

Runwood Homes Limited

# Waterfield House

## Inspection report

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Date of inspection visit:

02 October 2018

03 October 2018

Date of publication:

15 November 2018

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Waterfield House is a residential care home providing personal care and accommodation for up to 76 people. There are two floors and people with more complex needs or living with dementia live on the top floor. At the time of our inspection there were 46 people living at the service. Each person had their own bedroom and had access to communal lounges, dining rooms and a secluded garden.

At the last inspection of 26 April 2016 the service was rated good. At this inspection the service remained good overall and good in the key questions of Safe, Effective, Caring and Responsive. However, we rated the service as requires improvement in Well-led.

Systems in place to record the administration of topical creams and the amounts fluids that people consumed were not always effectively recorded. People were being given sufficient amounts to drink of their choice.

There were clear plans in place to protect people from risks to their safety. Staffing levels of were appropriate to support people meet their assessed needs. There was a robust recruitment process for employing staff appropriately to care for the people living at Waterfield House. Other than the issue of recording the administration of topical creams people was receiving their prescribed medicines.

People were cared for by staff who received supervision and on-going training to develop their skills to support people with their assessed needs. The service had an established induction program in place to support new staff into the service.

People were provided with sufficient amounts and a variety of meals. The staff ensured that people were referred to professionals when they were unwell.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Care was delivered in an understanding and empathic way to meet people's needs. People were supported by staff to make day to day decisions about their care. The staff respected people's dignity and privacy.

Each person had a care plan which was based on an individual needs assessment and took into account people's preferences. The care plans were reviewed regularly to remain up to date.

People were encouraged to engage with a variety of activities which had been developed from listening to the views of the people. People were aware of how to make a complaint and spoke positively about the staff and registered manager's practice of acting quickly to deal with any concerns raised. The service had consulted with people and their relatives as appropriate to discuss plans of they wished to receive care should they become unwell.

People and relatives reported the service was run by knowledgeable and responsive staff with an open culture to listen to their views. The service consulted with people living at the service and their relatives regularly regarding their thoughts of the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service has deteriorated to requires improvement. RI</p> <p>The auditing process had not identified that the charts for recording topical creams and the fluid balance charts were not accurate.</p> <p>The staff felt supported by the senior team and registered manager.</p> <p>The service undertook surveys to understand the feelings of the people living at the service and their relatives.</p>	<p><b>Requires Improvement</b> ●</p>

# Waterfield House

## 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.

This unannounced comprehensive inspection took place on 2 and 3 October 2018. On the first day, the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day there was one inspector.

Before our inspection we looked at information that had been sent to us by the registered manager. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with 10 people who used the service and two relatives. We also spoke with the registered manager, the deputy manager, one care team manager, the chef, three members of care staff and one member of the activities staff.

We observed staff interactions with the people in their care and looked at care records of six people who lived at the service, how the service was staffed to meet people's assessed needs, three staff recruitment and training records. We reviewed how people were supported with their dietary requirements and prescribed medicines. We also checked the recorded complaints and compliments received by the service and audits of care.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as good. At this inspection we have judged that the rating remains good.

People told us they felt safe living at the service. Staff knew how to keep people safe and protect people from harm. One person told us, "I feel quite safe and happy here because of being with others and I always have the call bell. Staff are very good when I use it." Another person said, "I feel safe, there's always people around and at night. The staff are very good."

People were kept safe from the risks of harm as processes were in place and staff had received training which enabled them to recognise signs of abuse and how to report and act upon concerns. A member of staff told us, "We have had safeguarding training and the senior staff are very good and would always report any problems to the local authority."

Staff continued to be knowledgeable about the risks to each person and how these risks were to be managed. This included risks assessments to reduce pressure ulcers, choking and falls. Each person had a risk assessment which was reviewed regularly and the supporting care plan had been written clearly to inform the staff of the action to take to keep the person safe. Each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency. The service continued to carry out routine maintenance of the fire procedures and checks upon water temperatures and that the equipment in use at the service such as hoists were safe to be used.

Prior to any member of staff commencing working at the service, pre-employment checks were completed. The staff files contained evidence of proof of identity, employment histories and disclosure and barring service checks, (DBS) checks. A DBS check is carried out to determine from the individual's history if they were suitable to work in a caring environment.

