Runwood Homes Limited

Waterfield House

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

Summary of findings

Overall summary

The inspection took place on 26 April 2016 and was unannounced. The service is registered to provide accommodation and personal care without nursing for up to 75 people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risk of abuse as staff had attended training to ensure they had good understanding of their roles and responsibilities if they suspected abuse was happening. The manager had shared information with the local authority when needed.

People were supported by a sufficient number of suitably experienced staff. The provider had ensured appropriate recruitment checks were carried out on staff before they started work. The staff had been recruited safely and had the skills and knowledge to provide care and support in to people of their choice.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Positive and caring relationships had been developed between people and staff. Staff responded to people's needs in a compassionate and caring manner. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

The staff of the service knew people well and were competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals.

People were treated with kindness and respect by staff who knew them well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express their views.

People knew how to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff had received training about safeguarding and were aware of what they needed to do if a safeguarding incident occurred.

There were sufficient staff on duty to provide care to people.

People received their medicines as they were prescribed.

Is the service effective?

Good

The service was effective.

Staff training had been planned and delivered according to the schedule.

Staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of nutritious food.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for and we saw examples of staff providing care with knowledge of the person.

People were involved in the planning of the care they received.

Staff treated people with dignity and respect using their chosen names and knocking upon people's door and waiting for an answer before entering.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and a care plan written in accordance with their assessed needs.

There were systems in place to receive, record and resolve complaints and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The manager was visited regularly by their area manager and worked through a detailed management report together each month to address and resolve issues.

The manager sought the views of people using the service and their relatives in order to develop and improve the service.

The service had an on-call system in operation so that staff could seek advice as required.

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.

The inspection took place on 26 April 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people received care. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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.

During the inspection we spoke with ten people who lived in the service and two relatives. We also spoke with the registered manager, area manager, four care staff members, the chef and one domestic member of staff and two visiting professionals.

We looked at eight people's care records, four staff recruitment records, medicine records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe and that staff were understanding and helpful. One person said. "I see the manager regularly and they are always checking that we are alright." Another person told us. "Yes the staff are nice, but they do come and go. I have my favourites, some are better than others." When asked they said. "No bad practice."

There was a policy and procedure for safeguarding people. The staff we spoke with were all knowledgeable of the policy and had received training in the safeguarding of people and this training was updated each year. Staff we spoke with demonstrated their understanding of types of harm or abuse that could occur and how to report concerns. They were also aware that they could report concerns directly and did not have to go through the organisations procedure.

We also saw that there was a process for whistle-blowing any concerns that staff may have about the organisation. This is a term used where a staff member or members alerts the service or outside agencies, when they are concerned about care practice. All the staff we spoke with told us that they would feel confident to whistle blow if they felt there was a need to do so.

Accidents and incidents were recorded and the manager analysed the causes regularly to identify ways in which similar accidents or incidents could be prevented. Any learning from the analysis of the incidents was shared with members of staff at supervisions and team meetings. We also saw that the service carried out regular checks to ensure the emergency lighting was working and also that emergency evacuation plans were in place.

Risks to people's safety had been assessed by the staff. Within each of the care plans we saw, there were individual risk assessments and appropriate plans of care of how to support the person. There were risk assessments regarding moving and handling and staff had received training about how to use equipment to move and transfer people safely. The service had worked with other professionals to assess risk and how to provide care to people with complex needs. We saw people moved around the service freely and choose how and where they wished to spend their time. This included use of an internal garden where attention had been given to ensure the foot paths were clear, stable and provided easy wheelchair access. This showed that the provider had taken the necessary steps to provide care in an environment that was safe, suitably designed and adequately maintained.

The manager had worked with and sought the advice of the Ipswich and East Suffolk Commissioning Group to plan the prevention of falls within the service. We saw as result of these discussions that falls were monitored closely and a process was in place for any lessons learnt to be used to improve the service. Two falls prevention champions has been appointed from with the staff team. This meant that these staff had been given time to develop their skills and knowledge in this area which in turn were to be shared with staffing colleagues and for them to work closely with the manager on falls prevention.

Staff spoken with said they felt there were enough staff on duty at all times and there was always someone

to ask for help as required. They also felt it was good that agency staff were not needed. Staff said they worked a shift rotation which meant they were familiar with the whole service day and night. We spoke with the manager who was establishing a senior team and at the time of the inspection there was almost a full staff team in place. Staff could work additional hours, which was closely monitored by the manager so that staff did not become over tired, and hence there was no requirement to use agency staff. This helped ensure people received continuity of care. The manager told us they were trying to recruit additional bank staff to support the regular staff team. One person told us. "Whenever I used my call bell they come very quickly, I think we have enough staff." A relative informed us that they considered that there were enough staff on duty at all times.

