

Runwood Homes Limited

Loganberry Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Loganberry Lodge is a residential care home providing accommodation and personal care to up to 141 people, including people living with dementia. At the time of our inspection there were 139 people using the service.

Loganberry Lodge accommodates people across six distinct units, each of which has separate adapted facilities. There are four units in the main Loganberry Lodge building, as well as the laundry and kitchen, and two units in a separate adjacent building known as Huckleberry.

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

Staff were kind and caring, but observations and people's feedback told us there were not always enough staff effectively deployed to meet people's full range of support needs. Care plans and risk assessments were in place to support staff to deliver care safely. Whilst staff understood safeguarding responsibilities, further analysis was required to support lessons learned. Medicines were given safely and as prescribed. Infection prevention and control measures were in place. Staff recruitment and oversight was safe.

We received mixed feedback about food available at Loganberry Lodge, including the impact of staff serving meals to a large number of people at the same time. There were some improvements required to ensure best use of communal spaces. Staff received training in a range of areas to meet people's needs and were encouraged to gain qualifications. Records showed assessments had been carried out relating to people's mental capacity and records kept of best interests decision making.

There was positive feedback about the management of the service, including approachability and good communication. However, some issues we identified during the inspection had not been previously noted or resolved. Some systems and processes required further development to show how improvements were made and sustained from feedback or analysis of themes and trends. The service worked in partnership with other health and social care professionals.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the effective key question, the service was not able to demonstrate how they were

meeting some of the underpinning principles of Right support, right care, right culture. This was in relation to the care setting, as the service is large, which does not follow usual best practice for accommodating people with a learning disability.

However, the registered manager told us that there were a very small minority of people with a learning disability living at Loganberry Lodge who had been accommodated for a long time at the service, were settled and happy, and that their learning disability was not their primary care and support need. They also informed us they would not be admitting any new people with a learning disability to the service and would ensure they were up to date with the guidance above. Staff had also been assigned training on autism awareness and how to support a person with a learning disability.

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

Rating at last inspection and update

The last rating for this service was good (published 4 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included concerns in relation to high staff turnover, high level of accidents and incidents and the admission of people with a learning disability. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We inspected and found there was a concern, however, with the quality of food and the use or adaptation of the environment to meet people's needs, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Loganberry Lodge on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about review of staffing levels and deployment, and a recommendation about the provision of food at Loganberry Lodge.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective 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 

Loganberry Lodge

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 Health and Social Care Act 2008.

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 and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Loganberry Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Loganberry Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 July 2022 and ended on 22 July 2022. We visited the location's service unannounced on 6 July 2022 and 14 July 2022, including during non-business hours.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 9 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people to gain their views about the service. We also spoke with 26 people's relatives or friends about their experience of the care provided for people. We spoke with 33 members of staff including care workers, senior care workers, care team leaders, the receptionist, the administrator, a laundry assistant, domestics, the gardener, the chef, the wellbeing and activities coordinator, the care manager, the deputy manager, the registered manager and the regional operations director. We observed people's care and support in communal areas of the service. We reviewed a range of documents including 19 people's care records, five staff employment files, multiple medication records, audits, policies and procedures. We also sought feedback from multiple visiting professionals to gain their views about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider used a dependency tool to show how staffing levels were calculated to meet people's care needs. However, observations and feedback showed more staff were required at certain points in the day, to consistently provide meaningful engagement and to support with mealtimes.
- Staff were described as kind and compassionate but were sometimes overstretched. One person's relative told us, "They [Loganberry Lodge] could do with more staff sometimes, they cope but you can tell they are under pressure."
- Whilst people were cared for safely, staff actively told us they wanted more quality time to spend with people, to ensure their needs and wishes were consistently met in a fully person-centred way.
- One staff member said, "Sometimes I believe we are running short so don't always get the time for the residents, they are cared for but moved on quickly and it feels like [care staff] are clock watching. The staff don't have time to sit there and chat."

We recommend the provider regularly reviews and adapt staffing levels and deployment to fully respond to people's needs.

- After our feedback, the provider reviewed staffing levels and increased staffing in one unit. They also created a new role for hospitality to support improved mealtimes.
- The provider carried out recruitment checks on staff to ensure they were suitable for the role, including on employment history and with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to protect people from the risk of ill treatment or neglect.
- Feedback showed people felt safe at Loganberry Lodge. One person said, "Yes I certainly feel safe here, the staff are very kind and caring to me."
- Staff understood safeguarding principles and felt confident in raising any issues or concerns. One staff member said, "Safeguarding is to keep people safe and I would not hesitate to report a member of staff I worked with if I needed to."
- Whilst the management team had carried out some analysis of safeguarding and accidents and incidents, this did not always include preventative measures to reduce the risk of reoccurrence. Themes were not consistently identified and used as an opportunity to improve the service.
- We raised this with the registered manager who devised and introduced a new process to ensure lessons

