

Runwood Homes Limited







Frank Foster House

Inspection report

Loughton Lane
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Essex
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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

This inspection took place on 9 and 10 September 2015.

Frank Foster House is registered to provide accommodation with personal care for 78 older people. People living in the service may have care needs associated with dementia. There were 71 people living at the service on the day of our inspection.

The manager had been appointed since our last inspection and had made an application to be registered with the commission as required. 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.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people and keep them safe. There were also processes in place to manage any risks in relation to the running of the home.

Summary of findings

Medicines were safely stored and administered in line with current guidance to ensure people received their prescribed medicines.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. Staff were well trained and used their training effectively to support people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs and took into account their personal preferences.

People were well cared for by kind and caring staff who treated them with dignity and respect. Visitors were welcomed and relationships were supported.

People's care was planned and reviewed with them or the person acting on their behalf. This made sure that people's preferences were included and that staff had information on how best to meet people's needs. People were supported to participate in social activities that interested them and met their needs.

People felt able to raise any complaints and were sure they would be listened to. Information to help them to make a complaint was readily available.

The service was well led; people knew the manager and found them to be approachable and available in the service. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. Systems were in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

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.

The provider had systems in place to manage safeguarding concerns and to manage risk for the safety of people living in and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs.

People's medicines were safely managed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

Guidance was being followed to ensure that people were supported appropriately in regards to their ability to make decisions and to respect their rights.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

People were treated with kindness. People, or their representatives, were included in planning care to meet individual needs.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Good



Is the service responsive?

The service was responsive.

People were provided with care and support that was personalised to their individual needs. Staff understood people's care needs and responded appropriately. People had activities they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well led.

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Systems were in place to gather information about the safety and quality of the service and to support the manager to continually improve these.

Good



Summary of findings

Opportunities were available for people to give feedback, express their views and be listened to.

Frank Foster House

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.

The inspection visit was undertaken by one inspector and an expert by experience on 9 September and by one inspector on 10 September 2015 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses care services, in this case, for older people.

Before the inspection, we looked at information that we had received about the service. This included information

we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with eight people and eight of their visiting relatives. We also spoke with the manager, the deputy manager, the provider's representative and six staff working in the service. We received information from a health care professional who had regular contact with the service.

We looked at eight people's care and medicines records. We looked at records relating to seven staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People indicated they felt safe and comfortable in the service. Relatives told us that they were confident that people were safe. One person said, "It feels very safe here." A relative said, "[Person] is very comfortable here. We are happy that [person] is safe here." Another relative said, "We feel [person] is safe now and so do they."

People had access to information on who to speak with if they felt concerned for themselves or others. The manager and staff had a good understanding and knowledge of how to keep people safe from the risk of abuse. Staff had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. The manager had maintained clear records of any safeguarding matters raised in the service. These showed that the manager had worked with the local authority to ensure people were safeguarded.

People lived in a safe environment. Risks were identified and individual written plans were in place to guide staff to manage this safely and to limit the impact of individual risks. Staff we spoke with were aware of people's individual risks. We saw that staff used safe moving and handling techniques and required equipment when supporting people to transfer from one place to another. Equipment used by people, such as hoists, was tested regularly to make sure it was working properly. The manager told us they had ordered individual slings for each person to reduce the risk of cross infection. The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included fire safety, the environment and dealing with emergencies.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Staff told us that references, criminal record and identification checks were completed before they were able to start working in the service and they had a detailed interview to show their suitability for the role. This was confirmed in the staff records we reviewed.

Overall, most people felt there were enough staff available to meet people's needs safely. One person said, "They are probably pretty stretched. It's bare minimum. If the alarm is pressed, it depends how long they take to come. They have to prioritise." One person said, "I just press the buzzer and they are here in no time at all. Less than five minutes." Another person said, "Staff are around and you do get help when you need it. I have the buzzer." People were supported by sufficient numbers of staff to meet their needs safely. Staff confirmed that staffing levels were suitable to meet people's needs. We saw that staff were available when people needed them and call bells were answered promptly. Catering and housekeeping staff regularly helped out at busy times each day, such as at mealtimes, to ensure people had sufficient staff support.

People were satisfied with the way the service managed their medicines. One person said, "I take lots of medicine. It's always on time" and another said, "I don't know what (I take). It's reasonably on time." A relative told us, "[Person] gets their medication on time." People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at suitable temperatures to ensure that medicines did not spoil. Medication administration records were consistently completed and tallied with the medicines available. We observed staff administering people's medicines and saw this was done safely and with respect. Systems were in place to check some medicines on a daily basis to ensure their safe management.

Is the service effective?

