

Runwood Homes Limited

Chelmunds Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Chelmunds Court is a purpose-built residential care home providing personal and nursing care to up to 73 people. The service provides support to older people, some of whom, may have dementia. Bedrooms are located across two floors. People with nursing needs are based on the first floor with most people with dementia on the ground floor. At the time of our inspection there were 55 people using the service.

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

Since our last inspection there had been changes in the management of the home with many improvements noted. There were some issues found with records not being clearly recorded, but this had not resulted in any negative impact on people. Staff spoke positively about the impact of the new manager and how they were able to effectively carry out their role and responsibilities. People and relatives were positive about the service and had regular opportunities to provide feedback about their care. Any areas identified as needing improvement were shared with staff, so lessons were learnt.

People spoke positively about the home and people's relatives felt people were safe living there. Staff understood their safeguarding responsibilities and people were observed to be relaxed around staff. Individual risks to people had been assessed and risk management plans were regularly reviewed to help ensure staff supported people safely. Medicines were stored, managed and administered in line with good practice guidelines. Infection prevention control was effectively managed. Arrangements were in place to ensure visitors to the home were made aware of infection control requirements to keep themselves and others safe.

Staff completed regular training to ensure they could meet people's needs safely and effectively. 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.

Care plans guided staff about people's needs and how to meet them. Staff supported people to be involved in decisions about their care and were responsive to people's needs.

People were supported to maintain relationships with people that were important to them. Staff were observed to be kind and caring in their approach and ensured people's privacy, dignity and independence was maintained as appropriate.

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 requires improvement (published 25 December 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Chelmunds Court

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 team consisted of two inspectors and a specialist nurse advisor.

Service and service type

Chelmunds Court 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. Chelmunds Court is a care home with 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 5 August 2022 and ended 16 August 2022. We visited the service on 8 August

2022.

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. 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 all this information to plan our inspection.

During the inspection

People we approached only wished to speak briefly with us, so we observed people and their interactions with staff. We spoke with one relative during the inspection visit and a further four people's relatives via the telephone following our visit to gather their experiences of the care and support provided. We spoke with the registered manager, the deputy manager, the activity co-ordinator, housekeeper and five care/nursing staff. We reviewed a range of records. This included eight people's care records, medicine records, staff training information, three staff recruitment records, and records of the checks the registered manager completed to assure themselves people received a safe and good quality 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 requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care had been assessed and were regularly reviewed to ensure people's needs were managed safely and consistently. This included risks associated with people's anxiety and distress that had not been effectively assessed and managed at our last inspection.
- People had personal emergency evacuation plans, but one record we viewed had not been updated to reflect the increase in risk and level of support the person would need to evacuate the home. The registered manager was made aware of this.
- Some people had pressure wounds on their skin which required treatment. Records showed the wounds had been assessed and were regularly redressed. Staff kept records of when people were repositioned in bed to promote healing. Photographs showed wounds had responded positively to the treatment provided.
- A number of people at the home had fallen or were at risk of falls. The registered manager had identified any health conditions which contributed to these. They had implemented actions to help reduce the risk of these happening again and a falls analysis showed falls had reduced in recent months.
- Staff knew how to keep people safe in an emergency such as a fire. Night and day staff took part in fire drills and all staff had fire safety training. The home had emergency arrangements with a nearby service if people needed to be evacuated.
- The service had a Heatwave Plan to ensure people were kept safe and comfortable during the high temperatures of the summer months. Each person had an individual risk assessment and a care plan which provided advice for staff on the symptoms of heat stress and heat stroke.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably trained staff to support people's needs. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- There were enough staff with the appropriate skills and knowledge to provide safe and effective care to people.
- A relative was positive in their comments of staff. They said, "[Registered manager] is fantastic and her team is fantastic. There is no high turnover of staff, there are familiar faces all the time."
- Staff were available to provide support in a timely way and had time to spend with people.
- Staff recruitment records showed checks, including a Disclosure and Barring Service (DBS) check, were completed prior to staff starting employment at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nurses' registrations were checked by the manager on a monthly basis and these showed all nurses had current registration to ensure they were safe to work with people.

