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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The unannounced inspection took place on the 8 April 2015.

Stafford Hall is one of a number of services owned by Runwood Homes Limited. The service is registered to provide care and accommodation for up to 40 people who need assistance with personal care and may have care needs associated with living with dementia. At the time

of our inspection there were 33 people living at the service.

The service did not have a registered manager, but a registered manager from another service in the group was providing interim management support. The organisation is in the process of taking appropriate steps to rectify this issue and an application for registration has been made. A registered manager is a person who has registered with the Care Quality Commission to manager 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.

Summary of findings

At our last inspection in May 2014 we had concerns around infection control, staffing and the monitoring and quality of some of the services records. An action plan was submitted which showed how these concerns were to be addressed and this visit was to establish whether this had been implemented and the issues now resolved.

At this inspection we found that the service had improved in cleanliness and infection control and work had been done to improve the assessing and monitoring of the service. Staffing had been assessed by the organisation and since the last inspection the service had increased their staffing hours by one person each day. The increase had been used to improve the work force service during busier times of the day. Systems were now in place to ensure the service's quality was regularly monitored and that staff were following the organisations correct policies and procedures. This helped to keep people safe and ensure they received the care and support they needed.

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 show how people were supported with every day risks.

People's medication was generally well managed and the service had systems in place to help ensure people received their medication as prescribed. However, on the day of our visit people did not receive their medicines in a timely manner, which had a potential impact on their wellbeing.

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 and well trained staff on duty. Staff had been supported to carry out their work and had received regular supervision and training.

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

People were supported to maintain good healthcare. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

People had agreed to their care and 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.

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

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 not consistently safe.

Medication processes were in place, but people had not received medication as prescribed on the day of our visit and this had an impact on people's wellbeing.

The provider had systems in place to manage risks and safeguarding matters and this ensured people's safety.

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

People were protected by the prevention and control of infection.

Requires improvement

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).

People experienced positive outcomes regarding their health.

Good

Is the service caring?
This service was caring.

Staff provided care and support that is tailored to people's individual needs and preferences.

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

People had their privacy and dignity respected.

Good

Is the service responsive?
This service was responsive.

People received appropriate care and support and had been involved in the planning and reviewing of their care.

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

People had access to activities that met some people's needs.

Good

Is the service well-led?
This service was not consistently well-led.

Requires improvement

Summary of findings

There service did not have a registered manager.

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

Quality assurance systems were in place and effective.

Stafford Hall

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 8 April 2015. The inspection team consisted of two inspectors.

As part of our inspection we reviewed information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection. As there were concerns around infection control, staffing and the monitoring and the quality of some of the services records in May 2014; this visit was to also establish whether the action plan submitted had been implemented and the issues now resolved.

During our inspection we spoke with 17 people who used the service, four visiting relatives, an interim manager and seven care staff. Healthcare professionals where approached for comments about the service, but none were received back.

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

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 also 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.

Requires improvement

Is the service safe?

Our findings

At our previous inspection of the service in May 2014 we found that the service was not meeting the requirements of the Health and Social Care Act 2008, Regulations 12, 15 and 22. An action plan was submitted which showed how these concerns were to be addressed. This visit was to establish whether this had been implemented and the issues resolved.

At the last inspection we had concerns that the management team had failed to take into consideration the layout and design of the premises in relation to the differing needs of people. The provider sent us an action plan and had worked towards completing this and rectifying the concerns.

During this visit changes had been made to the use of the lounges and these had been made more suitable to meet people's needs. Staffing levels had also been increased in the lounges and this enabled staff to assist people to gain access to different parts of the service when they required. This included the garden which could only be accessed via the second floor. The manager was in the process of clearing the garden to ensure it was a safe and pleasant environment for the people who lived there.

The home had a yearly decorating plan and most bedrooms and communal areas were clean and tidy. There were a couple of areas that were in need of decoration, but the manager was aware of these. Appropriate monitoring and maintenance of the premises and equipment was now on-going and all relevant safety checks were in place. Hoists and lifting equipment had been regularly checked and serviced. The maintenance of the premises had been regularly completed and the home was safe and well maintained.

At the last inspection we had concerns that the management team had not taken steps to ensure

that, at all times, the were sufficient numbers of staff employed at the service for the purpose of carrying on the regulated activity. The provider sent us in an action plan and had worked towards rectifying the concerns.

