

Runwood Homes Limited

Elizabeth House

Inspection report

42-56 Benfleet Road
Hadleigh
Essex
SS7 1QB

Tel: 01702555786
Website: www.runwoodhomes.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Elizabeth House is a residential care home providing personal care to up to 108 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 107 people using the service.

Elizabeth House accommodates people across two units, Poppy and Bluebell.

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

People were not always supported by enough staff. Some people's care plans did not include all risks to them or did not include enough guidance for staff. People were supported by trained staff to take their medicines; as and when required medicines were not always administered correctly.

Infection prevention control measures were effective, and the registered manager shared learning from incidents.

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.

The registered manager had processes to monitor the quality of the service. People and staff told us they found the registered manager approachable and supportive. People and staff's feedback were sought through meetings and surveys. The manager worked effectively with other professionals to support people to access healthcare services.

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 10 March 2020).

Why we inspected

We received concerns regarding incidents involving residents with behaviour support needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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.

The overall rating for the service has remained good based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

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

Recommendations

We have made a recommendation relating to risk assessments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elizabeth House

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.

Inspection team

The inspection consisted of 2 inspectors and 1 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

Elizabeth House 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. Elizabeth House 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

This inspection was unannounced.

Inspection activity started on 2 February 2023 and ended on 14 February 2023. We visited the location's office/service on 2 February 2023.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 10 relatives about their experience of the care provided. We spoke with 10 members of staff and received feedback from 25 members of staff including the registered manager, deputy manager, care team leaders, care staff, admin staff, domestic and kitchen staff. We received feedback from 3 health professionals. We reviewed 10 people's care files and 3 staff personnel files. We also reviewed records relating to managing 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People told us, and we observed during our inspection, there were not always enough staff to meet people's needs in a dignified way. We saw people had to wait for staff when they needed assistance to the toilet or to be taken to the dining room for lunch. One person said, "There aren't enough of them. Have to wait for everything. Like the toilet. I have to have one woman and one man; means I have to wait longer."
- Staff told us there were not always enough staff to provide safe care at night and described being short approximately twice per week. One member of staff said, "You cannot do the things you need to do. Like personal care, so you need to be hasty because you are short staffed."
- The registered manager had reviewed staffing levels recently and the provider had agreed additional hours for care, activity, kitchen and domestic staff; recruitment was ongoing for these hours. However, this did not include increasing care hours at night. Following the inspection, we were told an additional night staff had been agreed.
- The provider had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service (DBS) as part of their recruitment process. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. New staff had completed an induction to the service.

Assessing risk, safety monitoring and management

- People were not always supported as advised in their risk assessments. We observed 1 person, who was described as needing support of 1 staff to mobilise, walking alone without their walking stick. Notes for a person at risk of pressure injury did not always state what position they had moved to or showed they had remained in the same position.
- People with behavioural support needs did not always have robust care plans and risk assessments. We reviewed some incident reports which included behaviours which had not been described in people's support plans. This meant there was not always enough guidance for staff.

We recommend the service ensure information about risks to people and guidance for staff is detailed and up to date.

- Staff managed the safety of the living environment and equipment in it through regular checks and action to minimise risk.

Using medicines safely

- Staff had not always administered PRN medicines correctly. In one Medication Administration Record (MAR) we found staff had administered 1 instead of 2 tablets as instructed. Staff told us the person had capacity and a request had been made to the GP for the instructions to be amended. During the inspection, staff signed the MAR before administering pain relief. This meant staff did not always follow best practice guidance [NICE guidance] when recording the administration of some medicines.
- People's PRN guidance for staff did not always have enough detail for those related to support with behaviour. However, staff were able to describe how the person's behaviour presented to show they needed the medicine.
- People received their medicines from staff who had received the appropriate training. One person told us, "They help with my tablets." And a relative said, "[Person's] medication is given daily. I am happy, no problems."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority or CQC. Whilst some safeguarding incidents remained open, the registered manager was in contact with the local authority for the outcomes.
- Staff had received training in safeguarding and knew how to raise any concerns. One member of staff said, "It's about keeping everyone safe. I would tell [care team leader] or talk to manager."
- People told us they felt safe at the service. One said, "I'm very well looked after." A relative told us, "I have no concerns about their care."