Using medicines safely

- People's medicines were managed safely. People received their medicines as prescribed by staff who had completed medication training and were deemed competent to administer medicines.
- At the last inspection we could not be assured risks associated with people at risk of seizures and the medication management of these, were effectively managed. At this inspection, this had improved. One person was prescribed a PRN (as required) rescue medication when they had a seizure. A comprehensive protocol for the administration of this was in place and advised staff what action should be taken if the medicine was not effective.
- Medicines were stored, administered and ordered correctly. For example, oxygen, eye drops, and thickening agents were stored in accordance with good practice guidelines.
- Clear records were maintained to show how medicines had been managed. For example, one person needed a pain relief patch to be applied. Records showed where and when it was applied and showed checks staff made to ensure it remained intact.
- One person who was diabetic had a rescue medication prescribed should they become unwell. There was a detailed protocol for staff to follow showing how much of the medicine should be administered to guide staff on supporting the person safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. We saw people were at ease with the staff that supported them.
- Staff received safeguarding training and knew how to recognise the signs of abuse.
- Staff understood how to report concerns and were supported by a safeguarding policy.
- The registered manager kept records of any safeguarding concerns and reported concerns to external agencies when required.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider had followed government guidelines in relation to the Covid-19 pandemic and people's family members and visitors had visited the home in accordance with these guidelines.
- One family member told us, "During Covid-19 they would email us regularly or message us to let us know what they were going to put in place. We chose a family member to relay information to the rest of the family. They would send pictures. They had a unit with a screen when we visited."

Learning lessons when things go wrong

- Lessons were learnt when things had gone wrong. The registered manager kept records of incidents where they had identified actions could have been managed differently to help for more positive outcomes.
- Staff had access to the folder showing examples of lessons learnt. For example, where a person had a pressure ulcer on their skin which had deteriorated, there was guidance for staff to better monitor food and fluid intake. Nutritional intake can aid better healing of the skin.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Overall people's nutritional needs had been identified to ensure they were supported when required.
- During lunchtime we saw one person struggling to eat as they were not able to get the food onto their fork. A staff member eventually identified this and assisted the person to eat. A plate guard and adapted cutlery was not in use to help support the person's independence. The registered manager stated they would ensure these were made available to those people who would benefit from them.
- At the last inspection people were not supported with drinks as often as they should, and records of how much people were drinking were not clear. At this inspection, this had improved. People's drinks were topped up regularly and a person whose fluid intake was being monitored had consumed over the stated amount, demonstrating their nutritional needs were being met.
- Staff recognised the need for people to keep hydrated by drinking regularly. One staff member told us, "[Name of person] is very frail and we need to encourage them to eat and drink. [Name of person] doesn't eat a lot at a time so we keep offering small amounts during the day and lots of drinks especially with this weather."
- Relatives who visited the home regularly told us the food provided to their family member was good. One said, "The meals are fantastic, they're better than you get in a restaurant."

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

- People's needs had been assessed and care preferences were recorded to support staff in delivering care in ways people preferred.
- Relatives told us staff knew their family member's needs and preferences. One said, "Staff are very friendly, they know what she likes."
- People's care and support was regularly reviewed, and care plans updated to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- Staff were suitably trained and updated their skills and knowledge regularly to support people effectively.
- New staff completed induction training which included training linked to the Care Certificate and shadowing more experienced staff where needed. 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.
- Staff told us regular training such as moving and handling people, helped ensure they completed this safely.

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

- Staff worked with community health and social care professionals to ensure people's health needs were monitored and addressed.
- People had access to a GP who regularly visited the home. Referrals were made to mental health professionals when needed, and people received regular reviews of their health to ensure their needs were met.

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

- The home was purpose built with two floors serviced by a lift. The layout of the home was suited to people's needs which included accessible bathrooms.
- People were able to move freely around the floor where they were based and had access to outside areas for recreation activities. People used communal lounges and dining areas where they were able to talk with other people and engage in group activities.
- People's rooms were personalised to help make them feel more homely.

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.