We viewed staff records and saw there was a robust recruitment process to ensure only suitable staff were employed. This included a check on their previous work history, references both professional and about the persons character. Proof of identification, address and criminal records check. There was also a check on staffs immigration status.

The manager told us only senior staff administered medicines and that apart from last year when they reported a discrepancy in medicines there had been no errors. There were regular audits by an external pharmacist as well as internal medication audits. The medicines were stored safely in a locked medicines cabinet and when not in use, locked in a designated medicines room. The service had a policy and procedure for the management of medicines.

We saw a member of staff administer medicines to people at lunch time. They were aware of why the medicines had been prescribed and possible side effects. We saw that for each person there was a photograph on their medicine administration record (MAR) and allergies had been recorded.
We saw that the (MAR) charts were accurate, with no unexplained gaps and were up to date.

We carried out an audit of the controlled drugs in use and checked the stock balances which were all correct. The temperatures of the room and fridge were checked daily and were within acceptable limits. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). There was a procedure for the return to the pharmacy for out of stock or unrequired medicines which the service was using appropriately. We saw as required medicines were being offered to people appropriately and recorded accurately. One person told us that they received their medicines on time and staff explained things to them when they had asked about a new medicine.

Good

Is the service effective?

Our findings

Staff told us they were well supported by the manager with regular scheduled supervisions and a system where they could request one to one time with the manager when required. Staff told us that they also had annual appraisals.

We spoke with staff about their training. They told us about their basic training and some staff had completed enhanced qualifications in care. Other staff said they had embarked on further training but had to stop when the assessor left but that they have now been replaced and the training was to re-commence.

Staff had the training they needed for their role. Some staff relatively new to post had not yet completed all of their training, but this was planned and they had received various training sessions as part of their induction, which was sufficient for them to start work at the service. We noted that staff had specific roles and were champions for different areas of health care practice. For example there were nutritional champions and dignity champions. Staff had chosen these roles as it was an area which interested them.

Lots of staff training was evident either through e-learning or one to one support, coaching and team meetings. We saw that at team meetings time was spent going through policies, procedures and good practice issues. Some staff had not completed any training around the more specific needs of people such as stroke management, Parkinson's disease, end of life care and dementia. We viewed this as essential particularly as the service had recently become involved in rehabilitation/re-enablement of people from hospital. The manager informed us that further staff training was being planned and the service was very well supported by the local hospital staff.

We also saw evidence that there was support for end of life care including that staff could attend an annual conference about good practice. There was also the opportunity for staff to go to the funeral directors to learn more about after death support to relatives.

One of the senior staff was a dementia champion. They had completed a detailed dementia course over a year and were responsible for promoting good dementia care practice and a positive approach to dementia care within in the home. They gave examples of enhancing people's experiences and about changes to the environment to make it more user friendly.

We asked new staff about their induction when they first started work. They said they were familiarised around the service and were supervised by more senior staff for up to two weeks. They then completed a recognised certificate in care.

We looked at staff files which provided evidence of staff training, support, and induction. Staff had competencies checks when administering medication and for manual handling.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack

the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest following meetings at which they, their relatives and their support teams had been present.

Risks to people's safety was documented and included a record of what people were eating and drinking where there was a risk of malnutrition or dehydration. We had concern about these records as it was not clear how much people were eating and drinking or what actions were taken when people clearly were not eating and drinking enough for their needs. We were aware that care plans were being updated at the inspection and raised this recording issue with the manager. From the actions they took to correct this matter and discussions we had with people using the service relatives and staff we were content that people were having their dietary needs meet.

We observed the lunch time on both floors. One person told us. "The food is very nice." Another person told us. I am very happy with the meals." One person did tell us that they thought the menu was repetitive." Nine people remained in their room and staff were attentive and ensured people received their food promptly and whilst still hot. Anyone that needed assistance received this in a sensitive, appropriate way. The food was served for people alongside separate dishes for vegetables put on the table and gravy boats for people to help themselves and each other. Staff offered people sufficient to drink throughout their meal. The feedback about the food after the meal was mixed, one person left the table because they did not like the menu options but an alternative was found for them, when staff enquired why they had left. They returned and enjoyed an alternative option. One person thought the meal could have had more choices of deserts while other people considered the deserts were very nice. One person told us. "I am never hungry the staff always want to know why if you have not eaten much." The manager informed us and we saw recorded information that people were referred to their GP's and other professionals when concerns were noted.

We spoke with the chef who had a list of people at risk of malnutrition and told us how they fortified people's meals and provided snack plates which they felt may discouraged some people from eating their main meals. The manager considered that the important aspect was choice and that people's nutritional needs were being met by this alternative, especially as some people preferred finger food and to snack at various times in the day rather than to eat at set meal times. The manager told us the menu was due to be changed that month to a summer menu. The manager also informed us that they were seeking staff champions in nutrition who would work with the catering team while also updating records to take account of and accurately record the choice of peoples preferred needs.