Our findings

People were cared for by staff who were well trained and supported in their role. One person said of staff, "In the main they're pretty good" and another said "They seem fine." Staff had had an induction when they started working at the service and had worked alongside more experienced staff to begin with. Staff told us that their induction and training provided them with the knowledge they needed to meet people's needs safely and effectively. The manager's records showed that in addition to basic training and updates, a number of training sessions on areas relevant to people living in the service had been provided recently. This included, for example, pressure area care and diabetes care so that staff had the necessary knowledge to support these specific needs. Staff told us that they felt well supported in their work through regular supervision and staff meetings.

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. People were asked for their consent before care and support was provided. We heard staff check with people that they were happy with what was happening and that the pace suited the person. Care records showed that people, or their relatives, had signed to confirm their consent to their care.

People's ability to make day to day decisions had been recorded and decisions put in place in their best interests where they were unable to make these. The manager identified that some additional assessments were required, such as in relation to sensor mats and door gates. The manager confirmed this would be actioned immediately. The manager had completed training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This had yet to be cascaded to staff.

Appropriate applications had been, or were being, made to the local authority for Deprivation of Liberty Safeguards (DoLS) assessments and some authorisations were in place.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. People told us that they liked the quality and choice of meals and drinks provided. One person said, "The food's not bad. You get enough. You can have what you want really." Another person told us, "I'm fussy with food. They'll always give you an alternative. There's plenty. The plates are too big. There's always tea and cups of coffee. They make sure you drink water."

People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. People received the support they needed to ensure they received a nutritious diet. Snacks, including fresh fruit, were available throughout the day. People's weight was routinely recorded and monitored to support their health and well-being. Staff had a good understanding of each person's nutritional needs and how these were to be met. One relative told us "They liquidise the meals and feed [person]." Where staff supported people to eat, they sat with the person and assisted them in a calm and unhurried way to allow the person to enjoy their meal.

People were supported to maintain good health and had regular access to health professionals when required. This included GPs, opticians and chiropodists. One person said, "When I need them [health professionals] I see them." Relatives told us that people's health care needs were well catered for and they were supported to access external health support services. A relative told us, "The chiropodist comes every eight weeks. Staff check for pressure sores every day." Another relative said, "The GP comes out if they're concerned. They're on the ball. They ring us up." A health professional told us that staff knew people and their needs well and always provided appropriate information.

Is the service caring?

Our findings

People lived in a caring environment. People's comments included, "There's no faults in here. It's marvellous. Nothing is too much trouble for these [staff]. They're ever so good" and "There's a nice atmosphere, chatty, friendly." A visitor said, "The staff are kind. One big happy family." A health professional told us, "Staff are very caring and committed and work very hard." Where people were unable to tell us their views we saw that they had positive relationships with staff. There was a good rapport between the staff and the people they supported, and people living in the service interacted freely with staff. Staff took time to reassure people. We heard a staff member, who was using a hoist to transfer a person, address the person by name and say, "Don't worry, you are going up now. You are doing good, just hold on here, its ok, please don't worry."

People's care documents showed that people and their relatives had been involved in the assessment, planning and review of their care. Care records noted people's preferences such as in relation to food and drinks, social activities or how many pillows they liked. People were encouraged and supported to make choices and decisions in their daily life. People told us they could choose how they spent their day and whether or not to join in with the activities available. Staff asked people's view such as if they would like to sit at the table in their wheelchair or transfer to a dining chair. Where people were unable to express verbal choices easily, staff gave them time to indicate their preferences through non-verbal cues such as nodding and smiling. People were provided with information in a way that helped them to make their own choices. There were large print menus on each dining table. Where people could not use the menu they were shown two plated meals and staff noted which one they indicated or seemed to look at with most interest.

People were also encouraged to maintain their independence and sense of well-being. While we saw that staff assisted people to eat their meals, they also activity encouraged people to try to eat themselves. We noted that one person made their own tea in the café area, guided by their relative. A relative said, "[Person] used to be lonely. Now they are forever busy. The staff are very good. They give [person] stuff to do – washing up, wiping the table. It's a wonderful place to be." A wall display showed a large word search illustration with the word 'Dignity' indicated. This had been completed by people using the service. People were supported to maintain relationships that mattered to them. People told us their visitors were always welcomed. This was confirmed by visitors were spoke with.

People who needed support with personal care were assisted discreetly and with dignity. Staff spoke quietly with people about matters relating to personal care. We saw, for example, that staff made sure that a person's legs were covered and their clothing properly in place while they were being moved from one chair to another using a hoist. A healthcare professional told us that staff respected people and their dignity by ensuring they could be met with in a private area and by the way staff spoke with people.

Staff told us they respected people's privacy by ensuring they knocked on bedroom doors and by ensuring doors were closed while personal care was being provided. We observed this throughout our inspection. We heard staff ask people if they would like their bedroom doors left open or closed. People's private information was respected and records were securely stored.

Is the service responsive?