People continued to be supported by sufficient members of staff to meet their assessed needs. We saw the registered manager used a dependency tool to determine the number of staff required to meet the needs of the people. One person told us, "There are enough staff here and they are very pleasant." We noted throughout the inspection that call bells were answered quickly and staff were not rushing at anytime.

People told us that they received their medicines on time. One person told us, "I do take medication and staff are always correct with that." Staff told us and records confirmed they had undertaken medicine training and competency assessments to ensure they were able to administer people's medicines. We found people's individual charts for the application of prescribed creams had not always been completed. Staff told us that creams were applied and this was confirmed by the people we spoke with. We concluded this was a recording error and people were receiving their prescribed creams. The registered manager informed us this issue would be improved by increased auditing.

Staff continued to receive training with regard to the control of infection. There were cleaning schedules in place for the cleaning of people's bedrooms and we saw staff cleaning the communal areas during the inspection. Staff informed us they enough equipment to keep the service clean and staff were wearing gloves and aprons appropriately.

The registered manager had implemented a system to learn lessons of how to improve and develop the service. Meetings of senior staff were reviewed incidents, such as after a person had fallen. The information was reviewed from the falls prevention team to determine if any lessons could be applied across the entire service. The activities staff had discussed with the registered manager that many people enjoyed a nap in the afternoon after lunch. In response they changed the main group activity to the morning and then provided some one to one activities to people in the afternoon.

## Is the service effective?

### Our findings

At the last inspection this key question was rated as good. At this inspection we have judged that the rating remains good.

People's needs continued to be assessed and their views sought regarding how they wished their care to be delivered. One person told us, "I prefer a shower in the morning and staff are always there to help."

People living at the service told us that the staff had the skills and knowledge to care for them. The service continued to support new staff through a comprehensive induction program. Staff told us about the training they had completed and they were provided with plenty of notice when the next training session was to be delivered. The training staff received included dementia, equality and health and safety. Staff continued to be supported by supervision and an annual appraisal. One member of staff told us, "Supervision is the chance to talk about how your work is going, but you do not have to wait for the set time you can speak with the manager at any time."

People told us that they enjoyed their meals; they had choices for breakfast, dinner and tea and were able to ask for an alternative if they did not want what was on the menu. One person told us, "The roast was really nice. I did enjoy that." Another person said, "We get lots of choice, it's cooked well, I have seconds if I fancy it." A relative told us, "[My family member] gets plenty to eat and drink. I know they look after [my family member]."

We observed people being provided with meals and drinks and snacks between meals. We were confident people were being provided with enough to eat and drink. However, some people required their fluids to be monitored by recording the amounts they drank on their individual fluid charts. Some recording had been missed and there was no total on the chart or the target for the amount of fluid to be consumed. The registered manager informed us that this issue would be addressed by increased auditing and staff would use a new recording system.

We saw that each person was weighed every month and any loss of weight, however small, was recorded in red. The staff had consulted with other professionals such as dietitians when they became concerned about the person losing weight. Some people had been prescribed supplements to their diets as a result of weight loss and we saw the supplements being administered and recorded accurately.

The staff continued to have regular contact with GP surgeries that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and other healthcare professionals, such as nurses visited people as necessary.

People had been consulted upon the decoration of the service and areas were used for relaxing, watching television and listening to music. There was a coffee lounge and sweet shop and areas where staff provided activities for the people living at the service. The service continued to use a namaste room where staff cared for people living with dementia in a quiet and peaceful setting where they could help the person to relax.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their capacity to do so.

## Is the service caring?

### Our findings

At the last inspection this key question was rated as good. At this inspection we have judged that the rating remains good.

People informed us that the staff continued to treat them well and that they were kind and caring. One person said, "The staff are lovely and very caring." A relative informed us that this was the best home their family member had lived in and this was due to the care of the staff. They explained their family member had enjoyed gardening and staff ensured their plants were watered as needed.

People received care from staff who had worked with them and their families to make a homely environment. A member of staff told us, "I work here because I enjoy caring for older people and it is a nice place to work. You can go home with satisfaction you have made someone smile."

People were supported to choose how they furnished and made their own bedroom personal to them as they chose. This was to empower people as per the service's philosophy to promote people's independence and choice. One person showed to us a collection they had in their bedroom of which they were very proud. Staff informed us that they helped the person organise their collection as needed as sometimes they became distressed as they had moved something and could not recall where it had been put. The staff were aware of this and showed patience and understanding to help the person reorder their collection as required to their satisfaction.

