

# Runwood Homes Limited

## Leatherland Lodge







### Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

The inspection took place on the 23 and 25 March 2015.

Leatherland Lodge is one of a number of services owned by Runwood Homes Limited. The service provides care and accommodation for up to 46 people who 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.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People were kept safe and risk assessments had been completed to help staff to support people with everyday risks. People's medication was well managed and the service had systems in place to help ensure people received their medication as prescribed.

# Summary of findings

Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. 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.

People were provided and supported to eat and drink sufficient amounts to meet their nutritional needs. They were able to choose alternatives if they were not happy or did not like the choices offered on the menus.

People were supported to maintain good healthcare. They 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 care plans were developed around the individual's needs and preferences.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of

Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The registered manager had a good understanding of MCA and DoLS and appropriate documentation had been completed. Mental capacity assessments had been carried out where people were not able to make decisions for themselves. People had agreed to their care.

People knew who to raise complaints or concerns to. 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.

The service had an effective quality assurance system. Meetings had been held for the people living at the service and for the staff. People felt listened to and that 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?

The service was safe.

The provider had systems in place to manage risks and included safeguarding matters and medication, which helped to ensure people's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Good



### Is the service effective?

This service was effective.

People were cared for by 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) and people's rights were protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Good



### Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff had a good understanding of people's care needs. They listened and responded appropriately when people needed assistance.

Staff provided people with good quality care.

Good



### Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and where possible had been fully involved in the planning and reviewing of their care.

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

Good



### Is the service well-led?

This service was well-led.

The manager understood her responsibilities and demonstrated good management and leadership skills.

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

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

Good



# Leatherland Lodge

## Detailed findings

### Background to this inspection

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

The inspection was unannounced and took place on the 23 and 25 March 2015.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and 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 nine people who used the service, two visiting relatives, the registered manager, administrator and five members of the care staff. Healthcare professionals were approached before our visit for comments about the service and any feedback received has been included in this report.

Not everyone who used the service was able to communicate verbally with us. Due to this we observed people in the communal areas and dining rooms, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met.

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 and their induction records. We looked at their staff support records.

We reviewed the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and supervision records.

# Is the service safe?

## Our findings

People told us that they felt safe living in the home and their comments included, “I am quiet safe here, the staff are very kind and it is a good home” and “I feel safe here and it was my choice to come into this home.”

Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to. They were also aware of the whistle blowing procedure and described who they would speak to if they had any concerns. The service had policies and procedures in relation to safeguarding people and these helped to guide staff’s practice and helped to give them a better understanding. One staff member said, “People are safe here, if I had any concerns I would have the confidence to raise this with the manager.” Another said, “If I see anything wrong it would be raised.” This showed that staff were aware of the systems in place and these would help to protect the people living at the service.

People had been routinely assessed for risks and these had been managed and regularly reviewed. Care plans included a variety of assessed risks to people and included falls and risks related to people maintaining their independence. Where risks had been identified the care staff had where possible managed these without restricting people’s choice and independence. People had been had also been part of the risk assessment process where possible.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. All relevant safety and monitoring checks were in place and certificates relating to gas, electricity and fire safety were in date. Hoists and lifting equipment had been routinely checked and serviced to help keep people safe and the equipment used within the service was in good working condition. Decorating and maintenance of the premises had been regularly completed and the home was safe and well maintained.

The service had systems in place to assist the manager to monitor people’s dependency levels, these systems provided an indication of the number of staff required to

assist with people’s care and help keep people safe. They added that the present staffing levels reflected the present needs of people, but due to the home having a number of vacancies these had been adjusted to reflect this.

People told us they thought there was enough staff, although one stated that they had to wait for the call bell to be answered sometimes. They added that the manager had recently made changes to improve waiting times and that staff now come and let them know they have heard the call bell and advise them when they would be with them, which they said was better. On the day of our visit people were observed being well supported and we saw good examples where people were provided with care quickly when requested. Comments from staff regarding staffing levels included, “There are not always enough staff, but we work well as a team and help each other out” and “We are waiting for the staffing levels to go up when the vacancies are filled. We help people as quick as we can, but we will always tell them if they need to wait.”

Staff employed at the service had been through a thorough recruitment process before they started work at the service. Permanent and agency staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. We looked at two recruitment files and found that all appropriate checks had taken place before staff were employed. Staff who had recently been employed confirmed that relevant checks had been completed before they started work at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe.