We saw that people's weight was monitored on a monthly basis and staff involved other healthcare professionals, such as Speech and Language Therapists (SALT) and dieticians, should there be any concerns about people's change in weight.

We saw that people using the service had access to a GP. One person told us. "The GP has seen me here and once the staff took me to see them." Another thought that as well as the service staff, it was good to see district nurses coming into the service every day. We were aware that district nurses supported the staff to

meet a person needs with a pressure sore. Records showed that people were supported to attend appointments with healthcare professionals, including dentists, opticians, district nurses, mental health professionals, occupational therapists and chiropodists. One relative told us. "The manager lets me know of any appointments at the hospital and makes arrangements for someone to go with [my relative] if I cannot."

Good

Is the service caring?

Our findings

Everyone we spoke with said the staff were nice and very kind. One person told us. "You can have a joke with the staff and as I am from the local area, I know many of them very well, lovely people." We noted that within the service a number of people had struck up friendships and clearly enjoyed each other's company and visits from relatives. A relative told us. "We looked carefully with [our relative] and thought this was the best one and we have not been disappointed."

Staff knew when people's birthdays were and these were celebrated with cakes and parties if the person so wished. The service had a separate area and a café where people and their families could use. During our inspection we saw the room was used regularly by visitors and where they could purchase refreshments, and snacks. Toiletries and greeting cards were also available.

People told us that they attended residents meetings and consideration was given to their thoughts and feelings. One person said. "It is really nice that the staff have the time and they do listen to us."

One person at the service had brought their dog to stay on admission and a number of people commented on this and other visiting pets to the service and how much they enjoyed this. The notice board advertised a pat dog who visited the service regularly, this is a service run by volunteers who bring in their pet for other people to enjoy. We saw that the service organised activities on daily basis having taken account of peoples interests and also organised day trips.

In the entrance to the service was a range of photographs, of activities and forthcoming events. This included really pro-active fundraising through raffles, coffee mornings, and fetes. The purpose of raising money was to purchase a mini bus. In the meantime the service had hired a minibus. There was a regular church service and we saw children doing the Duke of Edinburgh award. There was also a gardening project and the garden was accessible to all people using the service. Staff told us the big events at the moment was celebrations of the Queen's birthday and the anniversary of the opening of the service. In the communal areas music was playing and we observed regular staff interaction and people chatting with each other.

One staff told us they were privileged to be there at the end of people's lives and another told us staff always went to people's funerals and provided support to family members.

People had access to advocacy and there were systems in place to help people be involved and consulted about the care they received. We saw from resident/relatives meetings they had created a wish list and some of these things had happened. So for example memory boxes, visits from the ice-cream van, cream teas and fish and chip suppers. This meant the service had listened to the choices that people had expressed.

We saw that prior to going into a person's room the staff had knocked and waited to be invited in. Staff treated people with dignity and respect with regard to how they addressed people. We saw in the care plans that people's preferences for what they liked to be called was recorded. A member of staff told us. "The manager expressed at interview the importance of respecting people and maintaining their rights, this

reassured me to want to work here."

Good

Is the service responsive?

Our findings

Some people had complex support needs which had been assessed before they moved into the service or agreed to come for respite support. People were introduced to the service gradually, first coming for a visit which usually included a meal. One person told us. "Try before you buy, the manager asked me a lot of questions before I came here, but it was to see if we could get along together." The manager told us that the respite service was usually arranged in advance so that the person and relatives could plan. The benefit of getting to know people in this way was that they could and had responded to emergency situations and provided support through respite at short notice to people known to the service.

People and their families were involved in the assessment process to agree the support that was required. One relative told us. "A lot of paperwork to fill in but understandable and it gave confidence that it was a good job, so that we were all clear about [my relatives] needs and also what they wanted."

We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. We saw that the initial support plan was reviewed within the week of the person coming into the service and further details added as the staff got to know the person. We saw that daily notes were recorded.

Each person's care was reviewed on a monthly basis or sooner if circumstances dictated. One care staff told us. "People do change and it is important so that the support plans are updated.
We saw that people's plans were reviewed to ensure that the care provided continued to meet their needs.

The manager told us that the care plans were all being reviewed and written in the format of the organisation. This improved process would mean that information was cross referenced. We saw that the plans were laid out in a logical style and information was easy to find. The plans were person-centred and focussed upon what the person could as well as with what they required assistance. There was a plan of care in place for people's needs and any risks associated with the person. These had been regularly reviewed. There was detail about next of kin and also about the person's capacity to make decisions about their care and welfare and where they were unable who should be involved in making best interest decisions. The plan also had a section for life histories.

