

Runwood Homes Limited

Loganberry Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection on 13 April 2015.

Loganberry Lodge is a service based on two floors which provides residential care for up to 133 people and some people who live at the service have a diagnosis of dementia.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were robust staff recruitment processes in place. Staff received training to support people to meet their assessed needs and to keep people safe. People's care

Summary of findings

plans included an assessment of risk to people and where risks had been identified a plan had been put in place accordingly. The staff we spoke with were knowledgeable about people's needs.

The manager explained to us how they organised the staff to support them to complete dependency needs assessments for the people at the service. This information was used to calculate the number of staff required to be on duty at one time. The rota showed us there were sufficient staff on duty to meet people's needs

Staff that administered medicines to people had received training for this purpose and there were systems in place for the safe ordering, storing and returning of unrequired medicines to the pharmacy.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care.

We observed the lunch periods and saw good interactions between staff and people who used the service. We saw evidence that staff understood people's food and fluid requirements and protected them from risks associated with poor hydration and under nourishment.

People received the information they needed to help them to make decisions and choices about their care. People's views and wishes were incorporated into their plans of care. Care plans recorded discussions held with the person or their representatives.

People's privacy and dignity was respected, we saw staff knocking on doors waiting to be asked before entering.

The service carried out an assessment of people prior to them joining the service to identify if it could meet the person's needs.

There was a complaints process in place and the service carries out audits to identify any actions it needed to take to improve the service.

Summary of findings

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 safe.

Staff had received training and were clear about what may constitute abuse and how they would report concerns. The staff we spoke with were confident that any concerns raised would be fully investigated to make sure people were protected.

People were protected against the risks of abuse because the service had a robust recruitment procedure. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults.

The service had a policy and process in place and staff had received training to provide people with their prescribed medicines.

Good



Is the service effective?

The service was effective

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Each person's care plan contained a record of the professionals involved such as GP's, dentists, district nurses and opticians.

We observed the lunch time meals and saw evidence staff understood people's care requirements regarding their nutrition and hydration.

Staff received supervision, training and a yearly appraisal.

Good



Is the service caring?

The service was caring.

People felt the staff were caring and listened to them.

People had been consulted about their care needs and this had been recorded in their care plan.

The dignity of people was promoted by the staff who showed people respect.

Good



Is the service responsive?

The service was responsive.

The care provided was responsive to people's individual needs and identified changes were made to accommodate people's changing needs and wishes.

People told us they knew how to make a complaint and were confident that any issues raised would be dealt with.

Good



Is the service well-led?

The service was well-led.

The service had built up links with the local communities and taken account of peoples wishes regarding gardening projects.

Summary of findings

The management was visible and demonstrated a good knowledge of the people who lived at the home. Throughout the day we saw both the registered manager and deputy manager talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the managers.

There was a system in place to audit care practices and make adjustments in accordance with the findings to improve the service.

Loganberry 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection on 13 April 2015 and carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed all the information we had available about the service including notifications sent to us by the manager.

This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the day we spoke with fourteen people who lived at the service, two relatives, the registered manager, the deputy, four members of care staff, the activities co-ordinator and a visiting professional. We viewed records relating to the running of the service and the care of people who lived there. We looked at eight care plans the staff rota, training matrix and policies regarding recruitment and complaints.

We carried out a Short Observational Framework for Inspection (SOFI) over the lunch time period. SOFI is a tool to help us assess the care of people who are unable to communicate to us their experience of the care they received.

Is the service safe?

Our findings

People told us they felt safe at the service and with the staff who supported them. One person told us. "I feel safe here because there are staff around at night time." A relative told us. "[My relative] is definitely safe here."

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received training in recognising and reporting abuse. Records seen confirmed all staff received this training during their induction and also undertook refresher courses.

Staff were clear about what can constitute abuse and how to report concerns. Staff were confident any allegations would be taken seriously and fully investigated to make sure people who lived at the home were protected. One member of staff told us. "The training was good and explained that we can make a safeguard referrals ourselves." A full record of safeguarding referrals had been kept in the office of the service and we saw an investigation had been undertaken when an alert had been made.