- The service worked within the principles of the MCA. Mental health assessments and DoLS applications had been completed where appropriate.
- Staff understood the principles of the MCA. We saw staff asking for people's permission before carrying out any tasks with them.
- One staff member told us, "The main principle is to assume all people have capacity. I treat them as if they can make their own decisions, for example drink choices, the way you speak to them. I try to make them independent, like I would ask, 'would you like to wash your face'."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were seen to be treated well and staff knew how to maintain people's privacy and dignity. The atmosphere in the home was calm and staff were going about their duties and were clear about what was expected of them.
- Relatives were positive in their comments of staff. One told us, "I have been completely happy with the service, there have been no problems. Staff are very good, very sympathetic, they contact me about anything that goes on."
- Staff were observed to be respectful, patient and kind in their approach to people. A relative told us, "[Name of person] has advanced dementia and doesn't recognise me anymore, the first time I walked in and they didn't recognise me, I left feeling upset but staff were lovely and kind."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives (where appropriate) were involved in making care decisions to support people's needs.
- One relative said, "They do involve me, they have told me about reviewing the care plan and to have a look. We were talking about [Name of person's] medical needs and cream and what they are putting in place." Another said, "They are good at keeping me informed about even the smallest change."
- We saw people made their own decisions throughout our inspection visit, whether this be choosing what drink they wanted, where they wanted to sit or whether they wished to join in an activity.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knew how to support people's independence.
- Staff were heard and observed to knock on bedroom doors and introduce themselves before entering.
- A relative told us, "Staff make sure [Person's name] is comfortable, they are clean, and their dignity is respected. I can't ask for any more than that. I know they are well cared for."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. Care records provided details of people's preferences to support staff who knew people well.
- Staff recognised people showing signs of anxiety and knew how to respond. For example, a staff member approached one person who was becoming anxious and offered them a "nice cup of tea" in the lounge. The person was happy to walk with them to the lounge and this immediately calmed them.
- Staff told us how they had supported a person to regain their strength after a period of being ill. They said, "[Name of person] has been very ill, we thought we were going to lose them, but they pulled through and now we're helping them to regain their strength. We had to care for them in bed, but now they are starting to walk small distances with their frame again."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had information in alternative formats if needed. An accessible information policy was in place to support staff.
- The registered manager told us information could be provided in different formats such as large print or picture format if a need was identified. They advised a smiley face format was used when checking if people had any compliments and complaints to share.
- Relatives told us staff knew how to effectively communicate with their family member using observation. One relative explained how their family member had turned their face away from food, the staff member recognised they didn't like the food and added sauce and mash and the person's face "lit up."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with a range of activities to meet their needs and avoid social isolation.
- An activity co-ordinator was employed by the home to help ensure people's social needs were met. They told us, "I go to different lounges and do the activity and go into people's bedrooms. For people who can't see, we have a lot of sensory objects they can touch and smell. There is constant contact with families. A photo can help the families feel better and put their minds at rest. We have done a lot of face time and that

helps to reassure residents."

- During our visit we observed people were engaged in a range of activities in the lounge. People were also able to participate in activities in the outside areas.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they had any concerns or complaints despite it not being clear they had been provided with a copy of the complaint's procedure.
- Relatives had no concerns and felt at ease to approach staff or the registered manager if needed. One relative said, "No, none at all (concerns), if I did, I would go to [Registered manager]."
- The registered manager had been responsive to issues raised with them. For example, during the height of the Covid-19 pandemic there were increased concerns about communication. In response, the registered manager had added two additional phone lines and two additional mobile phones which families could call.

End of life care and support

- Arrangements were in place to ensure people received the care they needed when approaching the end of their life.
- Staff recognised when people's health deteriorated and arranged for the GP to prescribe anticipatory medicines to help keep them comfortable and pain free.
- Records detailed changes in people's health and indicated when they were placed on end of life care. They showed families were kept informed when people's health declined.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Arrangements were in place to support continuous improvement across the home. Managers and staff were clear about their roles which included risk management.
- At our last inspection audits had not been effective as they had not identified some of the issues we had found. At this inspection we found overall that audits had been effective in identifying areas for improvement.
- Despite the improvements, some records needed to be clearer in areas. This included last employer information in recruitment records, personal evacuation plans being clear about risks, and behaviour records demonstrating the effectiveness of the plans in place. The registered manager told us of actions being taken to address these issues.
- Staff told us they felt the service had improved since the last inspection. One told us, "The service is much better organised". Another said, "I feel listened to when I have made suggestions on how to improve things and feel valued for my contribution."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the home which was person centred and met people's needs.
- Relatives spoke positively of management. One said, "The registered manager is lovely. She comes up to me to say, 'if there is anything I can do, don't hesitate to ask', they keep us informed what is going on."
- Relatives had taken the time to record compliments of the home. One stated, "Wife was happy and well cared for here."
- Staff felt listened to and spoke positively about the management of the home. Comments included, "I feel very supported" and "Staff are clear about their roles and what is expected of them."
- One staff member described improvements in the service and said people's records were better organised

and up to date to support staff when delivering care. They commented, "Staff seem to care more and have time to care and not just completing tasks."

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 management team understood their responsibility to be open and honest when things had gone wrong and recognised this helped to drive improvement of the home.

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

- People and their relatives (where appropriate) were involved in making decisions about people's care and support to ensure their needs were met.
- The activity co-ordinator said, "We have a resident meeting once a month, I ask for feedback and people say, 'no I'm okay'. I talk to them about things they used to do and offer to do it again."
- Staff felt involved in decisions related to the home. Comments included, "Communication is much improved with daily meetings with heads of departments and regular staff meetings" and, "The manager is very visible and approachable."

Working in partnership with others

- The provider worked with other organisations, including the local authority to support people's needs and ensure service development.