

# Runwood Homes Limited

# The Whitecroft

## Inspection report

Stanford Road  
Orsett  
Grays  
Essex  
RM16 3JL

Tel: 01375892850

Date of inspection visit:  
10 May 2023

Date of publication:  
09 June 2023

## 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

The Whitecroft is a residential care home providing personal care. The service can support up to 56 people at the time of inspection 48 people were being supported.

### 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 pleasant and cheerful, they give me choices. I go out whenever I want as long as I let them know." A relative said, "I feel really happy and content when I go to bed knowing my dad is safe and happy here."

We made one recommendation on audits for the registered manager to consider.

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. Medicines were 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.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

People were supported to follow their interests and participate in social activities. Complaints were responded to in a timely manner. People were supported to make plans for the end of their life.

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 April 2019). 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 regulation.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 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 ●

# The Whitecroft

## 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 Care Act 2014.

#### Inspection team

The inspection was conducted by 3 inspectors.

#### Service and service type

The Whitecroft 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. The Whitecroft 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.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from health and social care 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 of this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 2 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, regional manager, chef, well-being lead and care workers. We spoke with 2 external healthcare professionals who frequently visit the service for their feedback.

We reviewed a range of records. This included 8 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of 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 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 February 2019, 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 risk assessments not being updated promptly to reflect people's needs and staff not always being available to support people promptly. At this inspection we found improvements had been made and the service was no longer in breach.

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate risks of harm to them. Staff were able to describe to us in detail the support people required. For example, staff were able to describe how when people were at risk of choking what mitigation they had in place to help prevent this.
- Risk assessments and care plans provided such guidance, as how staff should support people, who were at risk of falls, pressure sores, malnutrition and moving and handling safely.
- Risk assessments were reviewed and updated monthly or when required if needed sooner.
- A healthcare professional told us, "Staff are good at identifying when people's health deteriorates and make quick referrals for reviews." This meant people received the treatment they needed promptly, such as, antibiotics for infections.
- Fire risk assessments had been completed and emergency evacuation plans were in place. Staff had recently undergone fire evacuation training.
- The provider employed a maintenance person to address day to day issues at the service and when needed sourced specialist contractors.
- General checks on equipment and the environment were maintained.

Staffing and recruitment

- There were enough staff available to support people. The registered manager told us they rarely needed to use agency and had recruited enough staff to provide care and support.
- The registered manager had reviewed staffing deployment across the service and had implemented a new system which staff informed us was working well. One member of staff said, "I feel like I can get to know people better now and have more time with residents."
- People were complimentary of the staff and the support they received. One person said, "The staff do their job properly, I only have to use my buzzer and they are there." Another person said, "The staff are very good at making sure you have everything you need."
- 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I feel safe here, I wouldn't stay if I didn't. Staff keep an eye on you but don't pester you."
- Staff had received training in safeguarding and knew how to raise concerns. One member of staff said, "If I had a concern I would go to the senior and then the manager. If I needed, I could report to head office or go straight to the CQC, if serious I would report to the police."
- The registered manager had guidance and policies for staff to follow on safeguarding and 'whistle blowing' these were clearly visible for staff to see.
- The registered manager kept a tracker of safeguarding concerns which were up to date with information relating to these concerns.
- Safeguarding concerns had been reported to the local authority to investigate and the registered manager had worked with them to keep people safe.

Using medicines safely

- People received their medicines safely and when they needed them. One person said, "I like my medicines early and the staff bring them for me."
- Staff had received training in medication had had their competency checked to support people with medicines.
- Audits of regular medicines took place regularly and any issues were addressed.
- We found one area of medicines had not been audited since March due to the staff member responsible being off. We noted this had led to a recording error not being identified promptly.

We recommend that a system is put in place to ensure audits happen even when the nominated person who does the audit is not available, to ensure any discrepancies are addressed and acted on without delay.

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.

Learning lessons when things go wrong

- The registered manager completed an analysis of accidents, incidents, falls and safeguarding concerns and shared lessons learned with staff. Staff had access to investigation findings and feedback and discussed these at staff meetings.



# 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.

At our last inspection in February 2019, we found the service was in breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to people not being supported effectively at mealtimes. At this inspection we found improvements had been made and the service was no longer in breach.

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

- People were supported to eat a well-balanced diet to maintain their nutrition and hydration. We observed there was access to drinks and people were given a choice over what they would like to drink, including hot and cold drinks.
- People told us they had enough to eat and drink. One person said, "The food is wonderful, we get enough, and staff come around with drinks."
- The registered manager asked people to complete a catering survey to gain their feedback on the food they received. They told us people had not liked the standard of some products from a new supplier, so they had changed back to the original supplier.
- Nutritional assessments were completed, and people's weight regularly monitored. Any issues were referred to the GP and where needed, people were referred for specialist advice and assessment with speech and language therapists if there was a risk of choking.
- We observed a lunchtime experience. Menus were available on tables for people to see what options were available to eat. We saw staff giving people choice over what they had to eat and drink. People were supported to be independent with adapted cutlery where needed.

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

- People's needs were assessed before they came to live at the service. Assessments continued and was regularly reviewed to ensure people received the support they required.
- Care Plans described how people wished to be supported. People we spoke with told us they had choice, and their independence was supported.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the registered manager and felt there had been improvements at the service since they had been in post. One member of staff said, "I feel really supported by the manager and seniors all do their best."
- Staff were supported with regular supervision to discuss their development and meetings to discuss people's care needs.