Staffing levels had been increased since our last inspection. The service had introduced a new system which helped to assess changes in people's care needs and assisted them in identifying the required staffing levels. They now had two extra care hours allocated to assist with breakfast, which enabled more care staff to assist people with their personal care needs. The afternoon shift had been increased by five hours. This meant that staffing levels had been increased by one person each day. The manager had also looked at the deployment of staff within the home, due to the layout sometimes having an effect on the number of care staff available. Changes to the lounges had been implemented and these now had two staff allocated to each one. Lounges were well covered throughout the day and staff checked with each other to ensure people were supported and received assistance when they needed.

The service had sufficient number of staff to meet people's needs, although due to staff sickness some agency staff had been recently used. The manager advised they would prefer to use their own bank staff as they had a good understanding of people's needs and it assisted with continuity.

People were well supported and we saw good examples where people were provided with care quickly when requested. Staff felt that staffing levels were sufficient. One said, "Now we have four staff on of an afternoon I think that staffing levels are absolutely fine." Another told us, I used to work at [name of service], compared to that, this home is quite small and easy. The staffing levels are fine."

At the last inspection we had concerns about cleanliness and infection control. This was because the systems designed to assess the risk of control of infection had not been implemented. The provider sent us an action plan and had worked towards completing this and rectifying the concerns.

At this inspection we found that improvements had been made and the manager had continued to monitor infection control within the home and regular audits had been completed. A staff member had also taken on the responsibility of infection control and was able to provide staff with advice, guidance and ensure the organisations correct policies and procedures were being followed. Staff had a good supply of personal protective equipment and the home was generally clean and odour free.

Only senior staff administered medicines to people and they had training and regular competency checks to ensure that their understanding and practice relating to the

Requires improvement

Is the service safe?

management of medicines was current. Medicines were stored, administered and disposed of in line with current guidance and regulations. Regular medication audits had taken place and no areas of concern had been raised.

People were generally receiving their medicines safely and as prescribed. On the day of our inspection it was noted that medication was still being administered to people at 11.00 am. This was discussed with the senior staff member who advised that the medication round had started late and as they were new it had taken longer. This did raise some concerns for those people who required regular pain relief, due to not receiving this at the times prescribed. This would also have an impact on medication that was prescribed at regular intervals during the day and also the timing of people's medication for the rest of the day. One person told us that they were still waiting for their medication at 10.50 am. The medication included pain relief. The person actually received their medication at 11.00 am, but because the administration times are pre-populated on the medication sheet, this had been signed for by the staff member as being given at 08.30 am. No note had been made about the change of time, which meant that people may receive the next dose too soon and cause potential issues due to the records being incorrect.

Staff knew how to protect people from abuse and avoidable harm and had completed training. This was part of the staff induction and staff were able to tell us how they would recognise abuse and report any concerns. They were also aware of the whistle blowing procedure and described who they would take any concerns to. One staff member added, "I would report any concerns immediately and with no hesitation. People are here to be looked after and treated well." The service had policies and procedures in place and these were there to help guide staff's practice and to give them a better understanding. This showed that staff were aware of the systems in place and these would help to protect the people living at the service.

The service had one safeguarding referral that was in the process of being investigated. The manager was aware of the correct procedures and local authority guidelines had been followed. People told us they felt safe living in Stafford Hall and relatives had no concerns about how people were treated. Comments included, "There are no bad staff here," "The carers here are really good. It's important to feel safe and comfortable and it's good for that here," and "If I had any concerns at all I would certainly tell someone, but I don't."

The service assessed and kept under review any risks associated with people's care needs. Care plans assessed a variety of risks to people including falls and risks related to people maintaining their independence. Where possible people had been part of this process. We saw that where risks had been identified care staff managed these without restricting people's choice and independence. People were free to walk around and go where they wished. Staff generally had a good knowledge of individual's needs and the risks associated with their care, for example if people were prone to falls and the actions needed to help prevent this.

Staff employed at the service had been through a thorough recruitment process before they started work. Permanent and agency staff had Disclosure and Baring checks in place to establish if they had any cautions or convictions that would exclude them from working in this setting. We found that all appropriate checks had taken place before staff were employed. The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and help in keeping people safe.