would be fully explored and shared with the staff team going forward.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place to guide staff on safe care, covering a wide range of areas such as mobility, skin care, cognition, continence, diabetes, epilepsy and choking.
- People had personal emergency evacuation plans (PEEPs) showing what support would be required to evacuate in an emergency. There were also discreet markers on people's doors indicating the level of support they would require.
- One person took medication at night to aid sleeping, but this was not recorded in their PEEP. The registered manager amended this and told us they would review everyone's PEEPs for any medication which could impact their ability to evacuate due to drowsiness.
- Turning and repositioning charts were completed by staff where appropriate to help reduce the risk of pressure ulcers. People also had access to specialist equipment which was regularly checked.
- Risks in the environment were managed and safety certification was in place, including fire safety, gas and electrical checks and equipment servicing.

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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We noted some IPC issues including two shower traps with debris and hair in and two shower chairs which were unclean and rusty.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's oversight of policies, procedures and IPC audits were effective and up to date, as the environmental issues above had not been identified or acted upon by the provider prior to our inspection.

Where we raised issues during the site visit, the registered manager acted straight away. We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- Visiting arrangements were aligned to government guidance on visiting in care homes.
- One person's relative told us, "[My person] is looked after very well, and staff know how to care for them. I go in there a lot and [my person] has a lovely room, always clean and tidy." Another relative said, "We can visit anytime, and take the grandchildren in."
- We observed lots of visits taking place across the service during the inspection site visits. One person told us, "When family visit, they are always made welcome."

Using medicines safely

- People received their medicines safely and as prescribed. One person said, "I always get my medication on time."
- There were no gaps or omissions in the medicines administration record (MAR) charts we reviewed, and the balance of medicines in stock tallied up with these records.
- One person's relative told us, "I am always updated with [my person's] health issues and medication and

can always speak to someone about [my person] if the need be."

- Staff received regular medication training and competency assessments to ensure they could support people safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed feedback from people and their relatives about food at Loganberry Lodge.
- One person's relative told us, "The food is good and [my person] frequently has a cooked breakfast." However, another said, "The only complaint is the food, you would not go there for a meal out. The main meal is a lot to be desired."
- Issues with staffing levels, deployment and the transportation of food from the kitchen meant some meals were left in a hot trolley for extended periods of time, drying food out and making it less appetising. We observed some people eating toast, bread and butter or cereal instead of their main meal as a result.
- One person said, "The food, well it's not that good. We have a lot of pasta, too much mashed potatoes, meals are not varied. They don't seem to know the food we like." Another person said, "No I don't like the food here, but you need to eat. It's awful, the roast beef is always tough to chew."
- The registered manager had already carried out audits and regular discussions with people, but this had not led to improvements at the time of inspection.

We recommend the provider regularly reviews meal provision, including variety, choice and dining experience for people to ensure it is fit for purpose.

- Following our feedback, the registered manager told us further action was planned, including a new survey, an increased food budget and additional sittings for mealtimes.

Adapting service, design, decoration to meet people's needs

- Each unit had a communal space which served as a combined dining room and lounge. Mealtimes observed were warm, relaxed and friendly.
- However, due to space constraints, there were not enough places for everyone to eat at a dining table if they chose to do so at mealtimes. This meant some people ate in their bedrooms where staff were not as readily available to support and encourage them to eat.
- At the time of inspection, people were unable to access the garden area independently because the fence had blown down in February and had not yet been replaced. This meant people who lacked capacity could freely access the car park and the road unless supported by staff outside.
- This was a missed opportunity to use the large garden space during warmer months, including for mealtimes outside. One person said, "No one comes in and asks do I want to join in anything, I would love to go to the garden sometimes."
- The provider confirmed this fence would shortly be replaced at the start of August, to ensure more easy

access to gardens.

- Whilst the service was well furnished and decorated, additional signage was required to aid orientation around the building, especially for those people living with dementia. This had been removed due to ongoing renovations, but not replaced. Signage was reinstated promptly by the registered manager once we raised it with them during the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their needs and background when they joined the service. This included information on their medical background, life history, equality and diversity characteristics and religious beliefs.

- Care plan information was available to staff on hand-held electronic devices, so they could be accessed in 'real time.' However, we identified some inconsistencies in these records which could cause confusion for new staff. We raised this with the registered manager who rectified the issues raised straight away and organised additional training for staff.

- The number of people being supported alongside the size of the service also meant it could sometimes be a challenge for staff to keep up to date when supporting someone new.

- One staff member said, "There are quite a few times it feels we are short staffed. We get moved around a lot to supplement short staffed areas... It's unfamiliar if you get moved to different units and you work harder making sure you get everything right."

- Staff worked to absorb this additional pressure to try and ensure people's needs were still met. One person told us, "The staff are really kind and work really hard."

- Care and support was provided in alignment with current standards and national best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience

- Staff received training in a wide range of areas and were encouraged to seek additional qualifications to develop their skills, knowledge and understanding. This included in areas such as medicines, safeguarding and infection prevention and control.

