

# Runwood Homes Limited

## Highview Lodge

### Inspection report

Cherry Orchard  
Gadebridge  
Hemel Hempstead  
Hertfordshire  
HP1 3SD

Tel: 01442239733  
Website: [www.runwoodhomes.co.uk](http://www.runwoodhomes.co.uk)

Date of inspection visit:  
24 May 2017

Date of publication:  
27 July 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection on 24 May 2017.

Highview Lodge provides accommodation and nursing care for up to 77 people, some of whom live with dementia. At the time of our inspection there were 74 people living in the home.

The service had a registered manager in post. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm. People's medicines had been managed safely.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by staff who were exceptionally caring and respectful, and who knew them well. People enjoyed living in a person centred home which catered for their requirements.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. The service supported people with health care visits, such as GP appointments, optician appointments, chiropodists and hospital visits.

There was a formal process for handling complaints and concerns. The registered manager encouraged feedback from people and acted on the comments received to continually improve the quality of the service. There were effective quality monitoring processes in place to ensure that the home was meeting the required standards of care.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were very complimentary about the care they received and the respect and dignity shown to them by staff.

People were made to feel as though they mattered and staff took the time to get to know people so they could provide person centred care.

People could make their own decisions and were encouraged to maintain their independence where it was possible.

Families and visitors were welcomed into the home and staff knew them well.

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Highview 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 inspection took place on 24 May 2017 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission 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.

Before the inspection, we reviewed the provider's completed Provider Information Return (PIR) which they sent to us. 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 information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with eight people who used the service, and four relatives of people who used the service. We also spoke one visitor and visiting professional. We also spoke with the registered manager, the regional manager, six care staff, and one domestic staff. We looked at the care records of six people and the recruitment and training records for five staff employed by the service. We also carried out observations on how people were provided with care and support and reviewed information on how the provider managed complaints, and assessed the quality of the service.

# Is the service safe?

## Our findings

At this inspection, we found that people were continuing to be supported by staff who kept them safe from harm. Risk assessments and care plans supported staff to keep people safe and medicine was administered as prescribed. The rating continues to be good.

All residents we spoke to said they felt safe and told us that call bells were answered promptly. One person said, "[Staff] are very good people. They help you a lot." This person added that when they rang their call bell they waited, "hardly any time at all". A second person said, "They come straight away including at night. They aren't rough, they're kind." A relative we spoke with said, "I wanted a home where [relative] would be looked after well, and I've got that here. There is always someone around".

People were protected from avoidable harm and abuse by staff who had been trained in areas such as safeguarding and managing behaviour that could harm. One staff member said, "We get lots of training, we have had safeguarding training. We keep an eye on everyone and if we need extra help there is always someone around." Staff said that they would report any concerns about people to the registered manager who acted quickly when concerns were raised. One member of staff said, "[Registered manager] will always listen, if we have concerns we go straight to her."

We saw from the care plans that people had risk assessments in place to enable them to be safe within the home and outside in the community. Risk assessments included areas such as, risk of falls, the use of bed rails, eating and drinking, pressure areas, and safe movement. These had all been reviewed regularly and the registered manager confirmed that updates were carried out as and when required.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

Through our observations we saw that there were enough staff of varying skills on duty to support people. One member of staff said, "There is enough of us, we have care staff on the unit but we also have the domestic staff and [registered manager] will also help, we have a 'floating' person who can come and help also." We spoke with the domestic staff who told us that they would assist care staff with serving people breakfast in the mornings in order to free them up to assist people with personal care.

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's Medicines Administration Records (MARs) and care plans. We observed a medication round and saw that staff spoke to people and told them what the medicines were

for. They did not rush them and checked if people were in pain. Three people we spoke with confirmed to us that their medicine was brought to them on time and was always available. We observed three people being asked if they needed pain relief.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People received care and support from staff who had the required skills and knowledge to support them effectively. One staff member said, "We get a lot of E-learning, I have recently completed training on Mental Capacity, if I need extra training then that's also given, I am doing my NVQ level 3. I never thought I would do that."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service. The manager also told us that their training was so successful that other agencies would send their staff to the home to shadow.

Throughout the inspection we observed staff gaining consent from people whenever they carried out a task. Where people were unable to provide verbal consent then staff would watch for visual indicators. Staff told us that they knew the people they were supporting well so knew how to support them. One member of staff said, "We get a lot of information from families, we find out life stories and get them involved with things they like doing." Staff went on to tell us that each person was allocated a 'key worker'. Their responsibility was to update care documents when changes occurred and liaise with families.

Where able, people had signed their care documents to give consent for their care and support. Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training when providing care to people.

