

# Runwood Homes Limited

# Stenson Court

## Inspection report

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Date of inspection visit:  
04 February 2020

Date of publication:  
04 March 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



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

### About the service

Stenson Court is a residential care home providing accommodation and personal care for up to 62 people. At the time of the inspection there were 30 people living at the home. Accommodation is provided in two buildings, however only one was in use. All people at Stenson Court are to be moved to a new, purpose-built home a short distance away. The Stenson Court site will be re-developed to produce another purpose-built home. People will be able to move back to the Stenson Court site should they wish to do so.

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

Medication was predominantly managed safely. However, improvements were required in the recording of 'as and when required' medication. The provider was completing medication audits, but these had not identified the issues found at this inspection. Staff's competency to administer medication was regularly assessed. People said they enjoyed living at Stenson Court and staff said it was a good place to work. Everyone thought the home was a safe place to live and work in. Risks to people were assessed, enabling them to enjoy their lives and take acceptable risks, whilst keeping safe. The home reported, investigated and recorded accidents and incidents and safeguarding concerns.

People's needs and choices were assessed before they moved to the home and their care was delivered in accordance with current legislation and guidance. New staff members were provided with effective support when they first started work and a programme of regular training updates supported staff to keep their skills and knowledge up to date. Staff worked in partnership with a multi-disciplinary team to enable people to live healthier lives or manage long term medical conditions. People were supported to eat and drink enough to maintain a healthy diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home had a warm, welcoming and friendly atmosphere with staff providing care and support in a way people liked. We met staff who were caring and compassionate. We saw positive interactions taking place between people, staff and each-other during our visit. Staff observed people's privacy, dignity and confidentiality and encouraged and supported them to be independent. People had access to advocates, if required.

Care records contained enough detail to support staff to deliver person centred care in accordance with people's preferences and wishes. Person centred activities that encouraged physical, mental and social stimulation were available. End of life care plans were in place for those people who wished to engage with staff regarding end of life care planning. The provider supported people to spend their final days with dignity and pain free.

People were involved in making decisions, had access to a complaints procedure and their views sought through surveys and care reviews. There were various systems in place to ensure that aspects of the service

were quality assured and actions taken, where shortfalls were identified. The manager and staff worked with other organisations for the benefit of people using the service. The new manager was committed to drive improvements where they could.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 5 April 2016). There was also an inspection on 28 May 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** 

# Stenson Court

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Stenson Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. However, they had recently left the organisation and their registration was not yet cancelled. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A registered manager from another of the provider's homes had been appointed and was in the process of becoming registered with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with the manager, deputy manager and two staff.

We reviewed a range of records. This included five people's care plans and a range of people's medicines charts, risk assessments, staff rotas and staff recruitment records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

#### After the inspection

We reviewed and analysed all the information gathered during the inspection.

# Is the service safe?

## Our findings

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

At the inspection on 9 March 2016 this key question was rated as good.

### Using medicines safely

- People received their medicines as prescribed and we found no evidence people had been harmed. However, we identified not all current practice within the service fully protected people from risks associated with medicines and required some improvement. For example, liquid and creamed medication did not have an opened-on date recorded and some 'as and when required' [PRN] medicines did not have a current medicine administration record [MAR].
- Some people were prescribed PRN medicines such as paracetamol for pain relief. Protocols showing when these medicines should be administered, the amount to be administered and the maximum permitted daily dosage were not routinely in place for all people or individual PRN medicines.
- We discussed these issues with the manager and deputy manager. They took immediate action to review all the PRN protocols and strengthen the recording processes.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect vulnerable people from the risk of abuse.
- Risks were minimised because staff had received training and knew how to recognise and report any suspicions of abuse. Staff were confident that action would be taken by the management team to ensure people's safety if they reported concerns.
- People told us the service was safe. One person told us, "Oh yes, I am very safe here."
- The registered manager understood their responsibilities to report incidents of safeguarding to the local authority and CQC.

### Assessing risk, safety monitoring and management

- People's support needs were assessed, and care plans provided staff with the information they needed to manage any identified risks. For example, people at risk of falls had plans in place to mitigate the risk, and equipment such as sensor mats were in place.
- Health professionals such as speech and language therapists and physiotherapists had been involved in advising on safe practices and any equipment required.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP's) which guided staff on how to help people to safety in an emergency.
- Checks were completed on the environment to ensure it was safe including hot water temperatures, electrical appliances and equipment to support people with mobility and personal care.

### Staffing and recruitment

- People were protected because safe recruitment processes were in place.

