

## Runwood Homes Limited

# The Grange

### Inspection report

69 Southend Road,  
Wickford,  
Essex,  
SS11 8DX

Tel: 01268 766466  
Website: [www.runwoodhomes.co.uk](http://www.runwoodhomes.co.uk)

Date of inspection visit: 24 and 25 November 2014  
Date of publication: 17/03/2015

#### 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



#### Overall summary

The inspection took place on the 24 and 25 November 2014.

The Grange is one of a number of services owned by Runwood Homes Ltd. The service provides care and accommodation for up to 43 people who may need assistance with personal care and may have care needs associated with living with dementia.

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.

Medication had generally been well managed, but some mistakes were identified whilst checking records and improvements were requested to ensure people were kept safe.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would

# Summary of findings

take to protect people. We saw that there were risk assessments together with plans on how the risks were to be managed and people had been supported with taking every day risks.

Recruitment checks had been carried out before staff started work and appropriate documentation received back. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and appropriate documentation had been completed. We saw that mental capacity assessments had been carried out where people were not able to make decisions for themselves.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They told us that the food was good and said that they were able to choose alternatives if they were not happy with the choices offered on the menus.

People's healthcare needs had been met. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

People had agreed to their care and that they had been asked how they would like this to be provided. They were treated with dignity and respect and staff provided care in a kind, caring and sensitive manner.

Detailed assessments had been carried out and that the care plans were developed around the individual's needs and preferences.

People knew how to complain. The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response. We saw that complaints had been recorded and any lessons learned from them had been actioned.

We found that the service had an effective quality assurance system. The provider's representative, the registered manager or the deputy manager was in the home every day and people knew who they were and had access to them if needed. Meetings had been held for the people living at the service and for the staff. People felt listened to and their views and opinions had been sought and the service had made appropriate improvements.

# 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?

This service was not always safe.

Medication was not well managed and improvements where necessary.

People told us that they felt safe and that staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Requires Improvement



### Is the service effective?

This service was effective.

Staff that were well trained and supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

Good



### Is the service caring?

This service was caring.

People received consistent, personalised care and support and they had been fully involved in planning and reviewing their care.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Good



### Is the service responsive?

This service was responsive.

The care needs of people who lived at the service had been assessed and planned so as to ensure that the delivery of care met the needs of the people they supported.

People told us that the staff provided care and support that is tailored to their individual needs and preferences.

People were empowered to make choices and had as much control and independence as possible.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted upon.

Good



### Is the service well-led?

This service was well-led.

Good



# Summary of findings

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

# The Grange

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on the 24 and 25 November 2014.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection we also reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with eight people who used the service, four visiting relatives, one health and social care professional, the registered manager, deputy manager and five members of the care staff.

Not everyone who used the service were able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal areas and also the dining room. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who are unable to talk to us due to their complex health needs.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two newly recruited staff members, their induction records and staff support records.

We also looked at the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and staff training and support records.

# Is the service safe?

## Our findings

People told us that they felt safe living in the home. Comments included, “Yes I feel safe. The staff are very friendly.” Another person said, “Oh yes safe, all the staff are very nice.” A relative told us, “Safe yes, oh yes definitely.”

Medicines had been stored safely and effectively for the protection of people using the service, but they had not always been administered or recorded in line with the service’s medication policy and procedure.

We reviewed the medication records of seven people. Generally we saw that medicines had been routinely recorded and signed for, but we did find some discrepancies in the recording of medication on two people’s medication charts. Staff had recorded that one person’s medication had been given, but then changed this to show that it had been refused. Another person had two tablets remaining that should have been administered two days previously, but the staff member had signed to say that the medication had been received. The records were incorrect and the person in question had missed their medication. This was brought to the manager’s attention who arranged an immediate investigation into this issue.

Each person’s Medication Administration Records (MAR) sheets were accompanied by their photograph and a record of any allergies they may have. This supported staff to ensure that the correct person received the correct medicines prescribed for them. There was also a record of medicines that had been destroyed or returned to the pharmacy when they were no longer needed. This meant that all medicines could be safely accounted for. The deputy manager was in the process of producing a document which would help staff identify when people required ‘as and when’ medication and this included signs and symptoms to be aware of for each individual.