We observed staff using safe moving and handling procedures when assisting people requiring assistance with their mobility. We observed two members of staff using a hoist to move a person from a chair to a wheelchair. This transfer was carried out safely and sensitively with staff members ensuring the person was told what was happening throughout the procedure. The person told us. "I feel safe with the staff, took some getting use to all this moving and belts involved, but it is ok." Another person who needed the assistance of a hoist to move told us. "I need hoisting and they help me in a way that I'm happy with. I feel confident when they move me."

People, who lived at the home, or their representatives, were involved in the assessment of risk and were able to make choices about how risks would be managed. We saw risk assessments had been completed to make sure people were able to receive support and care with minimum risk to themselves and others. One of the risk assessments we looked at stated that the person was at risk of falls. In order to reduce this person's risk, their zimmer frame was to be in close proximity to them at all times. We observed this was close to them during our inspection.

On the day of our inspection we observed there were sufficient staff to meet the needs of people who used the service safely. During the inspection we observed staff assisting people to stand, administering medication or sitting quietly and chatting with people in the lounge area. Staff did not appear rushed and carried out care tasks as required. The manager explained to us that an assessment of need for each person was collated and kept up to date. This information was used to calculate the number of staff required to be on duty.

The deputy manager explained to us the recruitment process used by the service. The service carried out interviews, sought references from previous employers and carried out DBS (Disclosure Barring Service) checks before people started work. The recruitment procedure minimised the risks of abuse to people who lived at the service by making sure all staff were thoroughly checked before commencing employment. We saw all potential employees completed an application form which gave details about the person and their previous employment.

Medicines were stored securely and the temperature of medicine rooms and fridges were recorded daily and were within acceptable limits. Staff administering medicines had received training and medicines were administered safely as per the policy and procedure of the service. One person told us. "They never forget and ask me if I need anything for pain relief." A senior member of staff had been delegated the role of ordering and managing the supply of medicines to the service. They had compiled a robust system in line with the service policy so that medicines were ordered in time and any unrequired medicines were returned to the pharmacist promptly. The balance stock of the Controlled Medicines was in agreement with the number of medicines we saw at the inspection. We looked at twenty medication administration records (MAR) charts and found that they had been completed accurately. There were no gaps in the records and when one or two tablets had been prescribed for pain relief as the person required. We saw that the number given had been accurately recorded and number of tablets in stock tallied with the record.

Is the service effective?

Our findings

People who were able to express their views verbally felt they received effective care and support to meet their needs. One person told us. “My needs are met here I’m quite happy.” Another person told us. “The staff have helped me a lot, I get everything I need here.”

We looked at the induction undertaken by staff and this covered the components required for new staff to know. Staff confirmed they undertook the company induction when they first started working at the service. One member of staff commented. “It gave me a good start to working in care”. Staff also confirmed that they had supervision and an annual appraisal. A member of staff explained to us their induction and in particular found the shadowing extremely helpful. This is when a new member of staff is paired with an experienced colleagues for a number of shifts until they feel confident to work as a full member of the team. One member of staff told us. “I did not feel thrown in at the deep-end, I was supported when I started to work here.”

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The register manager explained to us that assessments with regard to (DoLS) had been carried out. We found evidence that the service was meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people’s rights under the Mental Capacity Act 2005. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We saw robust documentation to show the necessary referrals and correspondence had been submitted to the local authority. Staff had received training in the Mental Capacity Act 2005 and staff we spoke with had a good understanding of people’s legal rights.

People were supported as required with respect to their needs regarding their diet. Care records we looked at identified where people were at risk such as not eating or drinking sufficient amounts. Individual care plans described how these risks should be minimised. The service operated a system of recording the amounts of food and fluids for people identified at risk. This was in order that the service could respond appropriately when it was recognised the person required additional assistance.

