Runwood Homes Limited

Carolyne House

Inspection report

Waterson Road,
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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 inspection took place on the 06 May 2015.

Carolyn House is one of a number of services owned by Runwood Homes Limited. The service provides care, nursing and accommodation for up to 51 people who need assistance with personal care and may have care needs associated with living with dementia. On the day of our inspection the service had three vacancies.

The service had a registered manager in post. 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.

People's medication was not consistently well managed and people did not always receive their medication as prescribed.

In general the service had an effective quality assurance system, however some of the concerns regarding medication management had not been fully addressed.

Summary of findings

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.

Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker. But we had concerns about the provider's newly introduced system for recording and evidencing delivered training to staff, as this did not reflect all the training staff had received.

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. 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 staff on duty.

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. The service kept clear records about all healthcare visits.

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. Detailed assessments had been carried out and care plans were developed around the individual's needs and preferences.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The registered manager had a good understanding of MCA and DoLS and appropriate documentation had been completed. Mental capacity assessments had been carried out where people were not able to make decisions for themselves.

People 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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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.

The standard of medicines management in the home was variable and some people did not receive their medicines safely or as prescribed.

The provider had systems in place to manage risks and safeguarding matters and this helped ensure people's safety. People and their relatives told us this was a very good service and that it was a safe place to live.

There were sufficient numbers of staff to meet the needs of the people who used the service.

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 their individual needs and preferences.

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

Good

Is the service responsive?
This service was responsive.

People received consistent, personalised care and support and they had been fully involved in planning and reviewing their care.

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

Good

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

Quality assurance systems were in place, but these were not consistently effective.

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

Requires improvement

Carolyne 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 was unannounced and took place on the 6 May 2015.

The inspection team consisted of two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned within the set timespan. We also reviewed other 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 all this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with seven people who used the service, three visiting relatives, the registered manager, and four members of the care staff. Healthcare professionals were approached for comments about the service and their comments have been included where possible.

Not everyone who used the service were 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 communal areas and also the dining room.

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

During our visit we found that the standard of medicines management in the home was variable and some people did not receive their medicines safely or as prescribed.

The service had 'when required' medication protocols in place, but staff were not to be following these and had not recorded how many tablets had been administered. This gave a limited picture of the medicines people had actually been receiving. We found that one person had been given night medication first thing in the morning, for several days, before this was noticed by nursing staff and then altered. Some people had pain relief patches prescribed, but despite charts being in place to identify the site of the previous patch, staff had not used these consistently. This meant that people were at risk of having patches applied to a site recently used, that could cause skin irritation and the prescribed medication not being absorbed as required.

Staff had dated medicines, so they could be audited, but had left 'out of date' items in the medicines trolley, which increased the risk of people receiving expired and ineffective medications. Controlled medicines were managed well and checked regularly, but liquid items did not have a date of opening on, which meant that these medicines could not be checked and safely managed.

It was noted that when people had been admitted during the calendar month, the staff were not always checking the number of medicines the person had brought in with them. Newly admitted people were at risk of running out and not receiving their prescribed medication, for example, one person was without a diuretic for four days, despite requests/reminders being in the staff diary that this needed to be re-ordered.

Each person's medication records had a good profile in place and this was detailed and up to date. Only senior staff administered medicines to people and they had training and annual competency checks to ensure that their understanding and practice relating to the management of medicines was current. It was noted from the training document supplied by the manager that three staff had not received training since November 2012.

Care and treatment had not been provided in a safe way because the provider had not ensured proper and safe management of medicines.

This is a breach of Regulation 12 1 and 2(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had monitored the incidence of pressure ulcers, but they had not looked into the cause to help improve practice and reduce any further risk. Four people had home acquired pressure ulcers and the manager had recently identified in a quality audit that staff were not always completing risk assessments for people who were at risk of developing pressure ulcers or reviewing those already in place. On the day of the inspection it was also noted that one person's pressure mattress was on the wrong setting, even though the required setting was clearly labelled and staff had signed each day to confirm it had been checked. This was brought to the manager s and qualified nurses attention. Twenty staff had attended pressure care training since January 2015 to try and increase knowledge in this area, but the need for a more proactive and questioning approach to the prevention of pressure ulcers was discussed with the manager.

People told us that they felt safe living in the home. Comments the service had received included, 'Throughout [person's name] stay they have enabled me to feel at ease in sharing their care and at peace to know that they would always be safe' and, 'To know that my relative was being cared for in a safe and homely atmosphere helped the family…' Another comment the service had received included "I have a good feeling in this home and what I have witnessed is something to give me peace of mind that my relative is safe."

Staff knew how to protect people from abuse and avoidable harm and had completed training. Staff were able to express 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. 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. Where a safeguarding concern has been raised, the manager kept good records to show what action had been taken to protect the person and investigations showed that they were looked into thoroughly. One staff member said, "I have a duty to report things, it is part of my job" and

Requires improvement

Is the service safe?

another said, "I think we would be listened to if we raised something with the manager." This showed that staff were aware of the systems in place and these would help to protect the people living at the service.