During the day of our inspection, activities were provided by a care assistant. They told us the service employed a full time activities coordinator who they covered for on their day off. Although on the morning of the inspection there were a range of activities planned including activities provided upstairs and a singer downstairs to which all were invited. We felt overall, that activity hours were not proportionate to the individual needs of people using the service. There were a lot of people in their rooms who would/did not benefit from group activity and the number of people using the service made it difficult for staff to provide enough activity around people's specific needs. It was positive that on the activities coordinators day off activities were being provided by a designated member of staff and the manager explained that all staff had a responsibility to support activities. Some staff told us that whilst they had the time to provide care to people going further to provide support to people with activities could prove difficult.

The manager told us, they did have this under review, that it was a lot for one designated person to provide activities for so many people, a number of whom were reliant upon staff for arranging activities for them to enjoy and pursue their interests.

The service had a complaints policy and procedure which was accessible and displayed in the entrance of the service. We saw that any issues were carefully noted and actions taken within set timescales. The manager showed us how they dealt with complaints and the outcome to help improve the service where a shortfall might have occurred. They also acted on good practice suggestions acting on feedback received from suggestions boxes and resident/relatives meetings.

Good

Is the service well-led?

Our findings

The service had started to work with the local hospital by providing four beds, for people who were medically fit to leave hospital but not yet ready to return home. The service worked in conjunction with the local authority and health care professional team to support people and to enable them to go home when the right care package was in place. We spoke with one of the health care professionals who told us they would recommend the service to anyone as it was caring and the staff friendly and supportive. They considered the care provided by the service was very good. They also told us the person's needs were assessed by both the social worker and the service prior to the person, with their consent, coming to the service. This gave them and the service time to put the care package and anything the person needed in place at the service. People using the service were very pleased with this option. The manager and staff considered it was working well and were happy to support people to use this as a stepping stone back to their home. They also enjoyed working with the local authority and health staff and saw this had benefits for all concerned.

Staff told us they felt they were very well supported by the manager who often attended staff handovers so they knew and confirmed what was happening. They also made themselves available and supported staff as required.

The service was managed in a consultative way with regular, bi-monthly resident/relatives meetings and feedback boxes in the main entrance. There was lots of information for people and visitors about the service, about forthcoming events and service expectations. Staff said as well as regular team meetings and supervisions the manager also completed a meeting of concern if they identified staff practice which could be improved upon. They also had spot meetings with staff to discuss positive aspects of practice or resolve issues identified immediately.

The Care Quality Commission inspect services using key lines of enquiry which fall into five areas as highlighted in our report. The manager had given all staff the opportunity to be aware of what our role was and how we inspect services. This meant staff were familiar with legislation and best practice and were at ease during the inspection. When we spoke with staff about policy and practice they were confident in the answers. The manager had spoken with them about the key lines of enquiry and asked for staff to consider how they demonstrated they were meeting standards and how they could continue to improve the service for the benefit of the people using the service.

Each member of staff had a specific role and resulting responsibilities. For example a member of staff had areas of care such as mouth care which was a practical role in which they would check everyone had everything they needed to promote positive oral hygiene. A staff member was responsible for helping to promote positive dementia care and was supported to do so through a series of work books and support from other colloquies. The manager informed us about the service statement of purpose and how it operated to meet the requirements of the statement.

Audits were in place and many of these were centred around the care people received or any risks they

might be exposed to. For example dining room audits were completed to see how this could be enhanced for people. Spread sheets helped the manager to monitor people's weights and to easily identify who was losing weight and might require referral to another health care professional. Infections were also recorded and actioned. The manager told us they completed daily audits walking round the service checking everything was in order and had also completed night audits. This meant that they came into the service at night to discuss particular issues with the night staff and looked at how the service could best support people at night with their sleep and any other needs. Audits included the suitability and cleanliness of the environment, the level of integration and activity for people and reviewing what did and did not work.

Surveys were circulated to people and their relatives to ascertain their views of the service. We saw samples of audits completed on menu satisfaction. The service actively pursued people's feedback to try and create a service people wanted. The service had been entered and reached the final of award ceremonies celebrating the care industry. We also noted that the service had been short-listed for the Suffolk Care Awards in the Culture and Creativity as awarded by the Suffolk Brokerage Association.

The service provided an on-call service to support staff throughout the 24 hour period. The manager in their drive for quality had incorporated a quality assurance system. This encouraged staff to consider four things in any one situation, what they have tried; learnt; were pleased about and concerned about. This problem solving approach was used as the driver for improving quality in the service. As a result of using this system the service now had a Namaste Room. This is an area of the service designed to provide care to people one at a time. Namaste focuses upon the senses; sound, touch, smells and taste. The manager told us this was proving very popular and further work and training for staff was planned to further enhance this new activity in the service.

The manager compiled a weekly key performance indicator report which identified and monitored aspects of the service which required to be worked upon and also was the basis of meetings with their manager. The manager felt supported by their manager who was approachable and provided supervision.