Where possible people continued to participate in creating their own personal care plans so that they met their individual needs and preferences. Staff explained to us how they supported people to express their views and to make decisions about their day to day activities and the care they received.

People received care which was respectful of their rights to privacy and maintained their dignity. During the inspection staff were sensitive and understanding to people's individual needs and promoted their independence. A member of staff explained how they helped a person with personal care so the person maintained their independence as much as possible while the member of staff remained present to ensure the person's safety. One person told us, "I think all staff are good at giving me my privacy and dignity."

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as good. At this inspection we have judged that the rating remains good.

People continued to receive personalised care and told us they were happy with the care they received. Care plans recorded information about the person's likes, dislikes and their care needs. Care plans were sufficiently detailed for the staff to understand how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence regarding choosing their own clothes, what to eat and when to get up and go to bed. One person told us, "I get up when I want to and the staff help me back to bed when I want to go to sleep." A relative informed us that they would be attending the service later in the week to take part in the review of their family member's care. They also informed us the service was very good at keeping them informed about their family member's welfare and the planned review was every six months.

Different activities and outings were planned and staff worked together in making sure people were provided with the opportunity of participating in activities to reduce the risks of boredom. As well as having dedicated activities staff the service also had volunteers who gave their time to support people with various activities. During our inspection we saw people participating in individual activities of their choice. There was a planned programme of activities displayed around the service. One person told us, "I would like a brass band to come." The service had arranged for this to happen. One person informed us that they did get involved with the activities especially the quizzes and another person told us about the baking they did with the staff.

The service continued to have a complaints policy and procedure and responded to any concerns raised through this process. People had been provided with a copy of the complaints system upon joining the service which was also available in the reception area. One person told us, "I have no complaints." A relative informed us they had no complaints and were very confident the registered manager and staff would resolve anything of which they brought to their attention.

People continued to be supported with care and dignity at the end of their lives. The service staff worked with people and relatives tactfully to record people's feelings and wishes regarding how they should receive care at the end of their lives. The service worked closely with other professionals to respect people's wishes.

# Is the service well-led?

## Our findings

At the last inspection this key question was rated as good. At this inspection we have judged that the rating had deteriorated to requires improvement.

We spoke with the senior staff regarding our concerns about record keeping with regard to the recording of prescribed topical creams. We were content that the creams were being applied from our discussions with people using the service and staff. The auditing process in operation had not identified that the records were not accurate. We also reported to the senior team that the fluid charts were not accurate. We had seen people being given a choice of drinks and consuming them but the amounts they had consumed had not been recorded. The auditing process had not identified that accurate records were not being maintained. The risk of not keeping accurate records is that staff can become confused about whether or not medicines have been and people could become dehydrated. The senior team accepted the record keeping needed to improve and informed us how this would be done. The time of senior staff would be focussed to ensuring records were checked on at least a daily basis to ensure the records were accurate or take immediate action to resolve.

There were a number of other quality auditing processes in operation to monitor and plan any actions required to ensure a safe and quality service was delivered to the people. These were working well, for example, health and safety checks upon equipment in use and care plans were being audited on a monthly basis.

There was 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.

The registered manager continued to promote a culture which placed the emphasis on individualised care in a relaxed and homely environment. People spoke positively about the registered manager. One person told us, "The manager sets a clear standard of leadership, always approachable and pleasant." Another person informed us that the registered manager walked around the service every day and always spoke with them to see how they were. Another person told us, "The deputy manager is very helpful."

The management staff were involved in all aspects of the service and were accessible to people, relatives and staff. The staff interaction with people living at the service was observed to be caring and positive. A member of staff told us, "I enjoy working here." They explained that the registered manager and staff were supportive. Another member of staff informed us that there were always enough staff on duty for the people and that supervision, appraisals, training and rota were all well planned in advance.

The registered manager continued to consult with people living at the service, their relatives and staff through planned and audits and meetings. We saw that the registered manager did respond to requests and ideas these various forums generated. This included changing the shifts that staff worked as accessing the service by local transport was difficult for some staff.

The service continued to work in partnership with other organisations and sought the advice of other professionals as necessary with regard to developing the service and the wellbeing of people living at the service.