Staff involved in managing medicines had received medication training and competency checks had been completed. Regular weekly audits had been completed and these were viewed. The medication concerns that had been raised during the inspection had only occurred over the past two to three days, so would not as yet been picked up by previously completed audits. Since our inspection we have received confirmation from the manager that action has been taken with regards to medication to help ensure they provide a safe system and people receive the

medication prescribed to them. The staff have had group discussions and supervisions around auditing and recording, and medication training has also been booked for all senior staff on the 4 December 2014. This was to help ensure they had a clear understanding of the service’s medication policies and procedures and to help keep people safe.

The staff we spoke with confirmed that they knew how to protect people from abuse and avoidable harm and had completed training. When questioned were able to express how they would recognise abuse and how they would report any suspicions. They were also aware of the whistle blowing procedure and described who they would take any concerns to. The service had policies and procedures in place and these were there to help guide staff’s practice and to give them a better understanding. It was noted that the service had ‘Ask SAL’ posters around the home which provided the reader with information on who they could contact if they had any concerns or wished to report any form of abuse. This showed that staff were aware of the systems in place and these would help to protect the people living at the service.

When looking at people’s files it was clear that risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe. Care plans assessed a variety of risks to people including falls and risks related to people maintaining their independence. We saw that where risks had been identified, care staff managed these without restricting people’s choice and independence. People had been had also been part of the risk assessment process where possible.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service was well maintained and that people lived in a safe environment. No areas of concern were seen during our visit and the manager had systems in place and the support of a maintenance person should risks be identified.

People and relatives told us they thought there was enough staff. One relative spoken with said, “When you press the buzzer the staff pop in quickly and see what is up and if they say they will be with you soon they usually are.” People who lived at this service reported, “Yes sometimes a bit long, dealing with other problems, but staff always

## Is the service safe?

respond when I press the buzzer, they come and let me know they will be back.” People were well supported and we saw good examples where they were provided with care quickly when requested.

There were systems in place to monitor people’s level of dependency and help assess the number of staff needed to provide people’s care. Due to changing needs of some of the people living at the service the manager had requested

other healthcare professionals to complete nursing need assessments, to help ensure they had the resources available to provide the required care. This process was on going.

The provider had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. We viewed the files of two recently recruited staff members and both files contained the required information and included health declarations, identification, references and checks from the Disclosure and Barring service (DBS).

# Is the service effective?

## Our findings

People we spoke with told us that staff met their needs and that they were happy with the care provided. One relative told us, “The staff are lovely, they know how she ticks and I wouldn’t want her to be anywhere else.”

Throughout the inspection we saw that staff had the skills to meet people’s individual needs. Staff communicated and interacted well with people who used the service and they provided help and support where needed. People who lived at the home and their relatives told us they thought the staff were trained to meet their family member’s needs. Comments included, “The staff are well trained. I haven’t found fault,” and, “The staff are very well trained, by the way they lift [person’s name] from their chair into their wheel chair.” One relative said, “Staff train quite a bit, they are always on courses.” The staff spoken with confirmed that their training was up to date and many had also completed a recognised qualification in care.

Staff had been provided with the knowledge and skills to carry out their roles and responsibilities as a care worker. Newly recruited staff had completed an induction and this included information about the running of the home and guidance and advice on how to meet the needs of the people using the service. Staff said the induction was very good and had provided them with the knowledge they required.

Staff had been well supported in their role as care workers and one staff member added, “The staff have been really good and supported me. There is good team work and everyone works together.” Documentation seen showed that staff had been seen regularly during one to one sessions, meetings and appraisals. Staff confirmed that these sessions were a good time to cover ‘any areas of concern.’

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions were required to protect people and keep them safe, this is done in line with legislation.

All staff we spoke with demonstrated an awareness of the MCA and DoLS. All had received training in the MCA and we saw that staff sought people’s consent before care and support was provided. The manager was aware of the recent updated MCA guidance and was updating records to comply with this. People told us that they had agreed to the service providing their care and support, where required people’s capacity had been assessed and identified whether further assessments were needed to help them make day to day decisions. This showed that they had up to date information about protecting people’s rights and freedoms.