People who lack mental capacity to consent to arrangements for necessary care or treatment 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 looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest.

We observed staff assisting people with their choice of meals. All people we spoke with praised the food. They told us that there was a good choice and they were offered alternatives if they did not like the menu that day. One person said, "If I don't fancy the choices, they say 'what would you like then?' and I've had scrambled eggs, spaghetti on toast, all sorts of things". Another person stated that they were given the choice to have breakfast at any time as sometimes they slept till late. A third person told us after lunch had been served, "I had a really nice lunch. [staff] ask halfway through if it's alright".

We saw that people had attended appointments with health care professionals to maintain their health. People we spoke with also confirmed this. One person told us that they had seen the District Nurse and the GP. They said, "The doctor shouted at me. I told her I was not deaf and not to shout and she apologised". Another person said, "[Staff] take me to the dentist".



# Is the service caring?

## Our findings

People, relatives and visiting professionals were all very complimentary about the home, the staff and the registered manager. People using the service and their relatives all agreed that they were treated with kindness. One person said, "[Staff], go a long way to help." A second person said, "All the staff are kind." A third person said, "The care home is a love home." Relatives we spoke with also commented positively about the care and support their relative was receiving. One relative said, "[Relative] is happy here." While a second said, "[Relative] likes [staff], they have a good relationship, always laughing and joking." A third said, "I can't speak highly enough of the carers, they are amazing."

Throughout our inspection we saw that people using the service were truly valued and made to feel as though they mattered. This was achieved by all staff working towards an inclusive and supportive environment for people in the home. A visiting professional gave us an example; they told us that a person had come to the home as an emergency admission. They said that the home was working with the person and the professionals to provide reassurance and support. The professional said, "When [person] came in, everything was already in place for them." They went on to say, "They took [person] in and have been so supportive, they have taken them home to collect things." The professional also went on to explain how the home had supported the person with family arrangements like funeral arrangements for a loved one. This was a clear example of outstanding care, where the home and the staff went above and beyond their usual care requirements and supported the person's wellbeing.

People were made to feel as though they mattered which made them feel at home at Highview lodge. One person explained that they had originally not wanted to move into the home. They said, "They [relatives] put me in a care home, but after a few days I've been very happy here. They [staff] are kind; always ask me if I'm alright". Another person said, "Yes [staff know me], it's lovely being called [by name]. The staff chat and exchange information, memories with me". We observed some gentle banter between this person and a member of staff. This person went on to say, "[Member of staff] is lovely. [Member of staff] calls me [by name] and I call him trouble." This caring attitude of staff made people feel comfortable and supported within Highview Lodge which they now called 'home'.

Staff knew people well and gave real thought to what made people happy. One person told us about a condition they experienced which meant that they required doors to be kept open. They told us that this posed a difficulty for staff in respect of their privacy but because staff knew them well, they were able to overcome this by working with the person. They stated, "[Staff] always make sure I'm covered up. If a male [member of] staff is providing my personal care he always has someone with him." Another person spoke to us about how staff respected their privacy and dignity. They said, "[Staff] always knocks. I told them not to bother but they said 'No, this is your room and it's your privacy'."

Visitors were welcomed at any time and we observed throughout the day of our inspection that relatives and professionals were visiting people. One person said, "My wife visits, any time, she's welcomed." Relatives also told us that they were welcomed into the home. One relative said, "We visit [relative] anytime, it's hard to get [relative] to go out, we get as far as the end of the road and [relative] tells us to take her back home."

We saw that the home had a cat and a rabbit; and one person was also able to bring their own pet to live with them in the home. On the day of our inspection, it was a very warm day and we saw that doors into the garden areas were open with people on the ground floor having free access to move around the garden areas.

We saw that dining rooms, lounges and "cosy corners" were decorated in styles reminiscent of 40s and 50s décor as well as modern materials. For example, there was a lounge with a traditional pram and crib, a 'tea room' with china tea sets and in the large, open reception area a fireplace decorated with 'real fire' wallpaper. There was also a post box in the reception area for residents to post letters.

There was a strong person-centred culture within the home and staff demonstrated this throughout the day. We heard staff regularly ask people if they needed anything and respond to people in a warm manner. For example, we observed a number of people walking independently around the home and staff frequently walked with them for a few minutes, checking they if they were okay.

We saw that all staff including the registered manager worked to please the people they supported. For example, we saw that staff would encourage people to have a variety of food choices and made sure that all food was freshly prepared within the home. We observed throughout the day, staff encouraging people to choose drinks and food, and gave them options on where they would like to be seated, whether to go out into the garden or elsewhere. There were snacks, fresh fruit and drinks available throughout the day and due to the weather being so hot people were also offered ice lollies to help cool them down.

