

# Runwood Homes Limited

# Carolyn House

## Inspection Report

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# Summary of findings

## Overall summary

Carolyn House provides nursing and personal care for up to 51 people. The home also provides end of life and palliative care. At the time of our inspection there were 51 people living in the home. There is a registered manager at the service.

People who lived in the home and their relatives told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

Staff were knowledgeable about the needs of people living in the home and they provided effective care and support that met people's individual needs.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to

supplement the main MCA 2005 code of practice. We looked at whether the service was applying DoLS appropriately and found they were meeting the requirements of the code.

Relatives told us that there was effective communication and staff consulted with them and kept them informed about their family member's needs.

People living in the home and their relatives told us that staff were obliging, helpful and caring. There were sufficient staff to support people and their care needs were met promptly.

The home was well led by a competent manager. People living in the home and relatives were confident that they could raise any concerns and that these would be dealt with appropriately.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

The service was safe because there was a correct process in place for recruiting staff. Staff understood the process of safeguarding and were aware of what they should do to keep people safe.

The service had correct systems in place to manage risks.

People's best interests were managed appropriately under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

### **Are services effective?**

The service was effective as staff knew people well and understood their care and support needs. There was an effective process in place for developing and reviewing care plans.

There was effective communication between the home and relatives, who were involved and kept informed about their relatives' care.

There were correct processes in place for meeting people's end of life needs.

### **Are services caring?**

The service was caring because staff treated people well and were attentive to their needs.

Relatives were complimentary about the care and support given and staff were described as obliging, helpful and caring.

People's privacy and dignity was promoted and respected.

### **Are services responsive to people's needs?**

The service was responsive to people's needs. These were met by staff who knew them well and understood how to communicate with them.

Staff responded promptly when people's care needs changed and relatives were kept informed of any changes.

The service was responsive to people's diverse needs and they received care and support in ways that they preferred.

People who used the service and their relatives were confident that the service would respond appropriately to any concerns they may have.

### **Are services well-led?**

The service was well led

# Summary of findings

Staff understood their roles and responsibilities and there was a positive culture among the established staff team.

Staffing levels were flexible and sufficient to meet the needs of the people who lived in the home.

There were systems were in place to monitor the quality of the service and deal with concerns and complaints.

The service was well led with systems to ensure that people were listened to and any areas for improvements were highlighted and the necessary action taken.

# Summary of findings

## What people who use the service and those that matter to them say

People who used the service who were able to express their views and visiting relatives spoke well of the home and expressed satisfaction with the standard of care. One person said, "It's all good to me." A relative told us that, when their family member had a fall, "The home did all the right things."

Two relatives of one person were happy with their family member's care. They told us, "We cannot think of a single thing that could be improved."

People felt safe living at Carolyne House and a relative confirmed that their loved one was "safe and well cared for." Another person said, "They really look after me well and the food is all right."

A relative said, "I feel that (my family member) is treated with care and dignity and is always fairly happy. They work hard and I have confidence that (they are) getting the best care."

One person told us that they had viewed many care homes and there was something "comforting" about Carolyne House.

When asked how the home responded if they were unwell, one person said "If something is wrong with me I can see the doctor but I'm OK."

Some people were unable to tell how they felt. We saw that one person, who was unable to get out of bed, smiled a lot and looked comfortable. People appeared well cared for, their clothes were clean and they were well groomed.

# Carolyn 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 service was inspected as part of the first test phase of the new inspection process we are introducing for adult social care services.

Before our inspection we looked at all the information we had available. This included information from notifications received by the Care Quality Commission, safeguarding information and the findings from our last inspection. We used this information to plan what areas we were going to focus on during the inspection.

The provider sent us a provider information return (PIR) with information about what they did to ensure the service was safe, effective, caring, responsive and well-led. They also told us about any areas where they planned to make changes or improvements.

We carried out a visit to the service on 29 April 2014. The inspection team consisted of an inspector and an expert by experience who has experience of using or caring for someone who uses this type of care service. The inspection visit was unannounced which meant the provider and staff did not know we were coming.

At our last inspection of the service on 15 May 2013 we inspected a range of standards which included people's care and welfare, how people were respected and involved in their care, how people were safeguarded from abuse, management of medicines, complaints, monitoring the quality of the service, staffing levels and recruitment processes. There were no areas of concern identified at the last inspection.

Carolyn House can accommodate 51 people and at the time of our inspection 23 people lived in the nursing unit, which is downstairs, and a further 28 people in the upstairs residential unit. On the day we visited we spoke with nine people who lived in the home, eight relatives or visitors and a district nurse. We also spoke with the manager and five members of staff who were on duty during our inspection.