People told us that they were supported to have sufficient to eat, drink and maintain a balanced diet. Comments about the food included, “The food is good. I have no fault with the food. They know I prefer fish to meat” and, “Very good I always have salads, my choice.” One visitor said that their relative didn’t eat very well when they first came to the service, but when the staff asked what they would like to eat they told them they wanted ‘egg and chips’. They added that every day they are given a choice and if they do not like the choice they still ask for egg and chips. They added that they were pleased their relative’s weight had increased from six stone to nearly nine stone. Jugs of juice were available and hot drinks and biscuits were made available to people throughout the day.

Menu boards showed that there was a varied menu and that people were offered choice and a healthy balanced diet. People were encouraged to be independent with eating, but where needed staff were observed offering support and assistance.

Care records showed that people’s nutritional requirements had been assessed. Where a risk had been identified, there were nutrition and weight charts in place to enable staff to monitor people’s nutritional needs and where they required assistance from a nutritionist or health care professional had been sought.

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other health care professionals when needed and this showed that staff tried to maintain people’s health whilst living at the service. People told us they saw their doctor when they wanted and said, “If I need the doctor the staff arranges it for me.”



## Is the service effective?

Feedback from relatives included, “Doctors and nurses visit at any time” and, “If my husband gets a pain or is not well, the carers know him, they immediately get the doctor or the district nurse.”

One healthcare professional we spoke with during the inspection stated that they found the home very good. They added that they were always contacted by the

manager if they had any concerns and found the staff worked together well to provide the care people needed and they were caring. Care records seen had been well maintained and the health care professional reported that they had seen an improvement in pressure care at the home and felt this was managed well.<Summary here>

# Is the service caring?

## Our findings

People we spoke with were happy with the care and support they received and were complimentary about the staff. One person told us, “Staff are pretty good at caring, they treat me alright and I treat them alright.” Another person stated, “I like to be independent and do what I can myself. Today I have just changed my bed and I am going to clean my bathroom later. I can press the exit buzzer at the end of the corridor when I want to go for a walk about; there is always someone about to help if I need it.”

We observed those people using the service who were unable to tell us their views to help us to understand their experience. We saw that people looked well cared for and were relaxed when staff supported them. Staff interacted with everyone and ensured that those who were unable to express their wishes were included in the conversations and activities were possible. Staff responded quickly to people’s needs and they were kind and caring in their approach. We noticed that staff engaged with people at every opportunity and that people responded in a positive way.

Staff interactions with people were positive and the atmosphere was relaxed and calm. People were treated as individuals and with respect and dignity. Staff knew the people they were looking after well and we heard them

addressing them in an appropriate manner. One relative said, “Their dignity is maintained, toilet doors are always closed. I have never seen anyone in an undignified position.” Another relative said, “When mum needs personal care they bring her through to the bedroom and shut the door.”

People had the opportunity to express their views about their care and support and the service. People said, “The staff listen to you and do what you ask” and, “The staff are very friendly and caring.” Regular meetings took place with people who lived at the service and this provided them with an opportunity to be able to discuss their likes and dislikes. Minutes of these meetings showed that people had had an opportunity to feedback regarding the care they received and also the running of the service. Relatives meetings had also taken place and the manager held a surgery once a week if anyone wished to speak to her or see her.

People’s relatives were involved in their loved one’s care. They told us that the service kept them informed about any changes to their needs. Where people did not have any family or friends to support them, the service provided information about local advocacy services who offer advice, support and guidance to individuals if they need assistance.

# Is the service responsive?

## Our findings

People felt that the staff were responsive to their needs. One person who lived at the home recalled that their care plan had recently been update and said, "Staff let me choose what I want to do." Another person told us, "I like to remain independent, I make my own bed and clean my bathroom and they let me. I like to have a little joke with the staff. Brightens up my day."

Relatives confirmed that they had been part of the care planning process and comments included, "[Person's name] care plan has been reviewed several times" and, "Staff are always writing up care plans and I often ask to look at it." Another person told us that they were involved in the care plan of their relative and was asked what their relative's likes and dislikes were.

People's needs had been fully assessed before they moved to the home. The care plans we reviewed contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. The assessment forms on the files were easy to read and quickly helped to identify each person's needs and would assist the service to identify whether they could provide the care required. Any care needs due to the person's diversity had also been recorded. When speaking with staff they were aware of people's dietary, cultural or mobility needs. People we spoke with said they had been part of the care planning process and their choices had been taken into consideration. They added that they received the care they needed. Files also contained evidence that people had signed to agree with their plan of care and that their care plans had been reviewed regularly and updated when changes were needed.