- Staff new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

- One staff member said, "We have face to face and online training." However, some training was observed to require further development and monitoring to ensure it was effective in practice.

- One person living with dementia was experiencing auditory hallucinations and the television was also on in their room. A staff member was asking if they needed assistance but did not recognise this level of auditory input may be disorientating and impact effective communication.

- We raised this with the registered manager who told us they had already booked additional dementia training for staff to support continued learning and development.

- Staff were supported with induction, supervisions and competency assessments to support them to be effective in their roles.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with external stakeholders such as district nurses, GPs, dieticians, dementia services, social workers and the local authority quality and safeguarding teams. This also included PROSPER, a quality improvement initiative to reduce falls and pressure ulcers.

- Records were kept of people's food and drink intake and weights to monitor and act upon any weight loss, with referrals made to the dietician where required.

- Professionals gave consistently positive feedback about the service, and confirmed referrals were made and appropriate action taken to support people to achieve good outcomes.
- This reflected the feedback we received from people. One person's relative told us, "[My person's] medication was changed via the GP, but the home kept me well updated about it. The GP comes in every week." Another person said, "I had a problem with my catheter, and they came out and sorted it straight away."
- Most people and their relatives gave positive feedback on the care and support provided. One person's relative said, "On the whole I am happy with the home, it's lovely, and I am aware [the staff] all look after [my person] very well."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Records showed people's capacity was assessed in a decision specific way, and relevant people such as relatives were involved in making best interests decisions about their care as appropriate.
- There was a log for people who had been deprived of their liberty under DoLS, and we saw conditions relating to DoLS authorisations were being adhered to.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- The registered manager was motivated and committed to ensuring good outcomes for people and a positive, open culture, but some quality assurance measures required development and embedding to fully achieve this goal. Issues relating to staffing, mealtimes and the use of communal space had not been acted upon.
- Dependency tools for staffing levels were completed but did not always reflect observations or feedback about how more staff could empower people or improve their quality of life.
- One staff member said, "We get all the jobs done but we don't really get time to chat and spend time with the residents. We have raised it with the managers that we don't really get the time to 'care', have the cup of tea or go for a walk outside, all those little things that the residents would enjoy that we can't do."
- Poor feedback about food had been an ongoing issue at the service. Despite the registered manager completing extensive audits and recording running feedback on mealtimes, this had not been resolved to people's satisfaction.
- One relative said, "I have complained so many times [about the food] and they say it is being looked into, but nothing happens, I have even been in touch with head office, I did hear some residents returned the food one day. Often, it's just warm."
- The ethos and values of the service were publicised in the main entrance for staff to follow. One staff member said, "I love working here to help people, and to improve their life."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A wide range of information was being gathered and reported on by the registered manager, who was new in post since the last inspection. However, this aligned more closely with providing corporate oversight to the provider rather than driving improvement at care home level.
- Arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong were not always effective. They did not demonstrate robust analysis of themes and trends over time, to improve practice and establish preventative measures.
- Audits did not always proactively identify and act upon areas for improvement or monitor outcomes. An infection prevention and control (IPC) audit was carried out but had not noted the clogged shower drains and unclean shower chairs independently of our inspection.
- Where the registered manager had identified areas of concern, such as the broken garden fence, this was not always acted upon promptly by the provider when reported for repair.

- Following our feedback on governance processes, a service improvement plan was created for Loganberry Lodge. The registered manager told us this would be subject to regular review and would include actions taken, progress reports, analysis, and checks on the sustainability of changes made. This would also include evidence gathered to demonstrate improvement, such as meeting minutes, surveys, and photographs.
- The registered manager understood their legal and regulatory responsibility to report incidents to the CQC, such as serious injuries, deaths and safeguards.

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

- We received positive feedback about communication from the service. One person's relative told us, "I am always kept updated, in fact there is a family meeting there today. They always call if any issues, what more can I say."
- Measures were in place to recognise and support staff for their work. One staff member told us, "It [the pandemic] was tough for all of us but they [the management team] always have an open-door policy and they will sit and listen at all times. They haven't forgotten what it's like to be on the front line."
- Whilst there had been higher staff turnover than usual due to the COVID-19 pandemic, this had now stabilised. There were also a number of longstanding staff who knew the service well.
- The registered manager was aware of the duty of candour, including the need to be open and transparent when things go wrong.
- People, their relatives and staff found the management team visible, supportive and approachable. One person's relative said, "What I like is you can talk to the manager any time." Another relative told us, "[Registered manager] goes overboard to help with anything."
- The registered manager had acted on comments that people would like to go out on trips more frequently and had secured a dedicated minibus for the service at the time of inspection. However, this was dependent on sufficient staff to facilitate regular outings and a volunteer driver.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, safeguarding teams and health care professionals including the local hospice to support care provision and joined up care.