

Runwood Homes Limited

Redbond Lodge

Inspection report

Redbond Lodge
Chequers Lane
Dunmow
Essex
CM6 1EG

Tel: 01371873232

Website: www.runwoodhomes.co.uk

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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 took place on 7 September 2017 and was unannounced.

Redbond Lodge is a residential care home registered to provide accommodation for 83 older people who require personal care, some of whom are living with dementia. There were 80 people living at the home on the day of our inspection.

At the last inspection we rated the service good overall with a 'requires improvement' rating in the domain of safe due to insufficient staffing levels. At this inspection we found the service had made the necessary improvements and we found the service good across all five domains.

There were enough staff deployed to meet people's needs in a safe and timely manner. Robust systems for the safe recruitment of staff were in place.

People were protected from harm as staff knew how to safeguard people from the risk of abuse and understood their responsibilities to report any concerns. Staff were aware of the risks to people and how to manage them to keep people safe. Risks to people were assessed and management plans were put in place to minimise risk.

Medicines were managed safely by staff who had been trained and assessed as competent to administer medicines and maintain accurate records.

We have made a recommendation about the management of topical creams.

Staff had access to regular training to ensure they developed the skills and knowledge to be competent in their role. Staff were supported through supervision, observations and appraisals to develop professionally.

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.

The service ensured people had enough to eat and drink. People were supported to access healthcare services in a timely way to maintain their health and wellbeing.

Staff listened to people and treated them with kindness and courtesy. Communication between staff and people was friendly and respectful.

The service involved people and their representatives in their care and support planning to ensure that care was provided the way people wanted. Staff knew people well, could describe their routines and preferences and understood how to provide person-centred care.

People had access to a range of activities which reflected their interests and preferences. Consideration was given to people living with dementia with items and activities were available to provide stimulation and engagement.

There were procedures in place to manage any complaints and the service responded to complaints appropriately. The service listened and responded positively to feedback from people, relatives and staff.

There was a longstanding registered manager in post who had developed positive working relationships with external agencies which benefitted the people who used the service. The manager and their deputy were hands-on and visible within the service which promoted a positive culture with the emphasis on teamwork and providing person-centred care.

Quality assurance systems were in place to assess and monitor the quality of service that people received and identify areas that required improvement.

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?

Good ●

The service is safe.

There were sufficient numbers of staff employed who had been safely recruited.

Medicines were managed safely.

Risks to people were understood and managed by staff to keep people safe

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Redbond Lodge

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 checked 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.

This inspection took place on 9 September 2017 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.

As part of the inspection we reviewed various information including the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with the registered manager, the deputy manager and six members of staff. We spoke with nine people who used the service and six visiting relatives. We also 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 looked at the care records of eight people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the registered manager responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

For a more comprehensive report regarding this service, please refer to the report which was published following our last visit.

Is the service safe?

Our findings

At the previous inspection the service was rated as requires improvement in this domain because people and staff members told us that there were not enough staff. This meant that staff did not always have time to spend with people and during busy periods such as first thing in the morning people had to wait extended periods of time to have their call bells answered. We discussed our concerns with the registered manager who advised us that they would review the rota to ensure there were enough staff on duty in the future in accordance with the assessed dependency needs of the people. The manager also with immediate effect increased the staffing levels on both the day and night shifts.

At this inspection we found that there was sufficient staff deployed to safely meet people's needs. People told us there was enough staff. One person told us, "You've only got to say and they help you straight away." A relative said, "There's always staff in the lounges; we come at different times of the day and it is always well-staffed." And, "We don't visit in the evenings but my mum has never complained about staffing at night." Care workers also said there was enough staff. Comments included, "We have enough and they will cover with agency if anyone is sick but at the moment we are doing okay." And, "We have enough and managers help as well, staff work hard to try to meet everyone's needs."

People in their bedrooms had call bells within reach. We observed that when people used their call bells to request assistance they were answered promptly by staff and also by the manager and deputy who stepped in to provide any additional support to people where needed. The registered manager had introduced a daily audit of the response times to call bells and we saw that response times had significantly improved. Feedback we received confirmed that people received assistance in a timely manner. One relative told us, "When mum needs help they come quickly."

