

Runwood Homes Limited

Silvanna Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Silvanna Court is a care home providing personal and nursing care to up to 83 people. The service provides support to older people and people with dementia. At the time of our inspection there were 79 people using the service. The home is split over 3 separate floors, each with communal lounges and dining areas.

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

People and their relatives gave us positive feedback on their experience of using the service. One person said, "Staff are very good, no complaints at all. If I ask for something, it is done straight away." Another person said, "The staff always look after me. I like to walk around and talk to people."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

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.

Staff were caring and promoted positive outcomes for people. Opinions on people's care were sought from them and their relatives and care was planned in a person centred way.

The registered manager had been successful in driving improvements at the service. Systems had been put in place to monitor the service and improve outcomes for people.

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 June 2022). The registered manager 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 regulations.

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

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements. 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 requires

improvement to good. This is based on the findings at this inspection.

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.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Silvanna 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

This inspection was carried out by 3 inspectors.

Service and service type

Silvanna 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. Silvanna Court 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.

What we did before 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 all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 1 relative about their experience of the care provided. We spoke with 9 members of staff including the regional director, registered manager, deputy manager and care staff. We also spoke with 1 visiting healthcare professional.

We viewed a range of records. This included 9 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

At our last inspection in April 2022, we found the service was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to risks associated with medicines management and documents relating to risk assessments not always being updated promptly. At this inspection we found improvements had been made and the service was no longer in breach.

Using medicines safely

- People were receiving their medicines safely. One person said, "Staff bring me my medicine when I need it."
- Medicine administration records provided staff with all the information they needed to support people safely with medicines.
- Where people were prescribed as and when required medicines (PRN), there were clear protocols and guidance in place for when people should receive these.
- Reviews of people's medicines were regularly completed with pharmacy and the GP.
- Staff had received training in medicine administration and had their competency checked to do so safely.
- Regular audits were completed to ensure medicines were being managed safely. Any issues highlighted were acted on promptly.

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate risks of harm to them.
- Risk assessments and care plans provided guidance to staff to support people who were at risk of falls, pressure sores, malnutrition and moving and handling safely.
- Where people had specific health care needs such as catheter care or diabetes support, there were clear care plans and risk assessments in place to provide safe care.
- A health care professional told us, "Staff are very good at contacting us quickly for support and following advice we give."
- Fire risk assessments were in place and staff completed fire evacuation training.
- General checks on equipment and the environment were maintained and issues addressed.
- The provider employed a maintenance person to address day to day issues at the service and when needed sourced specialist contractors.

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.
- The registered manager understood their responsibilities under MCA and had made appropriate referrals when needed. Records were kept up to date and where reviews were needed the registered manager had applied for these.
- Staff understood how it was important to support people to make choices for themselves and continued to support people to do this where possible.

Learning lessons when things go wrong

- The registered manager did an analysis of accidents, incidents, falls and safeguarding to identify themes and lessons learned. Staff were kept up to date with these during meetings and supervision. There were also folders on each floor with reports on lessons learned for all staff to read and sign.
- Where lessons learned affected people this was updated in their care records for example, if other measures were needed to be put in place to prevent falls.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "It feels safe here, staff are good, friendly and ready to help."
- Staff had received training in safeguarding and knew how to raise concerns. One member of staff said, "If I had a concern, I would tell my line manager or manager, I feel they would listen. If not, I could go to the local authority, CQC or police"
- The registered manager had guidance and policies for staff to follow on safeguarding and 'whistle blowing' or 'speaking out about poor practice'. These were clearly visible around the service for staff to see, with contact details to call.
- The registered manager had worked with the local authority to investigate safeguarding concerns and worked with them to keep people safe.

Staffing and recruitment

- The service had enough staff to support people's needs. The registered manager informed us they were fully recruited and no longer needed to use agency staff.
- Staff consistently worked on the same units/floors. One member of staff said, "I always work on this floor which means I know people and their needs." People told us they felt well supported by staff. One person said, "All the staff do a good job."
- Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

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 registered manager had followed guidance on visiting and people were able to receive visits from their relatives and friends safely.

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.

At our last inspection in April 2022 the service was in breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach.

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

- People were positive about the support they received from staff. One person said, "The staff are marvellous. A relative told us, "The care is excellent."
- Throughout the day we saw staff interacting with people in a kind and caring way. Staff spoke to people gently and at eye level offering reassurance when needed. When one person was distressed staff gave them a hug which they responded well to.
- Staff were engaging with people, supporting them with activities of their choice and spending time talking with them.
- A relative told us how staff had helped them celebrate their wedding anniversary and, on another occasion, helped to put on a mock wedding so that their granddaughter could show them their wedding dress.
- Staff respected people's equality and diversity needs.

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

- People's views and decisions were respected. Staff discussed with people the care and support they would like, and this was recorded in care plans.
- Care plans were discussed with people and their relatives or representatives to ensure the service was meeting their needs and this was reviewed with them each month.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people in a dignified and respectful way.
- Staff held meetings with people to discuss how they would like to spend their time and if there were any activities they wished to do. People had made a wish list of things they would like to do and staff were working through facilitating these.
- Where people wished to take trips out into the community staff were facilitating these trips. People were supported to local facilities such as the theatre, park and pub.
- People were supported to maintain their independence. One person told us how they were able to manage their own medication independently.

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.

At our last inspection in April 2022 the service was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the service was no longer in breach.

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

- Since the last inspection there has been a new management team put in place at the service. The management team had significant experience in the sector, and we received positive feedback from staff and people on the impact they have had at the service.
- Staff told us they felt supported by the management team. One member of staff said, "The manager is very approachable they are always available to give us support and if we need them, they will help on the floor."
- Staff were clear about their roles, they had regular meetings and supervision and were able to discuss any support or training they needed to enhance their skills.
- The registered manager had implemented robust quality monitoring systems. Where audits had identified issues, an action plan was in place for improvements with timeframes for when these should be achieved by.
- The registered manager was able to demonstrate how they had managed any staffing issues through their human resource processes. Including when necessary, taking disciplinary action.
- Complaints had been managed through the provider's complaints policy in a timely manner. One person said, "I have raised a concern and the manager and regional manager have been dealing with this for me."

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

- There was a positive culture at the service which was person centred and empowering for people. Staff were seen to be happy and engaging with people.
- Staff supported people with numerous activities throughout the day which were personalised to their needs. We saw staff supporting people using computers, joining in with a church service, completing artwork and enjoying a film afternoon.
- Staff spent time with people on an individual basis, we saw examples where staff had prepared and enjoyed a meal with a person and taken part in individual pampering sessions with another person.
- The registered manager had implemented a number of initiatives to promote good outcomes for people. Staff shared the registered manager's vision of care, one member of staff said, "We want people to enjoy life and have choices over their care."

- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had a number of ways of engaging with people, relatives and staff. They held meetings regularly and made themselves available outside of usual business hours.
- Relatives and staff could attend meetings with the registered manager or see them individually. The registered manager also gathered feedback using surveys.
- Staff were involved in regular meetings to provide their opinion on the running of service.
- People's equality characteristics had been considered and people were supported with their cultural and religious beliefs.
- The registered manager engaged with the local community which included a local school regularly coming in to do activities such as reading with people. One person said, "I always enjoy when the school children come in and make sure I am there to hear them read."
- The registered manager had developed good working relationships with other healthcare professionals such as the district nurse team and GP services.