We carried out informal observations of care in lounge areas and we noted how people who lived in the home interacted with one another and with members of staff. We also observed people's experiences in the dining rooms during their lunch time meal.

We examined records which included six people's care plans as well as information that related to the management of the home, such as staff training records, quality audits and complaints processes.

# Are services safe?

## Our findings

A visiting relative told us that their family member was "safe and well cared for." The family member also said that they felt safe.

The provider had procedures in place for recruiting staff safely and personnel records confirmed that these processes were followed. Applicants were not employed before satisfactory references were received and Disclosure and Barring checks were carried out. The manager told us that newly appointed staff had a mentor to support them and worked alongside a more experienced member of staff until they finished their induction period.

Staff had received training in recognising and understanding what constitutes abuse or poor practice. This training was updated yearly. Staff spoken with understood what they should do if they saw or suspected abuse or poor practice. Staff also had access to guidance about whistle blowing policies and bullying and harassment. The manager was aware of her responsibilities around reporting abuse to the local authority. Staff told us they would be confident that any issues they raised with management would be taken seriously.

Records confirmed that the provider had a process in place for assessing and managing risk. We looked at five people's care plans and they all contained risk assessments that related to their individual needs. We saw risk assessments that related to moving and handling, falls, pressure ulcers and nutrition. Risk assessments had been reviewed regularly to ensure they reflected people's changing needs.

One person had had a fall and their relative told us, "They contacted me as soon as possible and the home did all the right things." We saw from care records that the person had been checked over by paramedics. The home then reviewed the person's falls risk assessment and they put measures in place to minimise the risk of further incidents to keep the person safe.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to supplement the main MCA code of practice. We looked at whether the service was applying DoLS appropriately. The manager explained that they had 18 people with a diagnosis of dementia. In view of updated guidance on the revised test for capacity, they were in the process of carrying out MCA assessments to make applications to the local authority under their DoLS processes.

During our inspection we noted there was a good standard of cleanliness in Carolyn House. The home was free from odour and we saw there were two cleaners working their way around the home during the course of the day. Two people showed us their en suite bathrooms, which were clean and tidy. We saw that staff used personal protective equipment such as disposable aprons and gloves when carrying out personal care tasks or dealing with soiled items. This showed us that staff followed procedures in place to manage infection control to minimise risks to people's health.

# Are services effective?

(for example, treatment is effective)

## Our findings

A relative told us they felt their family member was well cared for and that communication was effective. They said they were kept informed about any changes and if there was any cause for concern they were contacted promptly.

One person told us that they were looked after well. They said, "If something is wrong with me I can see the doctor but I'm OK."

Most of the people we spoke with were unable to tell us about their care and whether they were consulted. One person said, "I can't remember if I have a care plan or how they will look after me." Then they said their spouse would know all that. Those people who were able to speak with us said staff asked them their views on their care. We spoke with three relatives who told us they were involved in their loved one's care.

We found that the service liaised with other professionals to ensure care was effective and people's health needs were met. Care records confirmed that people saw the doctor, district nurses, chiropodist and optician. One person confirmed that they had recently seen the chiropodist and others told us they had been visited by the doctor.

We examined six sets of care records. Each had background information about the person and a range of care plans

relevant to their individual needs. We saw care plans that related to maintaining a safe environment, communication, eating and drinking, personal care and pain management. The manager explained that the care plans were in the process of being updated and we saw that some care plans contained more detailed information than others. An example of a care plan with good details recorded how the person preferred to be supported with personal care to maintain their dignity. There were also details of what brand of bath cream and talcum powder the person preferred. All the care plans we examined contained sufficient information to inform staff of the person's individual needs. We spoke with staff who demonstrated that they knew people well. They were able to give us information about people's individual support needs as well as their likes, dislikes and preferences.

There was a range of information available for people living in the home and their relatives. We saw information about planning for end of life support and future needs. This was prominently available in the foyer and provided details of how to contact the South West Essex Community Services end of life team. One of the care plans we examined contained a comprehensive care plan around end of life needs for someone who was receiving palliative care. Discussions took place with relatives, nursing staff and a Macmillan Nurse and these were recorded. The person's end of life wishes were clear.



# Are services caring?

## Our findings

One person told us "The laundry service is excellent here. Nothing has ever been lost and clothes are very well looked after." They were wearing a knitted bed jacket which they had made themselves a number of years previously. It looked like new and was still soft.