Staff had been safely recruited. Checks on the recruitment files for three members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People told us they felt safe living at the service. One person said, "I feel safe here, nobody bothers me." A relative told us, "We are absolutely happy that [family member] is safe."

Staff understood their safeguarding responsibilities knew the signs to look for and the reporting process to ensure people were protected from the risk of abuse. Staff told us, "We talk to people and get to know them; I would look for anything different such as a change in mood or behaviour, or any marks or bruising." Another member of staff told us, "I would report anything that happened to the manager and if I was not happy I would go to CQC."

Where risks to people had been identified these were assessed and regularly reviewed to ensure the information remained current. Risk management plans were put in place which provided guidance to staff

about how to support the person to stay safe. Staff told us that information about risks to people were discussed during the daily hand-overs and people's care records were updated accordingly. Staff demonstrated a good awareness of the risks to people and knew how to manage them. We observed a person walking down the corridor independently; staff member noticed and immediately went to the person and helped them to sit down before going to fetch their walking frame so that they could move about safely.

The storage, administration and disposal of medicines was undertaken safely, and in line with current professional guidelines. All staff who administered medicine had up to date training and had regular competency checks to ensure they had the necessary skills to administer medicines safely. The medicine trolley was kept secure and the contents of the trolley were well ordered and clean. There were appropriate facilities to store medicines that required specific storage. The medicine room was kept locked and was air conditioned to ensure that medicines were stored at the correct temperatures. Records relating to medicines including stock control were completed accurately and stored securely. The medicine received, administered and returned to the pharmacy was recorded correctly.

People had individual medicines administration records (MAR) which showed their photograph so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. We saw that there were no gaps on people's MAR sheets indicating that people had received their medicines as prescribed. Protocols had been put in place to provide additional guidance to tell staff when each person should receive medicines that had been prescribed on an 'as needed' basis to ensure people's needs were met safely and effectively.

We saw that separate sheets for recording the administering of creams were kept in people's rooms but these had not always been filled in so we could not be sure that people had received their creams as prescribed. We discussed our concerns with the registered manager who advised us they would organise a refresher training session for staff on how to accurately record the administration of creams.

We recommend that the provider review their current systems and recording processes for administering creams.

Accidents and incidents were logged and any necessary action was taken to protect people from harm. We saw that the registered manager had robust systems in place to record and analyse any falls that people had. This meant that any patterns or trends were quickly identified so that the appropriate level of support and advice was obtained to keep people safe. For example, if a person had two or more falls in a month this lead to an automatic referral for a GP review to check for infection or changes in blood pressure and medication.

There were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety and maintenance checks were regularly completed and recorded and any necessary action taken to ensure a safe environment.

A fire risk assessment plan had been completed and personal emergency evacuation plans were in place. People had small coloured stickers discreetly positioned on the door to their rooms which told staff how much support each person required. Staff we spoke with knew what the colour coded system meant and were able to describe the evacuation procedure.

Is the service effective?

Our findings

At the previous inspection the service was rated good in this domain. We found the provider continued to provide an effective service and the rating remains good.

New staff received an induction which included a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. Staff were also required to complete a workbook following the principles of the care certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. To monitor staff progression the care certificate workbook was looked at and signed off by a senior member of staff. Staff also had regular observations of their practice which were linked to care certificate standards.

Staff had access to regular training and were supported to undertake further qualifications in health and social care to help them develop their skills and knowledge. People told us they thought the staff were well trained and effective. One person said, "Staff are good, they know they are doing and if you want anything they will get it for you." The service supported and monitored staff performance through supervision, observations of practice and annual appraisals. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns. Staff told us they received supervision every two months or more if required and found the experience helpful and supportive.

