

Runwood Homes Limited

St Michaels Court

Inspection report

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28 April 2021

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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 ●

Summary of findings

Overall summary

About the service

St Michaels Court is a care home providing personal and nursing care to up to 88 people. There were 29 people living at the service at the time of the inspection.

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

People were supported to lead purposeful lives, engaging with their families and the local community. Whilst adjustments had been made due to the restrictions of the COVID-19 pandemic, measures had remained in place to ensure meaningful relationships and people's overall health and wellbeing was maintained.

People received their medicines as prescribed and were supported to have creams applied to their skin when required.

People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment, as people each had access to their own bedrooms with ensuite bathroom facilities.

The dining experience for people offered a choice of foods, which was well presented and encouraged people to have further helpings or try alternatives if they had changed their mind once the meal had been given to them. Staff supported people to maintain healthy food and fluid intakes, including through the use of snacks, and making people hot drinks during the night to help them relax and maintain their comfort.

Relatives repeatedly told us they felt comfortable speaking with staff, and would raise any concerns if they had them, with the registered manager. Relatives told us they were confident that any concerns or questions were always looked into and answered in a timely way. Relatives confirmed they were kept well informed of any changes in people's health or wellbeing, and we identified examples of where relatives worked alongside staff to support people's care needs.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate with breaches of regulations (report published on 12 November 2019). As an outcome of the inspection, the service was placed in Special Measures. We also requested an action plan from the service on how they were going to make improvements.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service has been in Special Measures since the 29 January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 safe.

Details are in our safe findings below.

Good ●

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 ●

St Michaels 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

On 22 April 2021, there were two inspectors. On 27 April 2021, there was one medicines inspector.

Service and service type

St Michaels Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced. Inspection activity was completed on 28 April 2021 when final inspection feedback was provided.

What we did before the inspection

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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality assurance team. We reviewed the provider's action plan from the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and observed care provided in communal areas. We spoke with nine members of staff including the provider's quality lead, registered manager, care and ancillary staff.

We reviewed a range of records. This included seven people's care records and 14 medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives, two registered nurses and a member of care staff by telephone. We received some additional documents we had requested, from the service. We provided final inspection feedback on 28 April 2021 by telephone, with the registered manager present.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection risks to people's safety were not managed effectively. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's individual risks and needs were fully assessed, and recorded in their care records. Care records were updated following incidents or changes in a person's support needs. Relatives told us they were asked by staff to contribute to people's care planning documents.
- The registered manager and staff were familiar with people's individual care needs. Daily staff meetings as well as shift handover meetings were in place to ensure staff were kept updated of any changes in people's risks and care requirements. Relative's feedback supported our inspection findings.
- People were supported to maintain their food and fluid intake and supported with changing their position to prevent the risk of developing skin ulcers. Where people were assessed to be at risk, for example with their skin, equipment was in place to mitigate those risks.
- Staff were trained and had their competencies checked in relation to moving people safely, using items of specialist equipment, or care techniques. This included specific tasks completed by the qualified nurses at the service.
- Staff told us they were kept up to date with the outcomes of any incidents, accidents or complaints. The registered manager used supervision sessions, staff meetings and daily meetings as an opportunity to keep staff updated and reflect on areas of improvement or any changes being made to practice.
- Relatives told us they were confident that if they raised any concerns with staff or the registered manager that action would be taken and changes made if required. Relatives told us staff would contact them with any information or concerns relating to the care provided.

Staffing and recruitment

At the last inspection, there were weaknesses identified in the recruitment of staff. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited safely. Staff told us they received a thorough induction when they started working at the service, and support from other members of the team to ensure they were familiar with their role and people's care needs prior to working alone.
- Checks and safety measures were in place to ensure newly appointed staff were suitable to work within care settings.

At the last inspection, staffing levels were insufficient, and shifts were not always fully covered. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were sufficient numbers on staff during the day and overnight. Staff were allocated tasks at the start of each shift, to ensure they used their time effectively. Relatives who had returned to visiting the service after the pandemic period, confirmed there were always staff available to speak with, or source assistance from when needed.

Using medicines safely

At the last inspection, there were weaknesses identified in the management and administration of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were being managed safely at the service. Medicines were stored securely, and records showed that people received their medicines as prescribed with regular checks of records in place.
- Staff were trained with competency checks in place, to give people their medicines safely. People's medicines were regularly reviewed by the GP to ensure they remained effective. Information about people's allergies and medicine sensitivities were accurately recorded.
- Staff had access to up to date information to ensure they gave people their medicines consistently and appropriately. Written guidance for medicines prescribed on a when required basis (PRN) was available for medicines prescribed in this way, with person-centred information on how people liked to take their medicines, for example from a spoon.
- Staff did not always have access to information where people had their medicines covertly (concealed in food or drink and who would otherwise refuse their medicines) or given via a tube directly into their stomach. We identified some of this information was either not available or needed to be updated after their medicines had been changed. We received assurances from the registered manager that all changes required had been made following receipt of inspection feedback.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules. Measures were in place throughout the service, in line with government guidance.
- We were assured that the provider was admitting people safely to the service. People were supported to

isolate on arrival, and screening checks were in place.

- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly. There were designated PPE stations, with access to lidded disposal bins for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Risk management plans were in place where there were limitations on space such as in the people carrying lift and stairways. People were supported to access spacious, communal seating areas, while maintaining social distancing for example at the dining table.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date. The registered manager had been part of a team within the provider, using their clinical skills and backgrounds to develop COVID-19 policies and procedures.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and protected from harm by staff. Staff knew how to recognise types of abuse, and who to report concerns to.
- People were reassured and made to feel safe by staff, from care we observed during the inspection. One staff member gave an example of how they made hot drinks for people who were unsettled and feeling worried during the night.
- Staff were up to date with safeguarding training and demonstrated implementation of training into their practice.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by consistent numbers of trained, competent and skilled staff. Staff had access to regular, role specific training and supervision to keep up to date with recognised best practice. Relatives gave positive feedback on the skill and knowledge of staff in relation to the individual needs of their family member.
- Staff had the necessary skills, training, and competency checks to ensure they maintained consistent standards of care. The service held a training matrix, monitoring staff completion rates, and ensuring staff attended refresher courses where required.
- Staff were trained in providing people with oral hygiene care and support and received training to ensure they understood risks and needs to be monitored.
- Qualified nurses received specialist training, competency checks and clinical supervision to maintain and meet the requirements of their registration.

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

At the last inspection, we could not be assured that staff always ensured consent to care and treatment in line with legislation and guidance. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Staff were following the MCA and DoLS principles when assessing people's capacity and abilities to make independent decisions. People and their families were fully consulted and encouraged to be part of the decision-making process; and these inspection findings were reflected in feedback received from relatives.
- The service had a list of all DoLS applications made to the local authority, and those that had been authorised. We found a couple of inaccuracies in the dates recorded when compared with the service's electronic records. However, this was immediately rectified by the registered manager.
- People were supported by staff in the least restrictive ways, to ensure people maintained independence, choice and control of their lives.

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

- People's own values, beliefs and preferences were respected by staff, and incorporated into people's care and support plans.
- Relatives told us they were consulted as well as people prior to and during the admission process, to ensure staff were familiar with their needs, social histories, and individual wishes.
- Staff followed nationally recognised best practice, and government guidelines to ensure care was delivered consistently and in line with expected standards.

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

- People were supported to eat and drink safely. Staff understood people's individual needs for example their seated posture when eating, or provision of adapted cutlery to aid independence.
- People's food and fluid intake was monitored during the day and overnight. Where concerns were identified, staff discussed this during shift handover meetings, to ensure additional checks or support were in place.
- People were offered choice at mealtimes. We observed staff to show people plated meals to assist with choosing what they wished to eat. If a person changed their mind, staff encouraged them to choose an alternative meal. People were also offered seconds if they wished to have them.

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

- Staff worked collaboratively with the GP, community health and social care teams as well as people's families to support people to maintain their access to medical appointments and treatments.
- Relative's views and involvement in people's care was highly valued by the service. We received examples of where relatives had been given essential carer status to enable them to contribute to the wellbeing support measures in place for example where people's mental health was being adversely affected by the pandemic lock down.
- The registered manager worked with external organisations as well as internal groups within the provider team to develop COVID-19 policies and procedures, to draw on their own clinical experiences as well as accessing other professional's knowledge and expertise.
- The service had a wellbeing programme in place, which had been particularly important during the pandemic and periods of lockdown, to ensure people's wellbeing was maintained when their families were unable to visit.
- People were encouraged to maintain their health and wellbeing, including through access to healthy meal choices, or provision of additional meals and calories where people needed support to gain weight for the benefit of their health.

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

- People were able to access the care environment both inside and outdoors, with access to equipment and adaptations maximising their independence and ease of movement.
- Staff were able to liaise with health care professionals to seek specialist equipment and assessments where people's needs and abilities were changing.
- People had their own specialist items of equipment in their bedrooms, with access to ensuite shower rooms, to maintain dignity with their personal care.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated as individuals, with staff recognising and celebrating people's individuality. People were encouraged to talk about their lives, careers and life experiences, and these were used to develop information in their care records and as a source of discussion with staff. People told us they liked the set up of their bedrooms, containing their own personal effects.
- People were supported to make and maintain individual life style choices, reflected in their personal preferences and wishes prior to moving into the care setting.
- Staff were observed to know and understand people well, reading their body language and facial expressions as well as what people were verbally expressing. Staff demonstrated a clear understanding of ways to communicate with people living with dementia.