Staff understood people’s individual needs regarding their nutrition and hydration. People were able to leave the dining room when they chose or stay as long as they wanted in order to finish their meal at their own pace which was respected by staff. We saw staff checking with people why they had left their meal and support was given appropriately to those people that had lost concentration and they were encouraged to return to their meal. One person did not appear to enjoy their main course but did eat the second course offered by the staff and were given extra to compensate for the main course. Five people commented upon the good quality of the meals. One person said. “The meals are lovely, very well cooked and lots of choice.” Another person told us. “I particularly enjoy the puddings.”

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. One person told us. “I was not very well recently and the Doctor came to see me, the staff arranged this for me, pleased to say I am on the mend now.” Records showed people were seen by professionals including GP’s, community nurses, chiropodists and opticians. We saw from the records that the service worked closely with the District nurses to ensure care was provided as required by qualified nurses in this residential setting. This included support between the service and visiting professionals regarding meeting the needs of people with diabetes.

Is the service caring?

Our findings

People said staff were caring and kind when they assisted them. One person said. “The care is good here and staff are very pleasant. Another person said. “Staff are concerned for you and do listen to me.”

People also told us they choose the clothes they wished to wear and staff would take the clothes from the wardrobe to support them as required. People told us about the hair-dressing service and were happy that this was available to them at the service. We spoke with staff during our inspection and they were knowledgeable about the people they supported. They knew about people’s likes and dislikes.

The service supported people to express their views which were recorded in the care plans. We saw that people’s care plans contained personal bathing records which indicated when they had a bath or shower and what their choice had been.

Staff appeared to know people well and there was a friendly atmosphere between staff and people living at the home. For example, we saw staff sitting with people and speaking about things of interest to them in a kind and caring way. We saw staff pointing to pictures in order to better explain and communicate with people. At lunch time we saw staff offering a choice of plated food to support their question of which meal people preferred.

People we spoke to felt valued and cared for. We saw staff spoke with people in a kind and appropriate manner. Staff

we spoke with were positive about their role and had a good knowledge and understanding of people’s needs and preferences. We saw there was good humoured banter and laughter between people who lived at the service and staff. This was based upon the gardening activities. The service had built raised beds and supported people to sow and tender plants. A person who lived at the home said to us. “I get along great with all the staff.”

The care plans we looked at showed people who lived at the service, or their representatives, were involved in the planning of their care. We saw that care plans were signed each month by staff and any changes to the plan had been recorded.

People were able to make choices about how they spent their time. We saw some people chose to socialise in communal areas whilst others preferred to stay in their rooms. One person told us. “The staff respect my wishes and regularly check how I am doing as I like to stay in my flat most of the time.”

Staff took steps to protect people’s privacy and dignity when they were in the communal areas. A care worker asked one person quietly and discreetly, if they wanted to go to the lavatory. Some people liked to lock their bedroom doors so that only staff could access them when they were not present. We saw that permission for the staff to enter people’s rooms in particular so they could be cleaned had been sought and recorded. One person said. “Staff always knock on the door and wait for you to answer. They’re very good at respecting our privacy and dignity.”

Is the service responsive?

Our findings

One person told us. "I remember meeting the manager, they came to see me and carried out what they called an assessment. This was to see if they could meet my needs, I then came and had a look at the place."

People received the information they needed to help them to make decisions and choices about their care. This included a service user guide and a statement of purpose. Each person who wished to move to the service had their needs assessed by the registered manager or deputy manager. This enabled people and those important to them to meet with a member of the management team and ask questions to make sure the home was the right place for them to live.

People's views and wishes were incorporated into their care plans. Each person had a care plan that was personal to them. Care plans we saw gave evidence they had been discussed with the person or their representatives with individual comments captured during the care plan review stage as to how their care had progressed.

We saw people's likes, dislikes and interests had been recorded and activities were arranged in line with people's interests in the service. People we spoke with were very complimentary about the activities. One person said: "I love the going out with staff and there are several trips to see things."

The service had a full time activity coordinator who organised the activities. People we spoke with told us that they enjoyed and valued the activities. However, a number of people felt that one person could not provide enough activities across such a large service. They said that they would like more regular activities and more trips out of the home. People were extremely enthusiastic about their recent visit to the Tower of London to see the display of poppies. The manager said that 16 people had gone on the outing. People said that they enjoyed baking cakes and then sharing them in the in-house café. People had planted up a number of plants with colourful spring flowers. They

were obviously proud of the colourful arts and crafts on display and enjoyed the entertainments. People told us that they appreciated the weekly communion in the home. One person said, "They gave us a wonderful Christmas here."