Someone else told us the staff were "obliging and helpful." Another person said that the staff were caring but it had not always been like that. They told us that the manager had made a difference and the home had improved a great deal.

One relative told us, "The food is good and I feel my parent is doing well. The choice is excellent. We are pleased with my parent's entire care."

We spoke with two people who were unable to answer our questions but they appeared content and smiled when we spoke with them.

We spoke with three relatives who said they were happy that their family members were well cared for. One said the staff were "caring" and another told us "It couldn't be better. We can't expect any more."

During the course of our inspection we saw that staff were polite and cheerful when assisting people who lived in the home. We spent time observing how people were supported during lunch. People were offered a choice of three meal options and three desserts; some people chose to eat in their rooms.

In the downstairs nursing area of the home we saw that staff took time to make sure people had the support they needed to take adequate diet and fluids. We noted in this area, where people had more complex needs, that care and support appeared somewhat task orientated. The manager had identified this as a plan for improvement and told us they were working on re-educating staff about taking the emphasis away from routines and focussing on the person's requests. However, we also noted that staff observed good practices such as giving the person they were supporting sufficient time to eat their food.

There was a very good atmosphere during lunch in the upstairs residential area of the home. People were socialising and chatting with one another. Staff ensured people had their choice of food and drinks. They chatted to people about what they were going to do after lunch, such as make a cake.

The manager told us that dignity themes were promoted monthly and we saw that there was information about dignity displayed prominently in the entrance area. The theme for the month when we inspected was "enabling people to maintain independence". Staff were encouraged to "treat those in our care as we would want our loved ones to be treated" and to understand how people and their families felt about going into a care environment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We saw staff made sure people had call bells within easy reach if they needed assistance. When people rang their call bells for assistance they were answered promptly and we noted that management monitored response times to ensure people were not left waiting for more than a few minutes.

Some of the people who lived at Carolyn House were unable to make decisions. Relatives told us they had been consulted and involved in making decisions about their family member's care.

We saw that care plans were updated to reflect changes in people's care needs.

Relatives also felt that it was easy to talk to staff and they felt that their relatives were well supported. They felt that they were kept well informed and that if there was any change or cause for concern they were always told very quickly.

People had access to activities that were relevant to them. We heard a member of staff talking with some people

about making a cake after lunch and later we saw a group of people were involved in doing this. We saw people enjoying "old style music" on a television channel and one person was tapping their hand in time to the rhythm. One person told us their spouse visited every day but they were "quite bored" when their spouse was not there.

We saw that the home had a complaints policy and procedure which was clearly displayed in the reception area of the home. The policy explained how people could raise concerns or make a complaint and how their complaint would be managed.

Relatives told us they knew what they should do if they had a complaint. One said, "I would go to Lesley (the manager) if anything was wrong and I am confident that she would sort things out"; another relative told us they had not had to make a complaint but if they expressed concern it was always quickly followed up; another relative told us they felt quite able to make comments and express concerns. They said they were confident that, should the need arise, these would be responded to and addressed.

# Are services well-led?

## Our findings

People who lived in Carolyn House and their relatives were highly complimentary about the manager and how she ran the home. One person told us, "Lesley is the Governor and she will always sort things out" and a relative said, "I think this place is well managed and the place seems to run fine."

Another person and their visitor both told us they felt that, "Lesley runs the home well."

One person said, "The staff appear to care although it was not always like that. Before Lesley came it was not a very nice place to stay but since she started there has been a distinct improvement."

The expert by experience who was part of our inspection team observed that when the manager came in to the dining room, people were cheery and talkative and the manager seemed popular with everyone who was having lunch.

The manager told us that they had an "open door" policy and that they made sure that people could raise concerns

at any time. There was a 24-hour phone number for relatives to ring if they had concerns and the manager also held a "late night surgery" or would meet with families at weekends by arrangement.

There were systems in place to ensure the home was environmentally safe and well maintained. Audits were carried out to check fire systems, utilities, appliances and other equipment.

Staffing levels in the home were well managed. We saw from staff rotas that a flexible approach was taken when allocating staff and there were additional staff in place for busy periods during the day. On the day of our inspection we saw that there were sufficient numbers of staff to meet people's needs. When people asked for assistance they did not have to wait unduly for the support they needed.

We saw that there was a training spreadsheet in place to enable the manager to keep track of when staff had completed relevant training and highlighted when staff were due to update any training. The spreadsheet confirmed that most staff had updated training in safeguarding, fire safety, first aid, moving and handling, infection control, health and safety and food hygiene awareness. In addition 86% of nursing and care staff had completed training in the Mental Capacity Act 2005.