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

- People were encouraged to attend meetings, to discuss standards of care, meal and menu planning and the activity schedule. Relatives told us they were also able to participate in relative meetings, which enabled them to give feedback and contribute ideas to the running of the service.
- Relatives consistently told us they felt their feedback was valued and taken seriously, and this has been particularly important during the pandemic, with restrictions on visiting.
- Staff were familiar with people's wishes and preferences and were observed to regularly source feedback during the inspection, for example on whether the person had enjoyed their meal, whether they wished to participate in an activity or wished to watch something different on the television. If people raised any concerns, we observed staff to act on these immediately.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to make choices independently. For example, in what they wished to wear, getting their hair cut, and wearing makeup. We observed a lovely interaction between staff and a person who had asked for the staff member to style their hair.
- People were encouraged to maintain their personal care and appearance. If people wished to access the toilet, we observed staff to speak to them privately and discreetly, and support them with minimal effort so as not to draw attention.
- Staff knocked before entering bedrooms and bathrooms, to maintain people's privacy and dignity. People appeared relaxed and comfortable to speak about personal matters with staff, and this information was responded to with care and kindness.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people received care that was individualised to them. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff were familiar with people's care wishes and preferences, and provided personalised care in line with people's care records. Person-centred care was consistently provided, and care records were developed collaboratively with people and their relatives.
- People were able to personalise their own bedrooms, to make them home from home, with their own items of furniture, and personal effects.
- People received personalised care and were supported to have choice and control over their lives and daily routines. For example, people were able to get up and go to bed when they wanted to, and choose where they wished to eat.

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.

- People were given information in accessible formats, including discussing information with people face to face, and in large print formats.
- People were able to access technology to aid communication with relatives and friends during lockdown. People were also able to listen to music and watch films with technology to aid their hearing.
- Staff used props and items of interest to support people's understanding of events and the context of information such as films. For example, people wore flower garlands and had decorated drinks glasses when watching information on foreign travel to enjoy a virtual trip away, as an alternative to travel during lockdown.

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 encouraged to develop new friendships and support networks to reduce social isolation. If people preferred their own company, or spent time in their bedrooms, staff provided activities on a one to one basis in people's bedrooms.
- Relatives were able to visit people and see them in their bedrooms or in outdoor areas of the service in line with government guidelines. During the pandemic, and lockdown periods at the service, staff supported people to maintain contact with their families through the use of technology, sending cards and making phone calls.
- People were encouraged to participate in the design of the service's activity timetable. Records of activities and photographs were kept in agreement with people, so they could send update information to their relatives.

Improving care quality in response to complaints or concerns

- Relatives were consistently in agreement that any concerns they raised with staff or the registered manager were addressed in a timely way, and this meant matters were addressed without the need to raise a complaint.
- The registered manager proactively sourced feedback from people and their relatives, and encouraged staff to act on any concerns received, and to ensure staff shared information with them to maintain transparency within the staff team.
- Complaints were investigated by the management team in line with the provider's policies and procedures. The service also kept compliments and thank you cards received, and shared these with the staff team.

End of life care and support

- People and their relatives were actively encouraged to discuss their wishes and personal preferences in relation to care and support at the end of their life. There were detailed care plans in people's care records, and guidance in place for staff to follow.
- People were regularly reviewed by the GP, and medicines were in place to aid pain management when required.
- People and staff were encouraged to celebrate people's lives and remember people. This included having stars and candles to remember people who had passed away.

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 last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to demonstrate good governance. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Relatives were complimentary about the level and standards of improvement that had happened at the service since the last inspection visit. Relatives told us this was as a result of having a hands-on registered manager, who was familiar with people's needs, and was described as, "Leading from the front." Relatives also recognised how hard the registered manager and staff team had worked throughout the pandemic, and were consistently grateful for the care provided.
- Staff were encouraged to speak openly with the management team. Staff told us they felt comfortable raising any concerns and speaking with the registered manager whenever they needed support or guidance.
- Staff received regular supervision and performance-based appraisals. They were able to access career development opportunities and encouraged to gain new skills to support their job roles.
- Staff attended daily 'flash' meetings, as well as shift handover meetings to ensure staff were up to date with any changes in people's needs and risks to ensure consistent standards of care.

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

- People's relatives were kept informed of any incidents or accidents when these occurred, as well as actions taken such as sourcing medical input for a person following a fall.
- The registered manager provided timely responses to complaints and concerns, and openly discussed lessons learnt with staff. We reviewed examples of where anonymous concerns had been received, fully investigated and openly discussed within the staff team during meetings, to maintain the complainant's anonymity, while ensuring action was taken.

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

- The registered manager understood their regulatory roles and responsibilities. Submission of notifications to the commission were overseen by the provider team.

- Staff were comfortable to challenge each other's performance where required, and raised any concerns identified with senior staff or the registered manager.
- Staff implemented training into their practice, and understood their roles, responsibilities and own accountability. Staff were proud and conscientious of their caring responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were encouraged to provide feedback on the care provided. There was the option for feedback to be provided anonymously, with an accessible feedback box in reception.
- Staff worked externally with health and social care professionals, as well as the qualified nurses within the service to achieve the best care outcomes for people. Guidance from professionals was incorporated into people's care records and followed by staff.
- There were links between the service and the local community. With the easing of lockdown restrictions, relatives and staff were keen to be able to start supporting people to safely get back out in the community.

Continuous learning and improving care

- Staff were encouraged to reflect on their practice, and access learning opportunities to continue to improve and develop.
- The registered manager and staff team demonstrated they had learnt from the findings from the last inspection, and made significant changes resulting in improvements to the care and support being provided.