- Sufficient staff supported people to ensure they were safe. Staff were observed spending time with people chatting and call bells were answered promptly. There was a strong visibility of staff throughout the service.
- The manager completed a dependency tool to ensure suitable numbers of staff were employed.
- Relatives and people told us there was enough staff. Comments included, "There are always staff around," "I never have to wait for long if I need them" and "There seems to be enough staff, I've never noticed any issues."
- However, some staff we spoke with did not feel there were always enough staff. We discussed this with the manager who told us staffing levels would be discussed at the next team meeting.

#### Preventing and controlling infection

- Effective cleaning practices were in place. The home was visibly clean and tidy throughout. Staff had received training in infection control practises.
- Domestic staff were employed to keep the home clean including completing laundry tasks.
- There was an adequate supply of personal protective equipment (PPE) to help minimise the risk of cross infection. A member of staff told us, "We are never short of things like disposable gloves and aprons."

#### Learning lessons when things go wrong

- The home maintained accident and incident records and there was a whistle-blowing procedure that staff said they would be comfortable using. Incidents were analysed to look at ways of preventing them from happening again.
- People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded, and the manager analysed them to identify patterns and trends.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 9 March 2016 this key question was rated as good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team completed a detailed assessment of people's needs before they came to live at Stenson Court. This was to make sure people's needs could be fully met and the home had a detailed understanding of how the person wanted their support to be provided.
- Any protected characteristics under the Equality Act 2010 were identified, such as religious and cultural needs and lifestyle preferences.
- There was a holistic approach to assessing, planning and delivering care and support. Best practice guidance had been referred to. For example, people's skin integrity was measured against any significant risk factors such as the person's age and weight.
- Staff we spoke with clearly knew the needs of the people they were supporting. We monitored a variety of staff interacting and supporting people throughout our inspection. The interactions we observed were person centred, caring and met the person's assessed needs as detailed in the person's care plan.
- A relative we spoke with, told us people's needs were met effectively. One relative said, "Everything is great, and mum is so much healthier."

Staff support: induction, training, skills and experience

- New staff members were provided with effective support when they first started work at Stenson Court. They completed an induction to the service and staff new to care started working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care staff to work to.
- During the induction period staff spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. One member of staff told us, "The shadowing really helped me get to know people and gave me comfort and confidence."
- A programme of regular training updates supported staff to keep their skills and knowledge up to date and relevant to the needs of the people they supported.
- Staff felt supported and had opportunities to meet with their managers to discuss their personal development. One staff member told us, "There is plenty of training available throughout the year. We also get to discuss training and other aspects of work at one to one meetings and appraisals."

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

- People had care plans that included health, nutrition and dietary information. Where appropriate, there were nutritional assessments and fluid charts completed which were regularly updated.
- Staff observed and recorded the type of meals people received, to encourage a healthy diet and make sure people were eating properly.
- When required, the kitchen were able to produce meals which accommodated people's religious beliefs,

allergies and preferences. Staff respected and facilitated people's wishes to eat with others or on their own.

- People told us they enjoyed the food. Comments included; "The food is always lovely," and "The food and mealtimes in general are very good indeed."

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

- People had their own rooms, which they could personalise to their individual tastes and spend time in private with family and friends.
- People had access to a variety of indoor areas which were decorated with items to engage and stimulate their interests. There was an enclosed courtyard garden which people could access safely.
- Despite the plans for the home to move temporarily, there was a programme of redecoration in place.

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

- Staff supported people to access relevant healthcare professionals. For example, access a GP, district nurses, mental health team or speech and language therapist.
- Staff recognised changes in people's health and sought professional advice appropriately. Records showed staff contacted health care professionals promptly and followed their advice.
- People's oral health care needs were met. Care records provided guidance for staff about meetings people's oral care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and promoted by staff. One person told us, "I make all my own decisions. Staff always ask me I want and I choose."
- People were supported by staff who understood the principles of MCA. Staff had received training in this area and told us they would consult people's care plans if they needed to access relevant information about people's mental capacity assessments. Where people were being deprived of their liberty, applications had been submitted to the local authority. Staff were aware of who had a DoLS in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection on 9 March 2016 this key question was rated as good.

Ensuring people are well treated and supported; respecting equality and diversity

- People and visitors were positive about the care and support they received and the approach and demeanour of staff. Comments included, "They [staff] are always helpful and kind", "Staff are wonderful," and "Our experience has always been that staff are excellent."
- People were relaxed in and enjoyed the company of staff and each other. This was reflected in what they said and their positive body language. Everyone shared a lot of laughter during our visit and no one was left out.
- People's religious beliefs were recorded in care plans and people were supported to follow their faith if they chose to do so. An LGBT poster in the reception area declared Stenson Court was a positive place to live and work. LGBT is an initialism that stands for lesbian, gay, bisexual, and transgender.
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time.

