

Runwood Homes Limited

Low Furlong

Inspection report

Darlingscote Road
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Tel: 01608662005

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Low Furlong is a purpose-built residential home registered to provide accommodation and personal care for up to 68 people, including people with dementia. At the time of our inspection visit there were 58 people living at the home. Care is provided across two floors. Communal lounge and dining areas were located on both floors. People's bedrooms were en-suite and there were further communal bathroom facilities located on each floor.

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

People, relatives and external healthcare professionals spoke of very high standards of care at Low Furlong because of the exceptional leadership within the home. The registered manager was committed to achieving high standards and this was reflected in the motivation demonstrated by staff to ensure every person received care that met their individual and unique needs.

There was a strong sense of equality and collaborative working between staff because they felt their views and opinions were valued. The registered manager nurtured staff to reach their full potential and recognised when they had gone 'above and beyond' to make a person's day better.

There was a strong emphasis on continuous improvement through the provider's governance processes and feedback from other stakeholders. People, relatives and staff were involved in what happened in their home and were empowered in a variety of ways to have a say in how the service was run.

The registered manager promoted a culture of being open and honest, so people had confidence in the service being provided. Learning from incidents and complaints was a key contributor to improvements in the home.

There was a culture of encouraging staff to spend time with people and build relationships to support people's emotional and social wellbeing. There was a full programme of activities which were designed not only to engage and entertain, but to also give people a sense of usefulness and purpose and help them feel valued. People were supported to maintain lifelong connections with the local community and maintain relationships and build memories with those who were important to them. Managers and staff had a strong commitment to supporting people and their relatives before and after death.

People and relatives told us the care, support and kindness they received from staff meant they were confident Low Furlong was a safe place to live. People told us there were enough staff to meet their needs and they did not need to wait when they called for support. Risks to people were regularly assessed and there were plans in place to help mitigate risks. Staff shared information about changes in people so any emerging risks could be managed.

People received their medicines as prescribed and staff understood their role in following good infection

control practices.

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.

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

Rating at last inspection

The last rating for this service was good (published 13 December 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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 from Good to Outstanding based on the findings of this inspection.

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

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 responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Low Furlong

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 two inspectors and an 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

Low Furlong 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. Low Furlong 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The first day of our inspection was unannounced. We advised the registered manager when we would return

to complete our inspection visit.

What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority who commission with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England

We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and 14 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 members of staff including the registered manager, deputy manager, the provider's regional operations director, 6 care staff, 2 members of the housekeeping team, the well-being lead and the maintenance person. We received feedback from 3 visiting healthcare professionals who worked with the home.

We reviewed a range of records. This included 5 people's care records and 6 people's medicines records. We also looked at arrangements for administering, storing and managing medicines. We looked at a selection of monitoring records such as food and fluid charts and repositioning charts. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the care, support and kindness they received from staff meant they were confident Low Furlong was a safe place to live. One relative commented, "I do feel it is absolutely safe, the whole concept of the place is like home. They (staff) are kind and do the extra things."
- Staff had completed safeguarding training and understood their role in recognising and reporting concerns of abuse or poor care and promoting people's individual rights. One staff member explained, "Fundamentally safeguarding means promoting and enabling people's human rights and their well-being. It is about ensuring people live a life free from abuse and harm. If we saw anything at all we were worried about, we would report it to the manager, and they would take action."
- The registered manager had a robust approach to managing safeguarding incidents and followed the provider's policies for reporting such incidents to the local authority safeguarding team. There were detailed records of any actions taken to minimise the risk of repeated incidents.

Assessing risk, safety monitoring and management

- Risks to people were regularly assessed and there were plans in place to help mitigate risks. This included risks associated with people's mobility, nutrition, skin integrity and diabetes management.
- Some improvements could be made in relation to catheter care as people's fluid input and output was only monitored if a risk had been identified. The registered manager responded immediately to our feedback and implemented fluid input and output charts for everyone with a catheter.
- When people had fallen, increased monitoring was carried out and their risk assessments were reviewed to identify any actions required to reduce their risk of falls. Where necessary, people were referred to other healthcare professionals for guidance or advice.
- Staff shared information about changes in people so any emerging risks could be managed.
- Regular checks were made on the premises and equipment to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.

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.

- Staff offered people choices and sought their consent before providing care or support.
- Where people's capacity to make a specific decision was questioned, assessments of their capacity had been completed which followed best practice guidance. The views of those closest to people had been sought to ensure any decisions were in their best interests.
- Where there were restrictions on people which they did not have capacity to agree to, the provider had submitted DoLS applications to ensure the appropriate legal authorisations were in place.