Our findings

People received care that was responsive to their needs and wishes. One person said, “They look after me reasonably well. I’m happy and well looked after.” A relative confirmed that the person was well cared for and that their needs were met. They said, “They help [person] to shower and to dress well, which has always been important to them.” Relative’s comments, recorded as part of reviews of people’s care, showed the relatives felt that people received the care they needed

People’s care was planned in a way that reflected their individual specific needs and preferences. A plan of care was in place for each person based on their individual assessment and included information on how they wished to be supported and cared for. Care plans included important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. Staff were able to support people in line with the information contained within care plans and information provided at a handover of each shift so they knew the care to provide to people at that time. We saw that staff supported one person to sit near the window as this was their preference. Staff knew that some people had their own cups or mugs as that was what they liked and made sure that people used these when provided with a drink.

Staff were able to tell us about people’s care and support needs, such as who needed repositioning and how frequently, so as to help prevent the development of pressure ulcers. This was confirmed in people’s care records and the records of support provided to people. We noted however that the setting on two people’s mattresses was not accurate to the person’s weight. The people were not in bed at the time and none of the people living in the service had a pressure ulcer at the time of our inspection. The manager put a system in place immediately to ensure that the mattresses were always checked before people went to bed.

People had opportunities to follow social and leisure pursuits that interested them. People told us about outings

to the pub, dancing with the staff and enjoying birthday celebrations in the service. Information on people’s life histories and past interests were provided by some relatives. These provided staff with prompts for conversation and ideas in the planning of social activities. One person’s faith was recorded as important to them. An area of one of the smaller lounges had been arranged to support this as a quiet prayer area. A relative told us, “[Person] enjoys church services and they have a Baptist service every week.” The activities organiser had been in post for many years and knew people’s individual needs and interests. They arranged a wide range of activities and demonstrated commitment to ensuring that everybody’s interests and abilities were catered for.

The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which a response and actions would be implemented so people knew what to expect. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider’s response. Information on how to make a complaint was displayed and in an appropriate format to make it more accessible to people.

A system was in place to record formal complaints and to show any outcomes or learning identified. We saw that people’s concerns had been responded to promptly, meetings had been offered with the manager, and records confirmed that people were satisfied with the outcome. We saw, for example, that the manager had sent a photograph to one relative to show them how well the person using the service looked following a successful visit from the hairdresser.

An informal system for people to share their comments and suggestion was available. People also had the opportunity to share their view of the service on the provider’s website. The manager told us that they monitored the website to ensure they were aware of all issues relating to the service and that they could demonstrate the authenticity of the reviews. They also showed us that there were recent complimentary comments about the service.

Is the service well-led?

Our findings

The service had a manager in post who was in the process of registering with the commission and who was supported by a deputy manager. Staff were clear on their role and the role of others in the service. They were also aware of the provider's visions and objectives for the service. The manager's expectation of the standard of care to be provided to people had been discussed in a staff meeting so that staff had a clear understanding of what was expected from them. The meeting also explained to staff that the management team would undertake regular unannounced night visits to review this and records showed that this had taken place.

The atmosphere at the service was open and inclusive. Staff told us they received good support from the management team who were always available should they need guidance. One staff member told us, "They are available and listen, the manager has patience. They are on call 24 hours a day if we need them." Staff were able to express their views in monthly staff meetings and told us that the management team listened to them and that they felt valued. Staff told us they enjoyed working in the service. A healthcare professional told us of improved communication and engagement with the service since the appointment of the current manager. A relative told us they knew the manager by name and said, "[Manager] often pops in to say hello."

The provider had a number of systems in place to monitor the standard of care people experienced. The manager and the provider's representative had carried out a range of audits and checks to assess the quality and safety of the

service and to ensure continuous improvements. Where audits showed that improvements were needed, action plans had been produced. These had been reviewed and updated to ensure that the actions were completed and the improvements achieved.

The manager demonstrated that they were open to working with other organisations to improve the safety and quality of the service people received. The service was part of a project to improve safety, reduce harm such as from falls and pressure ulcers and to reduce emergency hospital admissions for people living in care homes. The manager told us that analysis showed that the number of falls in the service had recently decreased. Another initiative the service participated in involved looking at additional ways of helping people stay hydrated and improve their health and well-being. Training to support these schemes was provided by the local authority in agreement with the provider.

People were involved in shaping the service. The provider's representative sent us a copy of the last quality satisfaction survey which was completed before the current manager started working in the service. This showed positive responses to the care and quality of the service people received and no areas for improvement were raised. People had regular opportunity to express their views at quarterly meetings. Dates of the meetings for the year were displayed so that people had opportunity to plan their attendance. Minutes of the last meeting were displayed so that people had access to information and could see the actions taken. These included suggested improvements to the garden and wall murals, which had been completed.