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. We found that the provider continued to work within the principles of the Mental Capacity Act (MCA) (2005). There were clear policies, procedures and recording systems in place to support people who were not able to make decisions about their care and support. Staff confirmed they had received training in the MCA and understood how to support people with decision-making. One staff member told us, "People can be encouraged to make their own decisions by getting to know them,, talking to them and trying to work out what they would prefer." Staff were aware of the importance of gaining consent from people. We observed staff asking people's permission before providing any care or support.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made appropriate DoLS applications where they identified restrictions on people were in place. The manager kept track of all applications and followed them up with the local authority to ensure that people were not being deprived of their liberty unlawfully.

People were supported to have enough to eat and drink which met their health needs and preferences. Any risks around nutrition and hydration were assessed and monitored. Food and fluid charts were kept and specialist support was requested where necessary. We saw hot and cold drinks offered regularly and people had jugs of water or juice regularly topped up and within reach. A person told us, "I always have a jug of

water in my room, we have enough to drink."

We observed the mealtime experience which was relaxed and unhurried. There were boxes on the table with various items for people to hold and fiddle with to help alleviate anxiety and boredom that people living with dementia can experience during mealtimes. People told us that the food was good and there was lots of choice. One person told us, "I get plenty of food, they always ask if I want more, they ask what we would like and it comes." People were offered second helpings and after the meal the chef asked people for their opinions to ensure that they were serving meals that people enjoyed.

Records showed that staff were vigilant in picking up on people's health needs and ensuring they had had timely access to medical treatment. For example, we saw an entry in a person's daily notes where the care worker had noted a person seemed 'chesty'; a further entry in the care records for the same day showed that the person had received a visit from the GP and treatment had been prescribed. A relative told us, "They pick up on things very quickly; we asked for a chiropodist who then made a recommendation, the service let us know straight away."

Is the service caring?

Our findings

At our previous inspection we found the service was caring and the rating remains good.

The interactions between people and staff were friendly and respectful. We saw staff laughing and talking with people and noted the calm and relaxed atmosphere in the service. We observed one person walking up and down purposefully for a considerable amount of time, a staff member noticed and sensitively supported the person to sit down, have a rest and a cup of tea and a biscuit. We saw examples of staff showing care and affection to people. A staff member pointed out a person dancing alongside to the music, the staff member said, "[named person] loves this music, that's why I put it on."

People and their representatives told us they were consulted and included in their care and support planning including planning for end of life care. A person told us, "I discussed my care plan with my keyworker; staff listen to me, they are very good." A relative told us that they had been involved in putting together the care plan for their parent and that a member of staff had sat with them and discussed an end of life care plan.

Staff had received training in 'end of life care' and we saw numerous compliments from relatives regarding the care and compassion the service showed towards people at this time. The service engaged with people and their families to find out if people had particular any preferences and priorities relating to their end of life care. Where people expressed particular wishes we saw that the service went the extra mile to support them to have experiences that they hoped to achieve during their lifetime.

Relatives and friends were encouraged to visit and maintain relationships with people. A person told us, "I'm quite happy here, my husband comes to see me every day." During our inspection we saw friends and family were visiting people. Staff welcomed them into the service and there were a friendly atmosphere between people, visitors and staff. We saw that when a relative was leaving the person followed but staff immediately noticed and went with the person so they could say goodbye and be brought back safely. One relative commented, "We are very happy with the care, our friends also visit and say it's really nice and everyone is happy and friendly."

Comments from people and relatives demonstrated that staff respected people's privacy and supported them to maintain their dignity. A person told us, "They always knock before they come in." A relative told us, "[Person] lived alone and really struggled with their personal care, now they always look well cared for." Staff told us how they protected people's privacy by always ensuring that confidential conversations took place in private and that doors and curtains were closed and people were kept covered with a towel when providing personal care.

Is the service responsive?

Our findings

At this inspection we found that the service continued to be responsive to people's individual needs and concerns and the rating remains Good.