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

- The provider encouraged the involvement of people and relatives in decisions about people's care. Comments we received confirmed people and relatives had been involved in planning and reviewing care. One person said, "We always discuss things about my care," whilst a relative added, "We are always kept informed and consulted."
- People's needs were reviewed and where needed, updated, by staff who knew people well.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities to protect people's privacy and dignity and we observed staff knocking on people's doors before entering their bedrooms. People's records of care were kept securely.
- Staff treated people with dignity and respect. Staff received training in dignity, equalities and diversity. Staff were observed addressing people by their preferred name and speaking to people in an appropriate tone and positioning themselves, so the person knew they were talking to them.

# Is the service responsive?

## Our findings

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

At the inspection on 9 March 2016 this key question was rated as good.

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

- People had care plans which set out their individual needs and preferences to make sure staff knew how people wished to be cared for. Care plans covered people's basic needs. Whilst there was some person-centred information available in care plans, some areas required updating. We discussed this with the manager who told us they would review the care plans and ensure they were fully up to date.
- Staff met people's needs and wishes in a timely way, and in a manner that people liked and were comfortable with.
- The care plans we reviewed included people's likes and dislikes and their preferences for how their care should be delivered. Staff told us that people's care plan gave them the information they needed to meet people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation, home and staff with clear information available to make it easier for people to understand.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in activities to occupy them. Activities included games, exercise classes and puzzles. Since December 2019 these activities had been organised by additional care staff as the provider was in the process of recruiting an activities coordinator. A person told us, "I like the singers when they come in, they have wonderful voices."
- People maintained relationships which mattered to them. During our inspection some relatives were visiting their loved ones. We saw how they were welcomed and that they were given the space and time they needed with their relative.
- Some people living at the home chose to spend time together and we observed positive interactions between people living at the home.

#### Improving care quality in response to complaints or concerns

- Although people said they had no complaints they knew how to raise a complaint or concern and were happy they would be listened to and resolved. One person told us, "I've never had to complain about anything, but if I did I would speak to the manager or staff." Other comments from people included, "What is there to complain about?" and, "I have never had to raise any complaint or concerns, but I have faith the staff would sort it out."
- Information on how to make a complaint was available on a notice board in the entrance hall.
- A record of concerns and complaints made about the service was maintained. Records showed issues were resolved in line with the provider's complaint procedure.

#### End of life care and support

- Where applicable, people's care plans contained end of life information. The manager was aware of the importance of discussing and recording people's end of life wishes. Information in relation to people's funeral plans, where they had one, was well documented.
- On the day of inspection nobody living at the home was receiving end of life care.

# Is the service well-led?

## Our findings

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

At the inspection on 9 March 2016 this key question was rated as good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection there had been some changes to the management of the service. A new manager had recently commenced employment at the home. The manager was registered at another of the provider's homes and was in the process of registering with CQC for Stenson Court. They would be the registered manager for the new site.
- People, their relatives and the staff were aware of the management changes and the move to the new site. One relative told us, "I think this might be the fifth manager in three years. The knock-on effect is a lack of continuity on things like relative meetings." The manager told us they were aware of this and said their time would be given equally to both services.
- Quality audits were in place to check infection control, the environment, maintenance, staff performance and care planning. These were completed by the staff, the manager and senior staff.
- There were systems to review accidents, incidents, complaints, falls, pressure wounds and safeguarding referrals for any themes and ensure appropriate action had been completed.
- Throughout the inspection the manager and senior staff were open and transparent and were proactive in their responses to our findings. For example, the manager told us they would seek to make the medicines audit more robust to ensure the issues raised would be identified in future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the service and the delivery of care. Comments included, "All the staff are fabulous," "I get good care here," and "I have no complaints about anyone who works here. All the staff are very nice."
- Staff morale was positive and they all told us they enjoyed their work within the home. One staff member said, "We know what's happening with the move and it will bring some stability, which is good."
- The staff team worked well together, and communication between the staff, deputy and the manager was effective.

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

- The manager told us since being in post they were in the process of organising regular relative and resident meetings. They said they operated an open-door policy for everyone and we saw a poster where the manager had made their phone number available, should anyone wish to contact them out of hours.
- People and their relatives had been informed and engaged regarding the home moving.
- The systems in place promoted effective communication with staff including handover meetings and staff

meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.

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

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- The provider had informed the CQC when relevant events had happened at the service, as it is legally required.
- Ratings from our last inspection were displayed in the service, in line with legal obligations.

Continuous learning and improving care

- The manager and staff team had learnt and improved care in response to previous accidents, incidents and safeguarding concerns. This was not exclusive to Stenson Court as learning from incidents at other homes within the organisation was cascaded.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with a wider group of healthcare professionals.
- Relatives told us the communication was good with the home. One relative said, "I am always kept updated and informed. They're very good at that."