Staffing and recruitment

- There were enough staff to meet people's needs safely and effectively.
- People told us staff were available when they needed them and responded to their requests for assistance. One person told us they had recently rung their call bell and, "Staff came almost immediately."
- Relatives had no concerns about staffing levels within the home. One relative commented, "There is always someone there. You don't hear call bells ringing for long, they respond to residents' needs very quickly."
- Safe recruitment processes were in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people.

Using medicines safely

- Staff had been trained in medicines management and regularly had their competency assessed to ensure they continued to follow best practice. Accurate medicines records were maintained, and medicines were stored and administered safely.
- Information was available to staff, so they understood how and when to give medicines that had specific administration instructions. For example, when people were prescribed topical creams, a body map had been completed which indicated to care staff where they needed to be applied.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting care home visits in line with government guidance and there were generally no restrictions. However, during our inspection, there was an infection outbreak and some restrictions were imposed, in line with guidance provided by the local infection control team.

Learning lessons when things go wrong

- Accidents and incidents were recorded and used to review the person's care and support as well as reflecting on staff practice.

- The registered manager had oversight of accidents and incidents to identify any emerging patterns or trends at service level which required further investigation.
- Staff told us any learning from accidents, safeguarding incidents and complaints was shared via handovers, daily meetings and 'lessons learned' memos.

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 Good. At this inspection the rating has changed to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received an exceptionally personalised service because staff took time to learn their preferences and routines so they could provide care that was responsive to people's individual and unique needs. One relative told us, "There was always a strong sense of staff wanting to know about [person's name] and being interested in them, and that was every member of staff."
- One health care professional described how staff were focussed on providing person centred care which achieved excellent results for people. They told us, "The staff are excellent communicators, really know the residents well, are knowledgeable in how to care for the individual needs of residents and always go the extra mile for every individual."
- In order to provide this person-centred care, the registered manager told us how they promoted partnership working between people and staff by asking the staff to share their personal hobbies and interests with people. They told us, "We then pair people on shared interests. If we are going to work in partnership with people and expect them to share information about their life with us, we have to be willing to give information about ourselves. It promotes the ethos of a partnership. It is not about them and us." We were told how these shared interests had led to one person assisting the maintenance person with gardening.
- Staff were responsive to changes in people's behaviour. Where people could become anxious or distressed, there was information in their care plans about how staff should respond to support people effectively at such times. One healthcare professional told us, "They (staff) are excellent at trying practical approaches first, rather than relying on medicine, such as diversional therapy when patients become distressed or confused."
- A "resident of the day" initiative meant people were regularly involved in a full review of their care. This included their health needs as well as social and environmental needs. This ensured care and support remained responsive to people's changing needs and preferences.
- The registered manager promoted a service that encouraged equality and respected people's diversity. We were told about one person who in previous care settings had felt judged because of their lifestyle choices. This person's physical and emotional wellbeing had improved greatly because of the positive attitude of staff to delivering personalised care and support.
- Staff were very responsive to any changes in people's health or physical care needs to promote the best outcomes and ensure people had a good quality of life. One healthcare professional told us staff were prompt to escalate any concerns or risks and added, "Very often they will have put measures in place (to mitigate risks) before being prompted to by the clinicians." This was confirmed by a relative who told us, "Whenever there was an issue, a solution always seemed to be in place before it became a problem."