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.
- The service supported visits from people's relatives and professionals in line with current guidance.

Learning lessons when things go wrong

- The registered manager investigated incidents. Lessons learnt were displayed on the staff noticeboard and managers checked staff were aware of the latest during their morning walkaround. We saw these were also a regular agenda item for discussion at team meetings.
- Staff were confident they were made aware of anything they needed to know. One member of staff said, "We are advised at 8am handover. The electronic advice also tells you. We are very well informed if we have not been here."

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 remained 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; 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 registered manager had reviewed staffing levels and it had been agreed for additional care staff in the mornings, as well as increased hours for activities, domestic and kitchen staff. However, these roles were not in place at the time of our inspection and there were no plans to increase the care staff levels at night.
- The registered manager had completed falls analysis and identified actions to reduce falls. Analysis relating to behaviour related incidents was not available on the day of our visit. Following the inspection, the registered manager completed analysis and identified actions relating to individuals' needs.
- The registered manager completed audits and had systems to monitor the quality of the service including logs for incidents, safeguarding concerns and DoLS applications. We reviewed care audits and found they identified gaps and action taken. However, we noted a behaviour support plan was 'not applicable' for a resident who had been involved in several behaviour related incidents.
- The registered manager had amended the initial assessment process for admitting new people to the home. Some people were found to be unsuitable after admission and had to move out. The new process meant these needs were more likely to be identified at the assessment.
- The registered manager was aware of their legal responsibilities to be open and honest when things had gone wrong and submit relevant notifications to CQC.

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

- Staff spoke positively about working at the service. One member of staff said, "We've got a good team. We all get along really well." Another told us, "There is a very strong team ethic at Elizabeth House with the emphasis on care for the resident coming above everything else. I feel very supported at work and that we all very much work together for the residents."
- People and families we spoke with were mostly complimentary of the service and staff. One relative told us, "[Relative] is quite happy there, well treated from what I have seen." And another said, "I have no concerns about the care, [relative] is doing as well as can be expected. I think they do a pretty good job."
- People, their relatives and staff felt able to raise concerns. One member of staff said, "I know that if ever I had a problem I can always go to [manager] and I know I'll get the support I would need." One person said, "[Manager] is nice. Very pleasant. Easy to talk to. When I had a problem with my dinners, [they] did come up and have a chat with me."

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

- People's families were invited to relatives' meetings which were held alternate months. None of the families we spoke with had attended one and most said they had not been asked for feedback. However, the registered manager had tried to improve meeting attendance, which was very low, by adding the option for families to dial in virtually.
- People were invited to residents' meetings. Minutes we reviewed included request for feedback on activities and meals as well as updates on what was happening in the home. We saw they included input from people.
- People's relatives were happy with how the home was managed. Not all relatives we spoke with had met the registered manager, but those he had spoke highly of them. One said, "The manager is always around when we go, [they are] chatty and friendly and asks is everything okay." Those who had not met them were always able to find another manager to speak to. One relative said, "We see the senior carer on duty, we see them quite a lot." Another said, "There's always a duty manager who is accessible."
- Staff attended team meetings and completed surveys. The meeting agenda included shared learning, updates for staff and training reminders. We reviewed the most recent survey and whilst the response rate was low, actions had been taken to address the issues raised. For example, improvements to information sharing from the provider.

Continuous learning and improving care

- The registered manager had identified several improvements relating to the environment and staffing of the home and felt listened to by the provider. They said, "Challenges are what I have said to you – I don't want the home to look like a ward, we are getting a cinema room, more care hours and more activity hours it has all been sorted, I have no worries now."
- Where relatives described issues with the home, these tended to have been resolved. One relative said, "It's okay at the moment; there was a period when I felt the home had gone downhill...but now it seems much better." Another told us, "A few occasions in the past when I have had to have meetings with people, but they have all been resolved. There are no current issues."

Working in partnership with others

- People's records showed the service worked with other professionals. For example, we saw referrals made to speech and language therapy.
- Professionals gave positive feedback about the service. One told us, "From what I have observed, the staff are very friendly with all residents, relatives, and myself. They are always ready to help whenever I need them. After my visit, I have a quick chat with the person in charge, informing them about anything that needs urgent attention. The manager is very friendly and approachable."