People had care plans which reflected their likes and dislikes and helped staff to care for people in a way in which met their individual needs. The care plans clearly recorded what support people wanted and needed and included information about their life history, hobbies, interests and any spiritual needs which helped staff get to know people and form positive relationships. Regular reviews of people's care were held to ensure the service continued to meet people's needs. People and their representatives were included in the reviews and were asked to fill in a questionnaire to find out their opinion of the service they were receiving so that changes could be made if necessary to ensure the care provided was person-centred.

Staff knew people very well and were committed to providing a person-centred approach when delivering care and support. One staff member told us, "Everyone is different, for example, some people like baths in the evening, some in the morning; people like different clothes; we work really hard to find out how we can meet people's needs." We saw that people's routines and preferences were known and respected by staff. A staff member told us, "We discuss people's preferences, whether they would like a shower or bath, we make sure it is in private and do not rush people." A person commented, "I love it here, my keyworker gives me a bath, other days I have a wash, if I wanted another bath she would give me one."

Activities within the service and in the community were organised around people's interests and, preferences. People told us there was lots for them to do of their choosing. One person said, "We have bingo and baking, we go out on Tuesdays to the market; there's always a lot going on in the morning and in the evening we do things like chat together and have music and dancing." The service had also introduced an initiative called 'The cookie Jar'. This was a container filled with ideas for five minute activities for staff to complete with people every day when they had some spare time. This gave staff the opportunity to spend quality time with people and engage with them.

The registered manager had consulted with a dementia specialist employed by the provider to ensure there were items and activities available to promote engagement for people living with dementia. We saw people making use of items such as twiddle muffs, rummage baskets, musical instruments and dolls all of which can provide stimulation and comfort.

The service had a system in place to manage complaints and we saw that complaints were dealt with in accordance with the service's policy. People told us they know how to make a complaint and were confident that they would be listened to and any complaints acted upon. One person told us, "We have meetings and they ask if you are happy here." A relative said, "If I raise a concern they sort it straight away." At the time of inspection there were no open complaints. We looked at past records and saw that complaints had been dealt with promptly and to people's satisfaction.

Is the service well-led?

Our findings

At this inspection we found the service continued to be well-led and the rating remains Good.

The service had a registered manager. 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.

We saw that the registered manager worked in partnership with external agencies for the benefit of service users. For example, the manager organised a weekly meeting with district nurses to monitor people's treatment plans and progress. They had also signed up for a scheme that arranges for school pupils to visit care homes to befriend older adults. This has been shown to decrease feelings of isolation in older adults who may not receive many visitors.

The registered manager was supported by a longstanding deputy manager, we found that both were visible and accessible within the service and lead by example. We observed the manager frequently throughout the day, responding to call bells and supporting people to eat their lunch. The manager told us they came in early every day so that they could support staff in case of any absences. This hands-on approach meant that staff felt well supported and contributed to a positive atmosphere and a strong sense of teamwork. People and staff told us, "Everyone knows who the home manager is, they come up daily." And, "The manager is always about and available."

The values of the service emphasised the importance of providing a person centred approach. We found these values were shared by staff. Comments from staff included; "We recognise that everyone is different." And, "Everyone gets care how they want it, we approach everyone differently and always ask people what they want."

The service was pro-active in seeking the views of people who used the service through satisfaction surveys and holding regular residents and relatives meetings. We saw that the service responded positively to feedback provided, for example, where people had asked for sausage rolls to be reintroduced to the menu they were then made available.

There were systems in place to monitor and improve the safety and quality of the service. The management team completed a range of audits including health and safety checks and audits that focussed on people's health and wellbeing such as incidents of pressure ulcers and falls. Staff practice and the quality of people's care records were also regularly checked. Where issues were identified we saw that the necessary action had been taken. Weekly reports were sent to the provider who also completed their own monthly compliance audit to ensure robust oversight of the service at director level.

The registered manager also completed unannounced spot checks of the service at night-time. These checks had been effective at identifying issues of concern. For example, the manager had observed that

people with dementia were waking up at night and walking around due to feeling hungry which increased their risk of falls. In response, the service swapped the mealtimes around and now served the main meal in the evening rather than at lunchtime. This had impacted positively on people as the incidents of falls and injuries had decreased.