

Runwood Homes Limited

Alexandra House - Harlow

Inspection report

Hamstel Road
Harlow
Essex
CM20 1BU

Tel: 01279454521
Website: www.runwoodhomes.co.uk

Date of inspection visit:
29 July 2020
03 August 2020
04 August 2020

Date of publication:
04 September 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alexandra House - Harlow provides accommodation with personal and or nursing care for up to 106 people some of whom may be living with dementia. At the time of the inspection 89 people were receiving support. People living on the ground and first floor of the service received residential care and those living on the third floor received nursing care.

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

Staff told us there were not enough staff to meet people's preferences. Whilst we found staff very responsive during our visit, they told us some people particularly on the nursing floor could not always get up when they wanted to as there were not enough staff available to do this or supervise people. Care plans did not always state clearly people's preferences and needs in relation to being supported to get up. We have requested a full review of people being cared for in bed on the nursing floor and the reasons for this.

At the previous inspection the provider was in breach of regulation 9 HSCA RA Regulations 2014 Person centred care as people did not always have access to meaningful activities. This area continued to require improvement.

The service design was suitable for the needs of people, and people were protected against the risk of infection. A new visitor's protocol had been developed by the provider to minimise the risk of people acquiring an infection. However, we were not asked to complete this until senior staff arrived later.

The systems in place to assess, monitor and improve the quality and the safety of the service were ineffective in practice. Which meant governance systems were not robust or effective as they did not identify the shortfalls we found.

The local authority had identified several issues at Alexandra House. The service had been open and honest about this and was working closely with the local authority to put improvements in place.

People were protected from the risk of abuse by staff who had up to date training. People told us they felt safe living at the service. Staff we spoke with knew people well.

People's risks were assessed, and measures were in place to reduce risk. Medicines were administered and managed safely.

The provider had appointed a new manager who was aware of their responsibility to take action when shortfalls were identified.

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 requires improvement (published 15 May 2019). The service remains rated requires improvement

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

Why we inspected

We undertook this initially as a targeted inspection to check on concerns identified by the local authority safeguarding team and concerns raised to us in relation to staffing. We widened the inspection to a focused inspection to assess whether there were any additional risks to people using the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

Enforcement

We have identified continued breaches in relation to good governance and person-centred care.

We have found evidence that the provider needs to make improvements. Please see the safe and well led relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for 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 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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Alexandra House - Harlow

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection team consisted of four inspectors.

Service and service type

Alexandra House-Harlow 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.

At the time of the inspection the registered manager had left the service. A new manager had been appointed who was in the process of registering with CQC

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

inspection.

During the inspection

We spoke with twelve people who used the service and six relatives about their experience of the care provided. We spoke with twenty members of staff including the regional operations director, the manager, care team leaders and care 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 eight people's care records and medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing information, infection control processes and quality assurance records. We requested a review of people cared for in bed on the nursing floor.

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.

Staffing and recruitment

- We visited the service at 06.00 and found night staff were responsive to people's needs, the atmosphere was calm, and staff responded to call bells appropriately.
- Most staff we spoke with told us there was not enough staff. One staff member told us, "We are short staffed, people usually have breakfast in bed this is not their choice, but we cannot manage to get people up." Another staff member said, "I do not think there is enough staff. Last week we only had four staff and it was like that for three weeks and even with five today we are struggling. We cannot take a break."
- There were enough staff to provide basic care, but limited time was available to engage with people in a meaningful way. During the inspection we found that staff were working extremely hard to ensure call bells were answered and people's needs were met. However, on the nursing floor most people were cared for in bed and care plans were unclear about why this was. One staff member told us if they had more time more people would like to get up for breakfast but were not able to as there was not a staff member to supervise them once they had been supported to get up.
- One person was described by staff as cared for in bed, however, we noted the previous day they had been supported to visit their relative in the garden.
- We have requested a full review of why people were being cared for in bed. The care plans sent to us by the manager following the inspection were clearer about how people wanted to spend their day.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and with the staff who supported them. One person said, "I do not have any bother and I do feel very safe. I like it here and the staff are lovely."
- Staff had been trained to recognise and report any concerns or abuse.

Assessing risk, safety monitoring and management

- At the last inspection we found that records relating to risk were inconsistent. At this inspection we found the provider was now using an electronic care plan. In the care plans we looked at recording of risk was more detailed. One person was at risk of developing a pressure ulcer and guidance to reposition this person was provided to staff to minimise this risk. The person's repositioning charts had been completed.
- Accidents and incidents were recorded and work to understand patterns and trends had been completed.

Using medicines safely

- Staff followed safe and effective systems for the management of people's medicines. We observed staff

administered medicines safely.

- The service maintained a good standard of recording in relation to people's medicines and protocols were available to direct staff around the administration of medicines prescribed on a when required basis.

Preventing and controlling infection

- A visitor's protocol had been put into place to protect people from infection. However when we arrived at 6am, we were not asked to complete this until the Deputy manager came in later. The deputy told us they would remind all staff of the importance of following this protocol.
- The service had introduced additional measures to keep people safe during the pandemic. They had updated their policies and followed the latest guidance in relation to the pandemic.
- The service 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.

Learning lessons when things go wrong

- The manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends. Any lessons learned were discussed at management and staff meetings.

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; Continuous learning and improving care

- At our last inspection we found shortfalls in governance and record keeping. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- At this inspection we found some improvements had been made to record keeping as an electronic care planning system had been introduced and care plans were more detailed in relation to risk. However, we identified additional concerns in relation to staffing that had not been identified in quality assurance processes. This was a continued breach of regulation 17 HSCA RA Regulations 2014 Good governance.
- Whilst the provider had systems to monitor the quality and performance of the service, these were still not always effective. The concerns we had found had not been identified by the provider.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the previous inspection people did not always have access to meaningful activities and care was not always planned in a personalised way. This was a breach of regulation 9 HSCA RA Regulations 2014 Person centred care.
- At this inspection whilst we found the provider had recruited a very enthusiastic well-being lead, some of their time was taken with supporting care staff to assist people to eat. This made it difficult for them to provide meaningful activities to the whole service.
- Staff told us due to time pressures they did not always have time to spend with people. One staff member said, "We would like to get [person] up but can't because they need too much support. They would love to come out for breakfast." Another staff member said, "I think we need one more. Sometimes we don't have enough time to spend with people or to talk to them. We are always rushing."
- Following discussion with representatives of the provider, immediate action was taken to address the shortfalls identified during the inspection and activity hours were increased.

Not enough progress had been made and the provider remains in breach of regulation 9 HSCA RA Regulations 2014 Person centred care.

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

- Relatives gave mixed views about the communication from the service. One relative said, " I feel I am told things on a need to know basis which is good enough for me. "Another relative told us, "The carers are good the problem is with the management and the poor communication."
- A new manager had been appointed and told us they had organised a virtual relative meeting to introduce themselves.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Working in partnership with others

- Staff were positive about working at the service despite their concerns about staffing. One member of staff said, "We have good teamwork here. I've been here for a year and I could say the staff are really good and we work well together. The staff are nice and friendly."
- The provider and new manager demonstrated a willingness to make the necessary improvements.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Not enough improvement had been made since the last inspection to ensure people had access to meaningful activities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality and safety of the service provided were not always effective in identifying shortfalls or driving improvements. Regulation 17(1) & 17(2)