Only senior staff administered medicines to people and they had received training and regular competency checks to ensure that their understanding and practice relating to the management of medicines was current. Medicines were stored, administered and disposed of in line with current guidance and regulations and regular medication audits had taken place. People confirmed that they received their medicines safely and as prescribed and comments included, “They help with my medication and ensure I get the correct tablets” and “They do my medication and I get this regularly.”

# Is the service effective?

## Our findings

People received effective care and they told us that staff met their needs and that they were happy with the care provided. Comments included, “The staff give me the care and support I need” and “This place was hand-picked for me by my family. I am very happy here.” Staff interacted with people in a kind, caring and sensitive manner. Staff had the skills to meet people’s individual needs. They communicated and interacted well with people and provided help and support where needed.

Staff had been provided with initial and ongoing training and support to help ensure they had the knowledge and skills to carry out their roles and responsibilities as a care worker. The staff confirmed that their training was up to date and many had also completed a recognised qualification in care. Comments included, “My training is up to date and I have the skills needed to do my job” and “I see this as my career. I would not want to do anything else and I have been given all the training I need and we are kept up to date.”

Newly recruited staff had completed an induction which included information about the running of the home and guidance 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 and experience they required.

Staff had been well supported in their role as care workers. Staff had received regular support through one to one sessions, meetings and appraisals. Staff confirmed that they had received regular support and that it was a time to discuss their work and any concerns they may have. Comments included “I get all the support I need” and “We have such a good manager, we can go to her for advice and support when needed.” Staff were seen working well together and regularly approaching the senior staff or manager for general advice or updates, which helped to ensure that people received the care they needed.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and appropriate applications had been made to the local authority for DoLS assessments. 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 are 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 and how this helped to keep people safe and protected their rights. Staff knew how to support people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. All had received training in the MCA and DoLS.

People told us that they had agreed to the service providing their care and support and staff knew to check that people were consenting to their care needs during all interactions. Files contained documentation to assess people’s capacity and identify what day to day decisions they may need help with. This showed that the service had up to date information about protecting people’s rights and freedoms. It was noted that the care plan documentation had recently been changed which included a section on gaining consent for care and these had been routinely completed. People were also given the option of choosing whether they would like a relative or friend involved in decisions about their care and this was clearly recorded.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Comments about the food included, “The food is beautiful. You get two choices and you can always have more if you want it” and “It’s lovely, we have a sweet trolley and the food is very high quality.” Jugs of juice were available and hot drinks and biscuits were made available throughout the day. The cook knew the people very well and was able to provide information about people’s likes, dislikes and dietary needs of each individual.

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.

People’s nutritional requirements had been assessed and recorded. Where a risk had been identified there was nutrition and weight charts in place to enable staff to monitor people’s nutritional needs and ensure people received the support required. Where they required assistance from a nutritionist or health care professional

## Is the service effective?

this had been sought and their advice had been implemented. The manager had also recently introduced protected meal times, which helped to ensure there were sufficient staff available to assist people to eat their meals and this was done in a relaxed atmosphere.

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. Health care professionals visited people during our visit and one person confirmed that the home had organised for them to visit the doctors the previous week and that they had also recently seen the chiropodist. One healthcare professional stated that the home was 'pro-active' and contacted them in a timely manner if they had any concerns.

# Is the service caring?

## Our findings

People were happy with the care and support they received and added that they were treated with dignity and respect. They were complimentary about the staff and comments included, “The staff are brilliant. They respect my privacy and dignity and always shut the doors and curtains when they help me” and “The staff are very good. This morning they were first class and they look after me well.”

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 displayed appropriate awareness of people's day to day care needs and understood the support each person required to meet their needs and keep them safe. We saw that people looked relaxed and at ease, staff spoke to people in a friendly and attentive manner and showed patience and understanding. One person confirmed that when they first moved into the home the staff asked them what they would like to be called and this had helped them to feel relaxed and part of the home.

Staff responded to people's needs and they were kind and caring in their approach. Staff were present in lounges and communal areas, so people were able to gain support and care when they needed it. Comments received showed that people felt the staff provided the support they needed and included, “The staff give me the care and support I need” and “They look after me well.”

People had the opportunity to express their views about their care and support. Regular meetings had taken place with people 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.

Families had been involved in their relative's care and had been kept informed of any changes. Where people did not have any family or friends to support them, the service provided information about local advocacy services who could offer advice, support and guidance to individuals if they need assistance.