People were supported to follow their interests and take part in social activities. The service had two activity coordinators who arranged the activities at the service and these included trips out and regular weekly activities.

People had activity care plans were in place and these showed that staff had taken the time to get to know each individual and knew their likes and dislikes. One comment seen said, "X in armchair asleep comes alive with music."

On the day of our visit they were playing 'musical bingo'. A number of people had chosen to participate in this activity and were seen laughing and singing to the music. Whilst observing the activities it was noted that another person listened to the music with their eyes closed and was enjoying the experience. A relative told us that the local choir had visited last week and sang war songs and said she felt, "Music was a way of unlocking memories."

There were different themed areas around the service to help support people living with dementia to engage with their environment and others. There were lots of pictures around the hallways, including a 1950's area where there were photographs of film stars of a particular era. The service had a cafe area which was set out as a relaxing old fashioned tea room. In the afternoon some residents were in the cafe having scones and tea and then sang songs with the activities lady.

Compliments the service had received stated, "The Grange is a lovely welcoming place to come as a visitor. The tea room is a lovely place to sit" and, "The Grange is a very friendly place, all the staff are very helpful and always seem to be cheerful. Mum and I enjoy sitting in the tea room and garden. Thank you for the care you give (person's name)."

People found the staff and management approachable and felt they were able to raise any concerns they may have. The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Complaints had been received and there was a good record that these had been investigated and appropriate action taken. Upper management also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

There were a number of ways the service encouraged relatives and friends to give feedback and these also provided people with the opportunity to raise any concerns. Regular meetings took place with relatives and friends and there was also a suggestion box in the foyer for people to use. The manager had a surgery each week and had arranged one outside of normal working hours, so people had an opportunity to attend.

# Is the service well-led?

## Our findings

People told us they were happy at the service and one added that it was, “Pretty good.” At a recent visit by the operations manager they spoke with a number of staff and their comments recorded included, “I enjoy working here .... The home is definitely moving in the right direction. The staff are happy and the morale is high” and, “I like it here. I find the manager very helpful and supportive.”

The registered manager has been in post since February 2013. People told us that the manager and deputy manager were in the service most days. They added that they all knew who the manager was and they felt they could approach them if they had any problems. People and their relatives told us that they often saw the manager walking about the home and added that they felt they could approach them if they had any problems and communication was good. The manager was available and a visible presence in the service that people found easy to access if needed.

Staff we spoke with were complimentary about the management team. They said that they had received supervision and attended regular staff meetings. They told us that they felt listened to and that their ideas and suggestions discussed at team meetings were acted upon. They felt they were kept up to date with information about the service and the people who lived there. A regular handover took place between each staff shift so that important information was passed down to each staff team. One staff member stated, “I love it here and I like being with the people.” Another said that they, “Loved the job” and that the management and staff had been really good and supported them. They felt there was a good team and that everyone worked together and everyone was valued from the care staff to the care team managers. This meant that people benefitted from a cohesive staff team that worked well together to deliver good care.

The service had clear aims and objectives and also a ‘service user’s charter’, which included dignity, independence and choice. They also had staff who had trained as dignity champions and assisted staff in ensuring this was provided when assisting with care and support. The ethos of the service was made clear to people through the service’s aims and objectives and staff had a good understanding of the standards and values that people should expect.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, the service had produced an action plan which was regularly updated to show progress that had been made

The service had arrangements in place for people who lived at the service, their representatives and staff to provide their views about the care and quality of the service delivered. Annual quality assurance questionnaires had been sent to relatives and people who used the service to gather their views and opinions about the quality of the service. The information received back had been analysed and suggestions and improvements implemented. People told us that they felt that the quality of the service was good. One relative said, “Last week Runwood’s internal team talked to me, asking questions about the service.” Another relative told us that they recently filled in a questionnaire about the home and service. The service also had a compliment folder and this had a number of cards from relatives with positive comments about the care they had received whilst living at the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>People who used the service were not protected by safe medication procedures. This was in connection to the safe administration and recording of people's medication.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.