Good

Is the service effective?

Our findings

Staff had the skills to meet people's individual needs and interacted with people in a kind, caring and sensitive manner. They provided help and support where needed and people and their relatives told us they thought the staff were trained to meet people's needs.

Staff had been provided with initial and on going training and support to help ensure they had the knowledge and skills to carry out their roles and responsibilities as a care worker. Regular updates and future training had been organised. The staff spoken with confirmed that their training was up to date and many had also completed a recognised qualification in care. They felt that they had the skills they needed to carry out their role effectively and many had worked in the service for a number of years and were very experienced. One staff member added, they were not so keen on the e-learning that had been introduced, as they had to do this in their own time, and felt that they learnt more from face to face learning.

Newly recruited staff had completed an induction and this included information about the running of the home and guidance on how to meet the needs of the people using the service. Those staff we spoke with said the induction was very good and had provided them with the knowledge they required. Comments included, "My induction was really good. I did a week at [services name] which covered everything. I have just got to do my equality and diversity e-learning."

Most staff had received some support through one to one sessions, meetings and appraisals and told us that they felt 'well supported'. This was an area that the manager wanted to develop and they had already put systems in place to ensure staff were provided with regular support and supervision sessions.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and was in the process of making appropriate referrals. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensures 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. 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.

Staff we spoke with demonstrated an awareness of the MCA and DoLS and how this helped to keep people safe and protected their rights. All had received training in the MCA and we saw that staff generally sought people's consent before care and support was provided.

People told us that they had agreed to the service providing their care and support. Care plan documentation had a section for people to complete which gave consent for care. People were consulted with about their day to day care needs. Staff asked for people's consent before carrying out care and were heard asking, "Do you want me to help you, is that okay," "Can I come in" and "Is it alright if we hoist you into your wheelchair." One person told us, "The staff know what I like and always respect my wishes about anything."

People were supported to have sufficient to eat, drink and maintain a balanced diet. Only one person made any negative comment, but everyone else praised the food and said that it met their needs and there were lots of positive comments about the food in residents meeting minutes. Comments included, "The food is very, very good here, you could not ask for better," "You always get a choice and if you don't like something they will always try and find something that you fancy." Jugs of juice were available and hot drinks and biscuits were made available throughout the day. Staff were noted to encourage people to drink throughout the day.

Staff were attentive to people during the lunchtime period and offered assistance when needed. People were encouraged to be independent with eating, but where help was needed staff offered support and assistance. On occasion however thought and attention to detail was needed. In the small lounge one person was noted to be sitting at a small table which was not high enough and slightly to the side, trying to eat their meal. They were noted to be struggling to eat effectively and spilling their food. A member of staff noticed and asked the person if they wanted any assistance. This was done in a caring and engaging way, but the person could have maintained their independence and dignity if their seating position was correct when seated for lunch.

Good

Is the service effective?

People' 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 this had been sought.

People had been supported to maintain good health and had access to healthcare services and received on going support. Referrals had been made to other health care professionals when needed and this showed that staff tried to maintain people's health whilst living at the service. People told us that their healthcare needs were met, "They will always get the doctor out for you if you need it." The manager advised that they are in the process of arranging regular meetings with healthcare professionals to help build relationships. It is hoped this will improve communication and help them meet people's care needs better.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received and the felt the staff were caring. Comments included, “The carers are all really good,” “I am very well looked after,” and “I am always treated with the utmost care.”

Staff interacted with everyone and ensured that those who were unable to express their wishes were included in the conversations were possible. Staff displayed an awareness of people's day to day care needs and understood the support each person required to meet their needs and keep them safe. Interactions observed between people and staff was friendly, kind and patient. We saw that people looked relaxed and at ease, staff spoke to people in a friendly and attentive manner and showed patience and understanding.

Visitors spoken with told us, “I have no concerns at all, I feel very confident that [my relative] is cared for properly.” Relatives added that they felt comfortable with the care their loved ones received and one added, “I am here every day and staff are always welcoming.” People looked relaxed and were very at ease with the staff team.

People had the opportunity to express their views about their care and support and the service. 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 and relatives had an opportunity to feedback regarding the care they received and also the running of the service.