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

- There was a culture of encouraging staff to spend time with people and build relationships. Twice a day staff were encouraged to stop what they were doing and spend 15 social minutes with people without carrying out a care task. This ensured people had meaningful interactions every day to enhance their emotional well-being.
- Some people were cared for in bed and did not have the same opportunities to socialise as others did. These people's rooms were designated 'Forget me not' rooms and staff were encouraged to spend time with these people. One staff member explained, "Those 4 'Forget Me Not' rooms are at the front of everyone's minds as these are people who may need more company than others. We make sure attention centres on their rooms." One relative whose family member had recently received end of life care at Low Furlong told us, "One of the last conversations [Name] had was with one of the staff who was talking to her. She had taken the time to ask the secret of a long life. People (staff) would drop in to see [Name], particularly towards the end."
- Managers and staff had created an environment which was very supportive of people with dementia. There were items in communal areas for people to look at or pick up that might engage their attention. There were opportunities for people to participate in everyday tasks such as folding napkins, rolling bandages and washing up.
- People were encouraged to have a sense of belonging as valued members within the community of the home and given roles that were meaningful to them. One person was the receptionist who greeted visitors to Low Furlong, and another person cared for in bed helped to prepare vegetables for people's meals.
- There was a full programme of meaningful activities to engage and encourage people to be involved. One healthcare professional told us, "The home has an excellent activities co-ordinator and all residents are encouraged/invited to take part in things that might interest them, thereby discouraging isolation and boredom."
- Activities were designed to give people a sense of usefulness and purpose and help them feel valued. For example, some people enjoyed making candles, soaps and bath bombs together. Apart from having sensory benefits, the products were sold to raise funds for the home and other charities. Other people had contributed to a net of knitted poppies that was displayed outside the home for Remembrance Sunday.
- Staff demonstrated an understanding of how people's histories could impact on their current behaviours and responses. For example, one person had spent their life working in dress shops. To support this person's emotional wellbeing, a rail of clothing had been put in one of the communal areas for the person to arrange as they wished to.
- People were supported to maintain lifelong connections with the local community. A walking club during warmer weather included walks around the local town and there were also theatre and garden centre visits. Staff organised events that included the local community and schools and provided people with other socialising opportunities.
- Staff understood how vital it was to support people to maintain relationships and build memories with those who were important to them. One relative told us how the registered manager had supported their family member to attend a family event outside the home. The registered manager had stayed with them throughout the celebration so the person, and the rest of their family, could enjoy the occasion together.
- Building new friendships and relationships was an important aspect of life at Low Furlong, but the registered manager recognised this was not always easy when living with others with differing needs. Dementia training had been arranged for people so they had a better understanding of how to communicate and respond to others who may become distressed because of their dementia.
- To maintain family bonds, relatives and friends were encouraged to visit, and pets were welcomed into the home. One relative told us, "They keep things normal, they have got it right."

End of life care and support

- The service had a strong commitment to supporting people and their relatives before and after death. There were two end of life champions who took the lead in ensuring people lived their lives as they wished to during the end stages of their life.
- Careful planning ensured hospital admissions were avoided if this was against people's wishes and people received dignified and pain free care at the home until they died. One healthcare professional told us, "I would say that the home excels with their care for the dying patient."
- Staff demonstrated compassion and thoughtfulness in their role in supporting people at the end of their life. One staff member told us, "For 4 or 5 residents, it was me that held their hand when they have taken their last breath. It is an absolute privilege. We always have a guard of honour when they leave. They come in through the front door and leave through the front door - staff stand around, we play music to celebrate their life and to say final goodbyes - it is really special. They are our family, they are loved not only in life but in death too."

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.

- Staff adapted their approach to ensure they could effectively communicate with people. For example, the way they physically approached people or by altering their tone of voice. Staff provided people with visual options as well as picture menus to enable them to make choices and there was clear signage around the home.
- People's sensory needs had been assessed and staff had considered ways for supporting people to continue making their thoughts and wishes known when they had difficulties with their sight or hearing. One person used a whiteboard to support their communication.
- People told us staff always ensured they had their call bells to hand so they could quickly communicate their need for assistance or support.
- The Provider Information Return confirmed that information such as 'resident's guides' and the complaints policy were all available in accessible formats, alternative languages and audio if required.

Improving care quality in response to complaints or concerns

- The registered manager ensured people had every opportunity to raise any concerns or complaints. Every person had been provided with information in their bedrooms about how to raise a complaint with a commitment from the registered manager they would be visited in person to discuss their concerns further. People and relatives told us the registered manager was visible and available if they had any concerns.
- The registered manager used all concerns and complaints as an opportunity to learn and improve. There were detailed records of any actions taken to address the individual concerns, but also to improve staff practice generally. These records were shared with staff through 'lessons learned' memos.
- Relatives told us they had no concerns but were confident that if they did, they would be responded to by the management team.