People had been appropriately assessed for risks and these had been managed and reviewed each month. Care plans assessed a variety of risks to people including falls and risks relating to people maintaining their independence. We saw that where risks had been identified, care staff managed these without restricting people's choice and independence. People had also been part of the risk assessment process where possible. The manager was in the process of auditing the risk assessments to help ensure they were up to date and reflected each person's needs.

The manager collected data on incidents in the home such as falls and pressure care and the management team analysed the information relating to each individual, but further analysis to identify patterns or themes within the service was presently basic. The manager had taken action in relation to individual falls, but this could be developed to look at trends and themes to help protect the person from further falls.

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

There were systems in place to help the manager monitor dependency levels and help assess the number of staff needed to provide people's care and help keep people safe. The manager told us that the service had the option of increasing the staffing in response to a particular circumstance, such as a change in someone's needs. Agency staff were being used to cover nursing shifts, with the same agency to try and help with consistency.

When spending time in the home, people had access to their call bells and were able to call staff, who came promptly. The manager reviewed response times to call bells to help keep people safe. It was noted that many of the people on the nursing unit needed the assistance of two staff to provide their care and this reduced the staff available to the other people on the unit. This was discussed with the manager and is an area that management may need to regularly revisit to ensure there are sufficient staff employed on each shift to meet individual's needs.

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 which would exclude them from working in this setting. We looked at two recruitment files and found that all appropriate checks had taken place before staff were employed.

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

The staff spoken with confirmed that training was offered and some stated they had completed a recognised qualification in care. Most staff had attended training in dementia care and the service had eight Dementia Champions in the home to assist with advice and good practice. The service also had support from the Dementia Crisis Team, but some staff said they needed 'some training on behaviour support of people with dementia and how to manage them in the best way', due to some people's high dependency. Although the system for recording training and evidencing courses attended by staff had been changed and made it difficult of the manager to show us what had been achieved in all training areas by staff. We observed staff delivering good care and following good practice, however some staff were noted to need updates in moving and handling, health and safety, Control of Substances Hazardous to Health (COSHH) and fire safety training.

Newly recruited staff had completed an induction which included information about the running of the home and guidance on how to meet the needs of the people using the service. Those staff we spoke with said the induction was very good and had provided them with the knowledge they required.

Staff had received general support through one to one sessions, meetings and appraisals and staff confirmed that these sessions were a good time to cover areas of concern. Staff morale was low and some staff stated they often felt under pressure and would like more management support to recognise this and improve staff morale within the service. Feedback from staff included, "The manager used to be a carer, she expects the best from you and wants this home to be the best and she is trying hard to raise standards but she never lets up" and "If the manager is not too busy, she does come on the floor, but really she expects too much of us and we don't have the time, especially if we are short staffed." This was discussed with the manager who was aware that staff support was an area that needed to be developed further.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made 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 ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

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 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. Files contained documentation to assess people's capacity and identify what day to day decisions they may need help with. This showed that the service had up to date information about protecting people's rights and freedoms. It was noted that the care plan documentation had recently been changed and the section on gaining consent for care had been ticked and completed by the person receiving the care, but this section had often been signed by relatives, which made it difficult to establish who was actually giving consent. This was brought to the manager's attention who stated that this would be actioned.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Comments about the food included, "It is a lovely dinner," "It's roast today" and "The food is very good and you get a choice, but I usually have what they offer me." Staff stated that there was a good choice of food and if people did not like what was on offer then the cook would do something that they did like. One staff member was later seen asking someone who did not like their meal what they would like instead and provided two or three options for them to choose from. The cook was aware of people's likes and dislikes and also any dietary or cultural needs of individual people. Jugs of juice were available and hot drinks and biscuits were made available throughout the day. Some lounges also had fruit bowls in them for people to help themselves.

Menu boards showed that there was a varied menu and that people were offered choice and a healthy balanced diet. The manager advised that they were in the process of developing pictorial menus. This is so that people can see what choices of meals are on offer and this would assist those people who may have some form of dementia to choose. People were encouraged to be independent with eating, but where needed staff were observed offering support and assistance. It was noted that the interaction

Good

Is the service effective?

between care staff and the people who needed assistance with eating on the nursing unit was variable. Some staff were very good and were seen chatting to people about the food etc, whilst other staff were seen standing over people instead of sitting with them whilst assisting them to eat. Some staff were also having conservations amongst themselves about personal matters rather than chatting to the people using the service. The manager was made aware of the issue and stated that this practice would be discussed with staff as this not how staff had been trained.

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 ongoing support. Referrals had been made to other health care professionals when needed and this showed that staff tried to maintain people's health whilst living at the service. On the day of our visit a number of health care professionals visited the service to assist with people's welfare and included district nurses, doctors and chiropodists.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received and said that they were treated with dignity and respect. They were complimentary about the staff and comments included, “All the carers are nice, very nice,” “They really look after us well here” and “I am happy here it is my home.” Feedback from relatives included, “The care is very good and [person’s name] had settled in very well” and “I can see that everyone is very caring and you can feel that they care.”

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

Staff responded quickly to people’s needs and they were kind and caring in their approach. We noticed that staff regularly engaged with people and that people responded in a positive way. Comments received showed that people felt the staff provided the support they needed and these included, “I am part of the family and we are very happy” and “I have made friends since I have been here.”

