the person time to respond.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's dignity when providing care. We observed staff providing support in a sensitive way to ensure people's needs were met whilst also maintaining their privacy.
- People's care plans provided prompts for staff to consider people's privacy and dignity in their support. For example, one person's care plan stated, 'Staff are to promote [person's] independence and dignity at all times and they are to respect [person's] wishes and choices.'
- People were supported to maintain as much independence as possible. Care plans detailed what people were able to do for themselves and when they required support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- The provider was not always able to demonstrate how people were being supported to engage in meaningful pastimes of their choice. Whilst we observed positive interactions between people and staff, many of the interactions were focused on providing task-based care and there was a lack of conversation or interaction which was not related to people's physical support needs.
- At the time of the inspection there was 1 wellbeing lead who was responsible for activities in the service. People and relatives spoke very positively about how this member of staff engaged with people and we observed a small group of people enjoying activities in the lounge. However, it was not clear how often the wellbeing lead was able to spend time with people in different areas of the building, particularly those who were cared for in bed. This placed people at risk of isolation
- People's daily care notes evidenced significant gaps in activity recording with no entries recorded for some dates and other entries lacking detail. Staff were recording some interactions as 'general activity' only. This meant it was difficult to evidence whether the activity reflected their individual choice and preference.
- The registered manager told us they had identified the need for another member of activities staff, due to the size and layout of the building. This was to ensure there was sufficient time for everyone to receive meaningful interaction. Following the inspection, they confirmed the recruitment process for this role was now underway.

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

- People's care plans did not always demonstrate how they or their loved ones had been consulted and involved in planning their care. Some information lacked detail about people's individual preferences for support.
- Following the inspection, the registered manager provided evidence of people and relatives being involved in care plan reviews and told us they were planning more face to face reviews in the coming year to gain feedback and further personalise care plan documentation.
- Despite the lack of personalisation in some care plan documentation, people were generally supported by staff who knew them well and who were able to tell us how people liked to be supported.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place. The registered manager completed a complaints log to monitor the progress of the concern and the outcome.
- We received some mixed feedback about how effectively the provider updated relatives about the

outcome of complaints. However, relatives told us they generally felt comfortable raising any concerns. Comments included, "If I'm concerned then I bring it to their attention. I am listened to" and "To be honest, I've never had anything to complain about. If I needed to, I'd see the manager first."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's sensory and communication needs and people's care plans contained information about how to support their communication and any sensory aids they used.

End of life care and support

- The provider had considered people's end of life care wishes and documented this information in their care plans.
- The provider had involved the relevant healthcare professionals when appropriate, to support people to remain comfortable during their end of life care.

Is the service well-led?

Our findings

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

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

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

- The provider had processes in place to monitor the safety and quality of the service; however, these were not always effective and had failed to address the concerns found during our inspection. For example, we identified concerns with the oversight and management of environmental risks to people's safety and a lack of analysis around incidents involving people who were distressed.
- The provider was not able to demonstrate robust oversight over the quality of people's care documentation. Daily care notes and medicines records were not always accurate or detailed and the management audits had not always promptly identified or addressed these shortfalls.

The provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had undergone a number of changes in the management team since the last inspection. At the time of this inspection, a stable management team was now in place. The registered manager was able to evidence how they had analysed and responded to the concerns raised during recent safeguarding investigations and responded promptly to concerns raised during this inspection. The provider confirmed they were completing a lessons learnt analysis of their environmental safety monitoring to ensure immediate improvements were made.
- The provider had implemented an ongoing service development plan to continuously identify and monitor areas for improvement.
- The provider was aware of their responsibility to be transparent and honest in accordance with the duty of candour. The registered manager understood their regulatory responsibility to submit appropriate notifications to CQC when necessary.

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

- Whilst the provider was not always able to evidence how people and their relatives had been involved in care planning, relatives told us they were able to give feedback about the service during their regular

relatives' meetings and via satisfaction questionnaires. The provider told us they also encouraged feedback from people through residents' meetings, 1 to 1 keyworker meetings and regular surveys.

- People and relatives generally spoke positively about the management team and the culture of the service. One relative told us, "As soon as I go in, I see the manager there. Absolutely easy to talk to, nothing is too much trouble for them." Another relative said, "They are very professional and hands on. They are friendly and seem very good to me."
- Staff told us they felt involved in the service and were able to give regular feedback through staff meetings, supervisions and surveys.

Working in partnership with others

- The provider worked alongside a number of different healthcare professionals to support people's health needs. The healthcare professionals we spoke with told us the management team and staff were generally responsive to their feedback. One professional said, "I find them to be open to receiving my support and that my advice is followed." Another told us, "Any changes I have suggested to resident's care plans have been taken on board."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not effectively assessed and managed risks to people's health and safety.</p> <p>This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust processes in place to monitor the safety and quality of the service.</p> <p>This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>