

Runwood Homes Limited

Stafford Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Stafford Hall is a residential care home providing personal care and support for up to 40 older people some of whom may be living with dementia. At the time of our inspection 26 people were using the service. The service is set in an adapted building over two floors.

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

There was not always enough staff on duty to meet people's needs. Contingency plans for replacing staff when they were undertaking training had not been put in place. People did not always receive personalised care to access meaningful activities of their choice and to have a good mealtime experience.

The provider had made improvements to their processes for monitoring the quality and safety of the service since the last inspection. However, these systems were still not robust in addressing the staffing requirements to meet people's needs.

Safeguarding systems were in place to protect people from harm. People were given their medicines in the right way and at the right time. They were well managed by staff who were competent in their role.

Infection prevention and control measures were in place to prevent the spread of infection. Some lessons had been learnt when things had gone wrong. Staff were safely recruited in line with legal requirements and the provider had completed the appropriate checks prior to them starting work.

Risks to people's health and wellbeing had been assessed and were recorded and monitored. Care plans provided details of people's care and support 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.

The provider worked alongside other healthcare professionals in order to support people's health needs, making referrals and seeking additional support where appropriate.

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 requires improvement (published 19 August 2021). The service remains rated requires improvement.

At this inspection, we found the provider remained in breach of the regulations.

Why we inspected:

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We carried out this unannounced inspection on 10 October 2022 to review the key questions of safe and well led only. This was to follow up breaches of the regulations from the last inspection. We had also received concerns in relation to levels of staffing at the service.

At this inspection enough improvement had not been made and the provider was still in breach of the regulations. They sent us information to show improvements made to the service during the inspection.

We carried out a further unannounced inspection on 7 November 2022 to see if improvements the provider said they were taking had been made.

Some improvements had been made to mealtimes and activities, but the provider was still in breach of the regulations and staffing at the service had not been increased to ensure that peoples identified physical, social and emotional needs could be met.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stafford Hall on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing and oversight at the service. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Stafford Hall

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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector.

Service and service type

Stafford Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stafford Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 October 2022 and ended on 9 November 2022. We visited the location's service on 10 October and 7 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service, one family member and had email feedback from 6 family members about their experience of the care provided. We used observation to understand people's experience, especially those who could not talk with us.

We spoke with 10 members of staff including the registered manager, regional operations director, care staff, chef and housekeeping staff. A range of information including care plans, medicines records, staff files in relation to recruitment and records relating to the management of the service were looked at. The provider sent us further information after the site visit as requested.

On the second visit we spoke with 4 people who used the service and 6 staff including the registered manager, support manager and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question remains requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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.

- Risk assessments had been reviewed and we saw they were more robust containing relevant and up to date details about people's risks and how to mitigate them.
- People's risk of choking and ways in which to prevent this had been assessed and recorded.
- Specialist support through the speech and language therapy service had been sought. The care staff and chef confirmed they had information available to them about how people's meals should be prepared, for example, soft or textured and any required thickeners in their drinks
- A person referred to in the last report was no longer at risk of verbal abuse.
- People were no longer able to access the stairs leading to the first floor as a stair gate had been fitted at the bottom of the stairs with a lock. The registered manager told us this was checked regularly to ensure it was kept locked and that no incidents had occurred to put people at risk.

Staffing and recruitment

At our last inspection the provider had not sought effective arrangements for staffing cover. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- There was not enough staff to meet the needs of people using the service. People and their family members had mixed views about staffing levels. One person said, "Sometimes I need someone and there is

no one around, but I just wait." A family member said, "There does not seem to be as many staff in one place at any one time now. My [relatives] chair sensor is often on the floor, and it should alert staff when they get up as they are at risk of falls. Two people were having a dispute and we had to help with that as no staff were around." Another family member said, "There should always be a member of staff in the lounge in case of accidents, and quite often there's no staff about."