People were encouraged to make their own choices and remain independent. The registered manager told us and we also observed on the day of our inspection that people were encouraged where possible to lead their own review meetings and discuss what changes they required in their care package. This meant that people were given more control of their care and support and made them feel a sense of independence while living in the home.

Staff displayed an extremely good understanding in ensuring people were supported to make their own choices in how they wished to spend their day and involved appropriate health care professionals, such as the district nurses and speech and language specialist to provide any additional care or support people required. For example a visiting professional told us how the home had identified very quickly that a person was in need of additional support and arranged it for them. They said, "[Staff] contacted speech and language on [person's] behalf and they kept a record of everything for me to review."

People were able to maintain relationships with those who were close to them. Staff told us they always took time to get to know people's families as this was a way of engaging in conversation with people. This was evident during the inspection when family members visited and they were greeted warmly and in a way that was evident staff knew them well. One family member said, "The staff come and find me; it's better as it's awkward if you have to search for someone. They email regular updates and when [relative] was ill they phoned me in [a remote country]. I was amazed they took the trouble and didn't seem worried about phoning me there."

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. One person summed up the support they received by stating, "[Staff] bend over backwards (to do things). I'm not just saying it". The rating remains good.

People were involved with various activities within the home. One person said, "I go out with the stroke organisation once a week. You can choose what to do. There are lots of activities. I'm not involved in many. I choose whether to join in." We saw that some activities were organised by the home's activities staff and other activities were carried out with care staff. On the day of our inspection we observed people enjoying a quiz in the main lounge area as well as light exercises. Other people were also seen to be enjoying some baking activities in the main units. We saw that the home had a very active feel with people freely moving around the home and the grounds. Relatives we spoke with told us that they would regularly see people involved with activities. One relative said, "[Relative] is always asked if she would like to join in but she never wants to."

People who used the service had a variety of support needs and these had been assessed prior to being supported by the service. The registered manager told us they had meetings with each individual or their families/ representative to update their support plans and would ensure that everyone was involved. They told us that people were involved as much as they were able to, to ensure their views were documented. People we spoke with also confirmed this, Records we viewed showed that reviews had taken place and the provider had worked with people and their families to ensure that the support provided was responsive to their needs. The registered manager said, "We make sure people are involved when it comes to the review, we will have a meeting with them and their families but the meeting will be led by them."

We saw that care plans were personalised and written for each individual and had been reviewed regularly.

There was a complaints policy and procedure available to enable people who used the service to make a complaint. People we spoke with were confident about making a complaint if they so needed to. One person said, "I would find out who the special person is for the group and tell them". A second stated, "I would tell any member of staff," and a third said, "I would tell [name], she's very nice. I asked for a picture hook to be put up and it was done the same day". We saw that only one formal complaint had been received by the provider in the past year. This has been investigated and responded to in accordance with the provider's policy.

The registered manager told us that people were regularly asked for their feedback through surveys and feedback. The most recent survey results were not yet available to review. We did however see that the provider had been inundated with compliments by people and their relatives. So much so that the folder in which they were kept was overflowing. Some of the comments received said that the team was 'excellent'. Another person had written that they were 'absolutely delighted with all aspects of the home.' Finally a person wrote, 'I knew this was the best place and I wasn't proved wrong.'

# Is the service well-led?

## Our findings

At this inspection we found that the home was still well-led. The rating remains good.

The service had a registered manager in place. People knew who the registered manager was and we observed that the manager was visible within the home. One person said, "I would go to the 'head one' in the office and they sort it out". A relative said, "[Registered manager] is approachable." A second relative said, "[Registered manager's] door is always open." 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.

The registered manager was aware of the day to day activities in the service. We observed them interacting with people and staff. It was obvious from our observations they knew the people and staff well. Both were comfortable in their presence and there was a good rapport between them all.

We observed that staff were calm and well organised. Staff sat with residents to talk with them and brought them news from the community.

It was clear that there were positive working relationships with staff and management and staff felt valued by the service. One member of staff said, "[Registered manager] is motherly towards us, she looks after us." Another member of staff also said that the registered manager was, "very approachable." A third member of staff said, "The work is not trying, we are family orientated and get a lot of support from [registered manager]."

Monthly staff meetings and residents meetings were still in place and we also saw that the registered manager kept in touch with relatives on a regular basis via e-mail, telephone and face to face meetings. We saw that they kept families in touch with what was happening in the home and any significant news that needed to be shared. One relative said, [Registered manager] is very dedicated, she comes in on the weekends, she goes above and beyond her call of duty."

There was an effective quality assurance system in place. The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.