People told us they knew how to and would make a complaint, if required. The service user guide gave people information about the services and facilities offered by the home. It also gave information about how to make a complaint. One person said: "I'd tell someone if there was anything wrong. They would want to put it right." A visiting relative told us they had raised concerns, not complaints, with the manager and had been very satisfied with the response they received. All complaints made were fully investigated and responded to.

People we spoke with said that they had not needed to make any complaints. One person told us. "I've only had little concerns and staff sort them out." Another person said. "You can raise concerns individually or at the monthly residents' meeting but we don't have many concerns."

People told us that they often discussed food preferences and the menus at the meetings. They said that the catering staff responded to their feedback about the menu.

The relatives we spoke with told us they could visit at any time. Relatives said they were always made welcome. The manager told us the majority of people who lived in the home had friends or relatives who kept in touch. We saw information was available to people about the service and other services they may wish to access. For example, there was a copy of the last inspection report, the home's statement of purpose, leaflets and newsletters. This meant people were kept informed and could access information without having to request it.

Throughout the course of our inspection we saw people were offered choices about how to spend their time and what they would like to eat and drink. People told us they could get up and go to bed whenever they wanted. One person said to us; "I have my own routine. I can come and go as I please".

Is the service well-led?

Our findings

People told us that they were very happy at the service. One person said. "There's a very good atmosphere here. Everybody chats to you." Another person told us. "I'm much happier here. I didn't like the last home I was in." Another person said. "Everything is good about this home."

One person told us. "The home is well managed. The staff in the office are very helpful. The manager would do anything for you." Another person said. "I think this home is very high quality. It's spotlessly clean and if you give them washing in the morning it's back with you at night." A relative told us. "I'm completely happy with everything. I've never had any concerns. The home seems very well run."

Staff told us that they felt well supported. One member of staff said. "I'm happier here than any other place I've worked." Another member of staff told us. "I have a lovely job. I enjoy working in the home."

There was a registered manager in place and staff told us, they were open and receptive during our inspection. The manager told us that they walked around the service at least once a day when they were on duty to talk with and be available to people to support them. One person told us: "The manager is excellent. Things get sorted out". Throughout the day we saw the registered manager and deputy manager talking with people who lived at the home and staff. Everyone looked very comfortable and relaxed with the managers and were aware of who they were.

Staff told us there were opportunities to discuss issues and raise concerns with the manager. All staff were aware of the provider's whistle blowing policy and the ability to take serious concerns to appropriate agencies outside the home. One member of staff said; "I'm aware we can report concerns above the manager if needed".

Staff received the support they required to provide care to people. Staff told us that as well as supervision they

received individual support with a more senior member of staff at the time it was required. This was an opportunity for staff to discuss their working practices and highlight any training needs.

There was a quality monitoring system in place to audit practice and make adjustments to the service in accordance with the findings. We looked at a sample of audits carried out and shortfalls were noted in one part of the home. An action plan had been put in place to make sure improvements were made. For example, we saw staff had been booked onto the necessary training courses where gaps had been identified as part of the audit. This meant people who lived at the home would benefit from staff who were well trained.

The service had worked with people and responded to requests. The service kept pets as a request from people and had built raised bed gardens for people to tender.

The staffing structure in place made sure there were clear lines of accountability and responsibility. There were team leaders on each shift and a person was identified to be in charge of the service when the manager and deputy manager were not working. The manager had put an on-call system in place so that the staff in charge of the service could seek support at anytime they required, the manager told us they were also supported by their manager either through regular visits or telephone calls. They also provided a monthly report on the service to be discussed with their manager to support the smooth running of the service and address any issues.

We found there was always a handover meeting at the beginning of the shift. Staff told us the handover meeting gave them clear direction and kept them informed of any changes to people's needs or wishes. This meant staff had a clear understanding of people's needs and if anything had changed during the shift.