Families had been involved in their relative’s care and confirmed that they were 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.

Staff knew the people they were looking after well and we heard them addressing them in an appropriate manner. Comments received showed that people felt the staff provided the support they needed and these included, “The girls are absolutely marvellous, you can have a laugh with them,” “They know all my likes and dislikes and take care of them” and “The staff look after you really well.” People’s privacy and dignity were respected when assistance was provided and bedrooms had been fitted with door knockers and staff asked permission before entering people’s rooms.

Good

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. Staff were seen assisting people and asking "What can I do to help you?" and "Why do you feel unhappy." They then went on to sit and chat with the person or tried to make them more comfortable.

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. Care plans 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. When speaking with staff they 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 the home had started 'family trees', which included information about the individual's past, their interests, hobbies and the history of their families. Another document that had been produced was called 'My day.' These were being completed with the individual and their care worker and helped identified areas that may be important to each person and what care needed to be in place. The manager advised that this was assisting staff in providing people with person centred care, as they had identified that this was an area that needed to be developed within the service.

People were engaged throughout the day by the activity co-ordinator and staff. A staff meeting in February had highlighted to staff that they need to help with activities and ensure these were organised during weekends and bank holidays. Care staff organised activities for some residents and also engaged on a one to one basis during the day.

Assessments had been completed which highlighted people's past interests and hobbies. Some people were encouraged to follow their own interests and one person who had been an artist was being encouraged to draw and colour. Another person who liked jigsaw puzzles was being helped to complete one. Other activities were noted to be mainly group based and included quizzes, word games, and exercises. Some people preferred to remain in their rooms and told us that they kept themselves busy with crosswords, newspapers and watching their televisions. They added that the staff and activities coordinators would pop in for chats which they enjoyed. A local church visited the service. A few trips out had been organised, which included visiting a local castle and the seafront.

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. Staff knew about the service's complaints procedure and that if anyone complained to them they would notify the person in charge. People found the staff and management approachable and felt they were able to raise any concerns they may have.

Where complaints had been received there was a good record that these had been investigated and appropriate action taken, but on one complaint they had not recorded the outcome and the manager was advised of the importance of this. Senior management in the organisation had 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. People told us that they would feel confident in raising any concerns that they might have. One person said, "I would feel happy to complain if I ever needed to, but what's to complain about I feel thoroughly spoilt."

Requires improvement

Is the service well-led?

Our findings

At our previous inspection of the service on May 2014 we found that the service was not meeting the requirements of the Health and Social Care Act 2008, Regulation 10. People who used services and others were not protected against the risks of inappropriate or unsafe care and treatment because the management team had failed to regularly assess and monitor the quality of the service. The provider sent us an action plan and during this inspection it showed that systems were being maintained to help ensure people's safety.

Improvements had been made and the service had a number of systems in place to help monitor the standard of care people received. The manager and provider had carried out a range of regular audits to assess the quality of the service and to help 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. A lot of work had been done since the last inspection to address the areas of concern and the organisation were aware that further work needed to be completed and the service developed.

However, there was a problem with the medication round on the morning of our inspection. We were concerned that there was not a mechanism or safeguard in place to check the timings of the medication round and ensure that records accurately reflected the times people received their medications and help to ensure their safety and wellbeing.

The service did not have a registered manager in post. A registered manager from another service in the group had been providing interim management support. The organisation was in the process of taking appropriate steps and an application for registration had been made. The interim manager had been at the home for eight weeks and implemented the organisations policies and procedures.

Changes had been made to the rotas, paperwork and general running of the home, to try and ensure they were meeting the organisations requirements and the health and social care regulations. Improvements had been made and clear evidence was available that the service was moving forward.

On the day of our inspection staff morale was variable and some staff were very positive about the recent changes and their comments included, "The mood in the home is much better now. We have proper leadership at last. Someone has to be in charge. Things are getting organised and are much better," and "I absolutely love it here, Things are on the up and getting better." Other comments from staff included, "There have been a lot of changes – not for the better. There is just too much paperwork" and "There are too many changes … and there is too much paperwork." The changes that had recently been made had clearly had an impact and one relative who said it was a 'happy home' although things had been unsettled over the previous few weeks with the changes that had occurred.

The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. 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 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. People told us that they felt that the quality of the service was good.