

Runwood Homes Limited

Evelyn May House

Inspection report

Florence Way
Langdon Hills
Basildon
Essex
SS16 6AJ

Date of inspection visit:
13 December 2021

Date of publication:
25 January 2022

Tel: 01268418683

Website: www.runwoodhomes.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Evelyn May House is a care home providing personal care and accommodation for up to 59 people. On the day of inspection, 56 people were using the service. The service does not provide nursing care.

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

People and relatives mostly told us they had positive experiences of the service. One relative told us, "Staff are amazing so happy and patient in their work." One person told us, "I have met some lovely people here. I enjoy knitting and being up and about with my friends."

Documentation in care plans did not always contain all the information staff needed to support people safely. Some information required more detail to provide person centred care. Where information was in care records this was not always followed safely.

Systems had been put in place to make improvements to safeguarding referrals to the local authority where required for investigation. There was enough staff available to support people who had been safely recruited. Medication was managed safely by staff.

The manager was actively working to review the service and make improvements where needed. Systems at the service were being developed to provide oversight.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was good (published 21 November October 2019).

Why we inspected: We received concerns in relation to staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Evelyn

May House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Evelyn May House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Evelyn May House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was not yet registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and eight relatives about their experience of the care provided. We spoke with four members of staff including the manager and regional manager, and three care staff.

We reviewed a range of records. This included five people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training information and action plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care documentation did not always contain all the information staff needed to manage risks.
- Where information was in care documentation this was not always followed. For example, we found where one person was at high risk of falls part of their fall's prevention was to wear appropriate footwear and use a walking aid. We observed staff to support the person to walk in socks on a laminate floor without their walking aid. This was brought to the attention of the manager to address.
- Staff had not supported people living with dementia with good oral hygiene care. Although care plans identified that poor oral hygiene could lead to bleeding gums, broken teeth and oral pain. Oral hygiene tools such as toothpaste and toothbrushes were kept in poor condition in dirty bathroom cabinets. In response to this the manager arranged for a system to be put in place to support oral hygiene care.
- People who required creams to prevent skin breakdown had body maps recorded in their care plans. But these did not always identify where cream should be applied, or when red areas were found, where these were. For example, two body maps detailed, "skin red cream applied," but no indication where skin was red, or what cream was used.
- People who required creams for skin conditions sometimes had multiple tubes of cream in rooms not put away. When we informed staff of this, they told us that creams should be put away in bathroom cabinets and preceded to do this. Creams left out posed a risk to others of being used inappropriately.
- Some people required support with turning to prevent pressure sores developing, the frequency of turns was not always recorded. This placed people at risk of not receiving the care they needed.
- Documentation in use to monitor and record a person's distressed behaviour had not been completed correctly. This meant health professionals would not be able to fully analyse the information and provide guidance on how best to support the person.
- Care plans contained limited information on how to support a person who maybe distressed with alternative approaches to having their care needs met effectively. This meant there was a risk of them not receiving the support they required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt Safe living at the service. One person said, "The carers are good and are very happy to look after me."
- Staff had been supported with training to recognise safeguarding concerns and how to protect people. The provider had systems in place for staff to raise safeguarding or whistle blowing concerns.
- The manager was working with the local authority to identify safeguarding concerns and refer these appropriately for investigation.

Staffing and recruitment

- A new manager had recently been recruited to the service. They informed us that they had been working on reducing the use of agency staff at the service and were in the process of recruiting new staff.
- The manager informed us they were working with the provider to develop a new dependency tool to help calculate staffing requirements against the needs of people using the service.
- We received mixed feedback from people, relatives and staff with regards to staffing levels. One relative told us, "There always seems to be enough staff but they are very busy and do not have time to sit and talk with people." Another relative said, "When I visit, I am worried about leaving [relative] in their bedroom because I think [relative] will get forgotten." One person said, "There is not enough care staff, they always have an excuse as to why we have to wait." Staff told us they generally felt they had enough staff to support people but felt if there was more staff, they could spend time talking with people.
- The manager had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service as part of their recruitment process.

Using medicines safely

- People received their medicines safely. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Staff received training to administer the persons medicines safely.
- We observed good practice with medication prescribed as required (PRN) being used correctly for the prescribed purpose.
- A relative told us, "My relative is really settled, staff have reviewed their medication and got it just right."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The manager was able to share with us they had completed a review of the service and were working on addressing issues they had identified.
- The manager was open and transparent about learning lessons and addressing issues highlighted immediately during the inspection.
- Reviews were being completed of accidents and falls to learn lessons and mitigate further risks.
- We saw information was shared with staff through handovers and meetings with the manager.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a new manager at the service who was in the process of registering with the commission.
- The new manager had spent time reviewing the service and had identified areas for development. Following a recent local authority inspection, the manager had responded to issues raised and was working through an action plan to make improvements where needed.
- The manager was in the process of reviewing people's care plans to ensure they matched people's current needs. We saw this was on-going work planned over the coming weeks.
- We found some care plans needed to contain more person-centred detail on how staff could support people for example, when they became distressed and with some physical health and mental healthcare needs. The manager was responsive to suggestions made, immediately implementing new processes.
- Before the new manager started staff supervision and training had decreased, they have since implemented supervision with staff and scheduled staff appraisals. In addition, they had improved staff training statistics and booked more training for staff to support them with their roles. One member of staff said, "I have completed the care certificate, we have a good team and the manager is very supportive."
- People and relatives were complimentary of the new manager one relative said, "I have the biggest admiration for them all, I am pleased we have the new manager, they has taken control of the home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their duty to be honest with people when things went wrong. They had a good understanding of their responsibilities in relation to duty of candour.

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

- People and relatives were able to feed back on the quality of the service via surveys and meetings. We saw minutes of meetings where the new manager was able to introduce themselves and listen to any concerns raised. The meeting was also used to update relatives on guidance around COVID 19, essential care givers and vaccination status of the service.
- Relatives told us they felt communication from staff at the service was good. One relative said, "I have met the new manager and the communication from the home is good."

Working in partnership with others

- Staff worked in partnership with other healthcare professionals such as the dementia team, hospice team, district nurses and GP. One relative told us, "The GP comes in every Friday and sees everyone once a month."