People had their dignity respected and staff provided care in a non intrusive manner. Each person had their own front door with a room number and also a door knocker. Staff and visitors were noted to use the door knockers before entering people's rooms. Each door also had a name plaque and picture of the person's choice, which would help assist people with orientation around the home and also help identify their room. Some doors were noted to have photos and some personal information about the person and their past history. These provided staff and visitors an insight to the person and showed how each person was an individual with a unique history. Staff added that these helped to start conversations as it was information that the person knew and was only relevant to them. Each bedroom had been personalised and felt 'homely', they also reflected each person's personality.

# Is the service responsive?

## Our findings

People felt that the staff were responsive to their needs and added that they received the care they needed. Comments received from people included, "Generally the staff are very good. They provide the care I need and I am always involved in my care" and "Everything is taken care of for you, but they do ask how you would like your care." One healthcare professional comments included that if they needed the home to address any issues regarding people's care, the home manager and care staff always took note of this and worked with them to ensure the person received the care they needed.

People's care needs had been fully assessed before moving into the home, which helped to ensure the service was able to meet their needs. 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 staff to identify what support was needed. Any care needs due to the person's diversity had also been recorded. Staff were aware of people's dietary, cultural or mobility needs. People received the care they needed. Care plans had been reviewed regularly and updated when changes were needed.

People had been involved in producing their care plans and 'family trees', which included information about the individual's past and included their interests, hobbies and the history of their families. Another document that had been produced was called 'My day.' This had been completed with the individual and their care worker and identified things that may be important to each person and what care needed to be in place, which assisted staff in trying to provide people with person centred care.

People were supported to follow their interests and take part in social activities. A trip to the sea side and a visit from a local school had been organised and there were also regular daily activities. On the day of our visit the activity was 'chatting and getting to know you' and staff were observed sitting with people in the lounge painting people's nails. Some people chose to take part in the activities, whilst others preferred reading, watching television or just spending time in their lounge. Some people told us they preferred to stay in their room and

watch television, but added that they knew that they could join in with the organised activities if they wished, which showed that people's individual choices and preferences were respected.

The manager stated that they had recently changed the hours of the activity co-ordinator, to help ensure people had activities available both in the morning and the afternoon. One person loved gardening and advised us that the staff had helped them to, "Have my own garden. I love it out there, it is all my own work." A 'childrens corner' had also been developed in a section of the garden, so that younger children had somewhere to go when visiting their relatives.

There were different themed areas to help support people living with dementia and lots of pictures around the hallways, where they could stop and spend time. The service had a cafe area which was set out as a relaxing old fashioned tea room and was a nice place for people to use when receiving visitors.

People found the staff and management approachable and felt they were able to raise any concerns they may have. Comments included, "If I needed help I would always ask. The manager and staff here are very approachable" and "I have nothing to grumble about." One visitor said they had no concerns, but felt they could discuss anything with the staff if they did.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them and this was clearly displayed around the home. Staff knew about the service's complaints procedure and that if anyone complained to them they would notify the person in charge. Where complaints had been received and there was a good record that these had been investigated and appropriate action taken. Senior management in the organisation 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 also introduced an arm chair in her office and a number of people would 'call in' for a cup of tea and a chat.

## Is the service responsive?

Compliments the service had recently received included, “The manager and her staff were always very kind and

supportive during [person’s name] time there,” “Thank you for your fantastic care, love and support” and “We could carry on with our own home lives knowing that [person’s name] was cared for and in the best hands.”

# Is the service well-led?

## Our findings

Staff spoken with told us they received good support from their managers and their comments included, “The service is managed well and people get good care” and “I have no concerns and there is good team work here.” People told us that they often saw the manager walking about the home and added that they felt they could approach her if they had any problems.

Staff we spoke with were complimentary about the management team. They said that they had received supervision and attended regular staff meetings. One staff member added that the meetings were, “A good opportunity to express how they felt and give ideas on how they could improve the service.” They told us that they felt listened too and 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. This helped to ensure people received care relevant to their needs.

Staff felt there was a good team and commented that, “Everyone worked together.” Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people living at the service benefitted from a cohesive staff team, who were well supported and 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.

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The manager and provider had 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.

People who lived at the service, their representatives and staff were provided with regular opportunities to provide their views about the care and quality of the service. Annual quality assurance questionnaires were 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 then implemented. 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.