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 Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Ensuring positive outcomes for people was central to the culture at Low Furlong. This ethos was described in the minutes of one staff meeting as, "Every interaction matters and even if someone can't remember what you said, they will remember how you made them feel."
- Relatives told us the way the service was led was exceptional. Comments included: "This care home jumped out when we were looking for one. The manager knows everybody and there is a lovely warm feeling" and, "I think [registered manager] is amazing. She has a great deal of knowledge and compassion and runs a caring ship."
- Relatives told us staff were competent in delivering high standards of care because of the leadership within the home. One relative told us, "The manager is very particular about the staff she has, and they (staff) go the extra mile. They know exactly what needs to be done to give [Name] the best quality of life."
- People were very engaged during our visit and were complimentary about the personalised care they received. One person told us, "I think we are very lucky. I don't think we could be in a better place. If you ask for anything, they will help you."
- Staff told us the registered manager was extremely supportive of them and was an effective leader and motivator. One staff member said, "To me she is the absolute ultimate manager and leads by example." Another staff member told us, "Others have been like 'do this and do that' but [registered manager] is like 'let's do this together'. She motivates everyone."
- The provider recognised where staff had gone 'above and beyond' in their practice and to make a person's day better. This included a monthly 'dignity champion' and a weekly 'top banana' award for a staff member who had been recognised as doing something special by their peers. One staff member explained, "It is just to identify someone who has gone above and beyond for a resident. For example, our staff will come in on their day off to sing for the residents."
- Staff felt motivated and proud of the care provided because the registered manager recognised individual staff member's skills and nurtured staff to reach their full potential. One staff member told us how this approach had made them feel able to progress a career within adult health and social care. They told us, "There are opportunities to thrive here, a culture of wanting us to develop and achieve."
- There was a strong sense of equality and collaborative working between all staff, irrespective of their individual roles, where each of their voices was respected by all. One staff member told us, "As a carer I feel I can speak up and what we say is treated as valid."
- The registered manager actively promoted inclusion across the workforce. For example, one staff member had been trained in mental health first aid and explained the tools and processes that had been put in place

to support staff to reach out for support in any form they felt comfortable with. Other staff told us of flexibility in working patterns to support their health and wellbeing.

- Feedback from visiting healthcare professionals was overwhelmingly positive. One healthcare professional told us, "There is a great atmosphere in the home and senior management are to be congratulated for how the home is organised and the consideration given to every decision, issue or concern." Another healthcare professional commented, "I would highly recommend this [care home] both to prospective residents and also to anyone wanting a career in care. The staff are all friendly, knowledgeable and more importantly, care about the building and all those in it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a strong emphasis on continuous improvement. There were clear governance processes to assess and identify any risks to the quality of the service provided. Where issues were identified, these were recorded on a home development plan which was monitored by the provider to ensure actions were completed.

- The regional operations manager explained how the governance systems at the home went far beyond check lists and audits and described how the registered manager prioritised staff delivery of high-quality care from the top down. They told us, "The thing is care goes full circle. Care is where it starts and care is where it all ends too, no matter what your job title in your organisation."

- The provider and registered manager understood their role in meeting regulatory requirements and keeping up to date with best practice. For example, the Health and Care Act 2022 introduced a new legal requirement for staff in health and social care to receive training in learning disability and autism. This training was now part of the mandatory training staff were required to complete.

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

- The registered manager was committed to ensuring the views of staff were heard and valued their opinions and feedback. Staff told us they had recently had individual meetings with the registered manager during which they had been encouraged to share their views of the home and their own personal and professional development.

- A healthcare professional confirmed, "The manager, deputy manager and senior care team leaders are supportive to the more junior staff and encourage feedback and opinions thereby allowing them to feel invested and valued as part of the team."

- People and their relatives were encouraged to provide feedback and make suggestions about how the service could be improved. This was through group meetings, one to one reviews and surveys. One staff member explained, "It's their home and they should live in a home they want to live in."

- Feedback had led to the establishment of a walking group, and menu choices and activities were regular agenda items at meetings. People also chose the charity they wanted to support from fundraising events in the home.

- Relatives told us communication was exceptional and every week they received an email from the registered manager informing them of everything that had happened in the home. A typical comment was, "[Registered manager] sends weekly newsletters about all things going on and reviews are by telephone and in person. Everyone listens and you never feel pushed to one side."

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; Continuous learning and improving care

- The registered manager promoted a culture of being open and honest, so people had confidence in the service being provided. Relatives told us, "They tell me if there are any issues and explain what's happened"

and, "If anything happens, they always talk through any precautions that can be taken."

- Staff told us they felt confident to report any mistakes because there was a 'no blame' culture in the home. One staff member told us, "I never feel I couldn't report a mistake because the culture is that we are people and the important thing about making those errors is that you learn from them."
- Learning from incidents and complaints was a key contributor to improvements in the home.
- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). Incidents had been recorded and reported as required.

Working in partnership with others

- Staff worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, advanced nurse practitioners and district nurses. One healthcare professional told us, "Communication is excellent between all healthcare professionals who visit the home and the home care staff. It is a home that every healthcare professional enjoys visiting and we all have a very positive professional relationship with them."
- The registered manager and the staff team worked hard to promote Low Furlong in the local community.
- There were links with local schools and other organisations who, following the pandemic, were now being invited back into the home. The registered manager attended career days to talk to students about the service and promote careers in care. The registered manager offered volunteering placements for students considering a career in health and social care.
- Low Furlong had recently been a finalist for a national 'Dignity in Care' award.