- On the first day of the inspection, some staff who were on the rota were undertaking training and these staff had not been replaced leaving people at risk of unsafe care.
- We observed people in the lounge having their lunch with a small table in front of them. At times there were no staff in the lounge area to support people to eat their meals. At least three people we saw did not attempt to eat their meal as there were no staff to assist or prompt them.
- We saw a staff member come into the lounge to clear away. One person who had not attempted to eat, was asked if they had finished, to which they replied they had. Their plate was removed from them without a word. Another person's meal which was uneaten was removed and placed on a trolley at the other end of the lounge. We made a staff member aware they had not attempted to eat their meal. The staff member went to get their meal and asked them if they wanted it. We suggested it was probably cold by now and that it was unhygienic to offer it to them as it had been placed on the trolley with the clearing away items.
- Staff told us they were still stretched to meet people's needs and it was an ongoing issue. One staff member said, "People don't get the real care I think they deserve as there is not enough of us to go around. They [the provider] base it that people are going to sit in a chair all day but that is not the case as we have many people who walk around and are at risk of falls."
- Staffing numbers were calculated against the needs of people using the service. The provider had arrangements in place to use regular agency staff and on occasions we saw there was two agency staff and two permanent staff to provide care for people. The deputy manager had left and although a staff member had been promoted to the role, this left a gap of hours on the care staff team. The registered manager covered senior care shifts on the rota a number of times a week taking them away from their management duties.
- On the second day of the inspection, some improvements had been made. However, there were still shortages of care staff.
- The registered manager had requested the provider to reconsider staffing numbers at the service as they were lower in the afternoon/evening than in the morning although people's needs were the same. This had not been actioned. The provider had a dependency tool they used to assess people's needs. This did not take into account the layout of the service or people's social and leisure needs. The dependency tool for November 2022 had assessed people's needs but despite an increase in admissions to the service and people's fluctuating dependency needs, and identified increased staffing hours needed, no additional staffing hours had been considered. Staff told us they managed and, "Made the best of it" it was the quality of care for people that being understaffed had an impact on.
- At the start of the afternoon shift, there were only two care staff and a senior on duty. The registered manager told us they had been let down by an agency to supply staff. However, they had secured two staff from another Runwood service to cover the afternoon/evening shift and they arrived around 3pm.
- People had not received any activities during the morning of the inspection as the wellbeing lead had an emergency and could not attend. A wellbeing lead did attend in the afternoon from another Runwood service and told us staff were covering wellbeing activities in their absence.

Lessons learnt when things go wrong

- The provider had put systems in place to learn lessons when things went wrong. However, the risk of lack of care due to staffing levels and not maintaining staffing levels at all times, had not been learnt.

Effective arrangements for staffing cover were not in place. This demonstrated a continued breach of

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the inspection on 13 July 2021 it was highlighted there was no kitchen staff after 3pm, which meant a member of care staff would need to be taken away from care to provide the evening meal service and clear up. This had been improved and staff were employed to cover from 4-7pm.
- On the second day of the inspection, a system had introduced for staff to be allocated to the lounge or dining room during lunchtime to ensure there was a staff in that area to support people. This also included some standards to guide staff in how to encourage people to eat their meals, to kneel down and talk with them and ensure they were offered alternatives if they didn't like the dinner. We saw that this was put into action during lunchtime and that people were supported to eat their meal.
- We saw some people were engaged in meaningful activities after lunch. A table with a host of games was made accessible and people were encouraged to participate. The afternoon staff were proactive in stimulating and encouraging people to be involved.
- A new deputy manager had been employed internally and had commenced their role. We saw they were actively engaged with people having meaningful conversations during lunchtime.
- On the second day of the inspection, the registered manager told us interviews were taking place for a wellbeing lead to cover the 10 hours needed and subsequently a person had been successful but would not be in role until all checks had been completed.
- We reviewed staff files and saw safe recruitment practices were in place, including checking references and obtaining disclosure and barring service checks.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to raise concerns with the registered manager and others such as CQC and the local authority.
- The registered manager understood their responsibility to share safeguarding concerns with the local authority and CQC and had sent the appropriate notifications when necessary. Internal and external investigations had improved to ensure people's safety was properly investigated, recorded and actions taken to prevent it happening again.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- People received their medication safely.
- Staff had received medicines training and had their competency to support people with their medicines checked.
- Medicine records we reviewed were in good order. There were suitable systems in place for the storage,

ordering, administering, monitoring and disposal of medicines.

- Regular audits were completed to check medicines were being managed safely.