- New staff were supported with a full induction. One member of staff said, "I worked shadowed shifts and observed care then completed training."
- Training provided at the service included the Care Certificate, this is a set of industry standards of training to support new staff develop the skills they need to provide care.
- Training was monitored by the registered manager to ensure staff were frequently refreshing their skills.

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

- The service was set over two floors with plenty of communal meeting rooms and external space for people to use.
- People were able to personalise their rooms with their own belongings.
- The registered manager shared plans they had to continue to update areas such as by adding a walk-in shower and developing the outside courtyard space.

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

- The registered manager has been proactive in meeting with the GP and pharmacy services to negotiate the correct level of support for the service.
- The GP service provides a weekly visit from a paramedic to support with reviews of people's care.
- The service is visited by a community matron who provides reviews of people's care and assessments.
- People are supported with hospital appointments and routine check-ups. The registered manager told us they received support from the palliative care team when needed.

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 registered manager was working within the principles of MCA and had applied for assessments and renewals of DoLS when necessary.
- Best interest decisions were regularly reviewed.
- People's consent for care was sought and staff understood the requirement to seek consent for care from people.
- Staff supported people to make decisions for themselves and offered them choice during all interactions.

# 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 and relatives provided positive feedback about their experience of living at the service. One person told us, "As soon as I got here the staff put me at my ease. The staff are wonderful."
- A relative told us, "The staff are very caring, and mum is very happy here."
- We saw throughout the day staff and people interacting together, having cheerful conversations.
- Staff had training in equality and diversity and respected people's equality and diversity needs.

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

- Care plans were person centred and incorporated people's views and decisions, promoting positive outcomes for people.
- People's opinions were sought on the running of the service through meetings and surveys such as the catering survey. Actions from surveys and meetings were then put in place.
- People told us it was their choice how they spent their time and whether they chose to stay in their room or join in activities. One person said, "I am very happy here, I prefer my own company mostly, but I do mix sometimes."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "The staff are really good and kind." Another person said, "I couldn't wish for better if I was royalty."
- We observed staff treating people with kindness and respect, responding promptly to people's needs. We saw when one person was falling asleep staff offered blankets to keep them warm.
- The provider promoted dignity with dignity themes each month to promote staff understanding of dignity. The provider promoted schemes such as 'forget me not' encouraging staff to take time to interact with people who preferred to stay in their rooms.

# 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

- The service was changing to a computerised care planning system and was making good progress on transferring all notes and care plans over to this system.
- Staff told us the new system, which provided handheld devices was working well. The system meant they could access information quickly and could update notes in a timelier way.
- Care was planned in a person centre way individualised to each person's specific requirements. Documentation was detailed containing people's life history. A relative told us, "Staff met us and wanted to know all about him, including his likes and dislikes."
- Care plans were regularly reviewed and updated so that staff had the most relevant information.

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's communication needs were considered. Staff knew how to support people with glasses, hearing aids and to speak clearly to people.

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

- The registered manager employed a well-being lead to help support people with activities of their choice.
- People told us they had enough to do to keep themselves occupied. One person told us, "I like reading and the manager brings me in different books to read. Another person said, "I like to go out with my family, and they collect me and take me out." One person told us they were a keen gardener and was looking forward to helping in the garden.
- The well-being lead told us they had planned activities people joined in with as a group and for people that preferred to stay in their room they saw individually to check if there were any activities, they would like support with.
- We saw the service had a busy social calendar, where they organised various activities such as entertainers, quizzes, a visiting dog and external day trips out to various places of interest.
- A relative said, "It is a very lively place, there is always activities going on."

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place to promptly respond to any issues. We saw where complaints had been made these had been responded to and resolved.
- People told us they generally did not have complaints but if they did, they felt confident to raise these with the registered manager.

#### End of life care and support

- People were supported at the end of their life. The registered manager told us they had good links with the local hospice and palliative care team.
- A visiting healthcare professional said, "End of life care is caring and compassionate."

# 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.

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

- We received positive feedback on changes that had been implemented by the new registered manager. A relative told us, "The new manager is very approachable, and you can see the difference they are making."
- Staff informed us that the new deployment of staff meant they had more time, to spend with people. Changes at the service meant people had more choice over where they chose to spend their time with additional lounge and dining facilities being added.
- Staff told us they felt supported by the registered manager to try new ideas. One member of staff said, "The registered manager told us to try the new way of working and if it did not work, they would change it back." This gave the staff confidence to try something new.
- There was a positive culture at the service. People and relatives gave positive feedback on their experience at the service, and staff told us they were happy working at the service.
- One person said, "Staff have it all planned nicely here, I wouldn't want to go anywhere else."

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

- Staff were clear about their roles and responsibilities at the service and told us they felt supported by the management team. One member of staff said, "We have meetings and supervision, the manager and seniors are all supportive."
- Staff understood their roles, in relation to regulatory requirements. Notifications for notifiable events were sent to the commission as required.
- 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

- The registered manager engaged with people, relatives and staff regularly. They told us they had an open-door policy and frequently worked late and across the week so that they were visible and available for engagement.
- Meetings had been held with people and relatives and surveys used to gain feedback on the running of the service.
- The registered manager had several forums to engage with staff including meetings and supervisions.

- People's equality characteristics had been considered and people were supported with their cultural and religious beliefs.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality monitoring systems in place to maintain a good oversight of the service.
- Staff were supported with regular training to maintain their skills. The registered manager told us they had recently accessed support from NHS trainers to provide additional training to staff on such topics as sepsis, pressure area care and catheter care.
- The registered manager had developed good working relationships with other healthcare professionals such as the palliative care team, community matron and GP services.
- To support their own learning the registered manager gained support from the provider with regular management meetings and accessed forums provided by the local authority and Skills for Care.