People had the opportunity to express their views about their care and support and the service. Meetings had taken place with people and this provided them with an opportunity to be able to discuss their likes and dislikes. Minutes of these meetings showed that people had had an opportunity to feedback regarding the care they received and also the running of the service with regard to food, activities, staffing and the environment.

Families had been involved in their relative’s care and it was 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.

A dignity tree had been produced and people had been asked to write what they felt dignity meant to them. People’s responses had included, ‘Being treated like a human being with kindness,’ ‘Having a choice in what I do today’ and ‘Treating us like adults.’ Staff were seem knocking on people’s doors before entering and always closing the door when personal care was being provided. The service also has a dignity champion, who is someone who can offer advice to other staff and ensure that good practice is being followed at the service.

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. Feedback from relatives included, "They always let us know what is going on and keep us up to date" and "Moving mum here is the best thing I have done. I can sleep better and need not worry when I am not around."

People's care needs had been fully assessed before moving into the home, which helped to ensure the service was able to meet their needs. The care plans we reviewed contained a variety of information about each individual person and covered their physical, mental, social and emotional needs. The assessment forms on the files were easy to read and quickly helped to identify each person's needs and would assist the staff to identify what support was needed. Any care needs due to the person's diversity had also been recorded. 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.

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

Where possible people had been supported to follow their interests and take part in social activities. Regular daily activities had been organised and this was clearly advertised on the board in the foyer. They also had outside entertainment which came into the service. The manager was aware that this was an area that needed further development. On the day of our visit there were very little activities taking place due to staff sickness. Staff were seen trying to interact with people and discuss the daily newspaper and generally chatting. Some people we spoke with told us they preferred to stay in their room and watch television, but added that they knew that they could join in with the organised activities if they wished, which showed that people's individual choices and preferences were respected. One relative stated that the home had arranged for a staff member to take their relative to church every Sunday. Visitors were welcome and people were seen coming and going throughout the day.

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

People found the staff and management approachable and felt they were able to raise any concerns they may have. Visitors also knew who to complain to and one person added, "They are very open and approachable. If I had any concerns I would speak with them."

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. Where complaints had been received, there was a good record that they had been investigated and appropriate action taken. Senior management in the organisation also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from reoccurring. Details on how to make a complaint could be found in the foyer of the home and also the residents guide.

There were a number of ways the service encouraged relatives, friends and people who lived at the service to raise concerns. Regular meetings took place and these provided people with an opportunity to discuss the running of the service and also any issues they may have. One person said, "They are very open and approachable, if I had any concerns I could speak with them."

Compliments the service had recently received included, 'I wish to thank you and your staff for the care and consideration you have shown to [person's name],' 'You should feel very proud to have such a member of staff that can make a difference in someone's life,' and 'I wish to pass on my thoughts on what an amazing care facility you have.'

Requires improvement

Is the service well-led?

Our findings

The manager was registered with the CQC in February 2015. People who lived at the service and their relatives told us that they often saw the manager walking about the home and added that they felt they could approach her if they had any problems or concerns.

People generally received good quality care and the service had a number of systems in place to help monitor the standard of care received. The manager and provider had carried out a range of regular audits to assess the quality of the service. The manager had started to look at audits and ensure these highlighted areas of improvements. Some areas of concern were highlighted during this inspection with regard to medication management and training. The audits completed had not reflected these issues. Changes to the recording of training by the provider meant it did not include the training that staff may have completed in the past and did not reflect the skills and knowledge the staff team had. This was brought to the managers attention for action.

Staff had received supervision and attended regular staff meetings, but staff morale was low and some stated they felt they needed 'more management support.' Management had systems in place to help ensure staff were kept up to date with information about the service and the people who lived there and this included staff handover meetings between each shift.

Staff were aware of their responsibilities and there was clear accountability within the staffing structure. This meant that people living at the service benefitted from a cohesive staff team, who worked together to deliver good care. Compliments the service had received included, 'Everyone we met carried out their duties with a cheerful professionalism.'

The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. They also had staff who had trained as dignity champions and assisted staff in ensuring this was provided when assisting with care and support. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

People who lived at the service and their representatives 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. In some cases the questionnaires had not been dated so it was difficult to assess how up to date these were. Some basic analysis had been completed, but the manager had not analysed or fed back all the positive comments received, only recording the areas for action. This was an area the manager knew needed to be improved and they had started to do their own audits, so improvements could be made. There was presently no formal feedback forms for staff to complete, but regular staff meetings had been held and this provided an opportunity for staff to feed back to management. Systems needed to be introduced that provided management the opportunity to listen to staff feedback and use this in a constructive and motivating way.

The service has an employee recognition scheme in place for the employee of the month and dignity champion as well. Those who had been recognised for these rewards had been displayed in the foyer and included details on the reasons why each individual staff member had been given their award.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12 (2) (f) (g)Where medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; the proper and safe management of medicines. People's medicines must be available in the necessary qualities at all times to prevent the risks associated with medicines that are not administered as prescribed.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.