Preventing and controlling infection

- The provider had systems in place for the prevention and control of infection. They were admitting people safely to the service.
- Staff wore appropriate personal protective equipment (PPE) when supporting people with personal care and had completed training in how to protect people and themselves. Some staff, however, were not always wearing their masks as required when around the service.
- There were measures in place to ensure the safe storage and disposal of PPE. There were adequate PPE stations around the service for staff to use which were well equipped.
- The provider had updated their COVID-19 policy and contingency planning document to ensure protocols were in place in case of any future outbreaks of infection.
- Staff were provided with guidance about COVID-19 testing and what actions they should take if people or staff were symptomatic and or tested positive to COVID-19.
- The service was environmentally clean. However, we noted dirty toilet brushes in the communal toilets. Before the end of the inspection, these had been removed from all communal areas as not required which eliminated an infection control risk.
- The regional operations director told us the service was in need of some refurbishment. They had put a plan in place for some communal areas and people's bedrooms to be redecorated and updated.

Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective processes were in place to monitor the safety and quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The providers systems for the overview and management of staffing was still not effective.
- Despite the issues found with staffing in the previous two inspections, staffing and rota arrangements were still not managed effectively to ensure there were always enough care staff on duty for people to receive good care. For example, people's lack of person-centred care at mealtimes which we identified.
- There were not enough staff employed or hours allocated in relation to the role of wellbeing and therefore people did not always receive social and leisure activities to meet their needs. For example, the wellbeing staff member was on training on the morning of the inspection and therefore people were not able to enjoy any activities as there was no planned replacement for them. One person said, "I am quite bored really, but the staff are lovely."
- We also identified from the rota lack of wellbeing staff for 3 days out of 5 the last week of September and 2 days out of 5 for first week of October 2022. The registered manager told us that staff provided activities during this time. However, there was not an increase in care staff on the rota to facilitate this.
- We saw some evidence that the service was improving care in some areas. However, the continual lack of focus on adequate staffing levels and deployment of staff within the service did not provide assurances that the provider understood quality outcomes for people.

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

- The provider did not promote a person-centred culture which was empowering or respectful. We saw people who did not have good outcomes on the day of the inspection, for example many people sitting with nothing to do, lack of care and support round mealtimes and reduced activities on offer. One family member said, "My opinion of Stafford Hall is, that it is severely understaffed, most of the staff are very nice, but do not give people enough time."

- Staff were clear about their role and responsibilities and mostly felt supported by the registered manager. However, whilst some commented that they had been listened to and the issue addressed to have an extra person prepare the meal at teatime, some said this was not enough. One staff member told us, "There is not enough hours given over to enable staff to give individual attention that people need." Another said, "I hardly ever sit and talk to anyone these days. How can this be good care when we just don't have the quality time for people."

The provider had not made enough improvement in the monitoring of the safety and quality of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection in July 2021, improvements had been made to the monitoring of people's weight and actions to take if weight loss continued.
- In the care plans we saw, guidance had been made clearer in order for staff to better support people around their risks when eating and drinking and falls and how to mitigate those risks.
- Audits including health and safety, mattresses, falls, medicines, weights and skin integrity were completed and any trends identified and action taken.
- Accidents and incidents were investigated to identify the cause and actions that needed to be taken. The registered manager gave us examples of how practice had changed through some of the lessons learnt such as analysing if low staff numbers were connected to unwitnessed falls.

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 provider understood their responsibilities under duty of candour to be open and honest when something goes wrong. We saw evidence that the provider had taken action and was working with stakeholders including relatives, people, and the local authority to investigate concerns that had been raised.

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

- The provider told us at the last inspection as part of their review of people's support plans, they would ensure people's equality characteristics were discussed with them and recorded. We saw this had been completed.
- Staff were involved in some aspects of developing the service. For example, staff took on champion roles to improve nutrition, falls, medicines and dementia care. Surveys to gather staff views were also undertaken.
- The service engaged with people and their relatives through holding meetings and undertaking satisfaction surveys, the last one being October 2022.

Working in partnership with others

- The provider worked in partnership with different healthcare professionals to support people's needs. People's care plans detailed who was involved in their care and evidenced input from the relevant professionals, such as the GP and district nurse. A health care professional told us, "The staff are very good at following the instructions given and call us when needed."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Oversight and management systems did not ensure people had a quality service.