

Runwood Homes Limited

Oldfield House

Inspection report

Oldfield Lane
Stainforth
Doncaster
South Yorkshire
DN7 5ND

Tel: 01302351410

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14 August 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Oldfield House is a residential care home providing accommodation and personal care for up to 34 people. At the time of the inspection there were 24 people living at the home. Some people were living with dementia.

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

The provider had a system in place to protect people from the risk of abuse. Staff knew how to recognise and report abuse and were confident appropriate action was taken to keep people safe. Risks associated with people's care had been identified and managed safely. People received their medicines as prescribed. Maintenance and building checks were carried out in line with current guidance and requirements.

The home was clean, and staff were following infection control guidance. Accidents and incidents were analysed, and action was taken to mitigate future risk.

The provider's recruitment system ensured staff were safely employed. However, we noted documentation could be improved. We observed staff interacting with people and found there were sufficient staff available to support people. However, sometimes staff required direction to ensure they were deployed effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who knew them well. Staff were kind, caring and considerate. Signage was in place to help people navigate around the home. There was a lack of social activities for people to engage in. The provider was in the process of recruiting to the post of well-being lead, whose role will be to ensure people have access to social stimulation.

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 4 March 2020).

Why we inspected

We received concerns in relation to leadership, person centred care and risks associated with people's care. 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. The overall rating for the service has remained good based on the findings of 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.

We have found evidence that the provider needs to make some improvements. Please see the well led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Oldfield House' 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Oldfield 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.

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 1 inspector 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

Oldfield 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. Oldfield 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 no registered manager in post. The deputy manager was covering the management of the home and the recruitment process to select a new manager had commenced.

Notice of inspection

This inspection was unannounced.

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. 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 4 people who used the service and 3 relatives to gain their experience of the care provided. We spoke with 7 members of staff including the director of operations, deputy manager and members of the care, domestic and catering teams. In addition, a healthcare professional gave us feedback on their experience of the service. We reviewed a range of records, including people's care records and medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse.
- Staff understood the safeguarding process and knew how to recognise and report abuse.
- People told us they felt safe living at the home. "One person said, "I feel safe here, the staff know what they are doing and are around if I need them." One relative said, "I am happy [relative] is safe and well cared for."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and actions taken to keep people safe.
- Risk assessments in place directed staff to deliver safe care in line with people's current needs.
- Health and safety checks of the building were carried out and equipment was serviced in line with current 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 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.
- Care plans could be more detailed to reflect DoLS in place. We discussed this with the deputy manager and regional head of operations, who took action to address this.

Staffing and recruitment

- Staff were recruited safely and there was evidence pre-employment checks had been carried out.
- Recruitment files did not always clearly document gaps in employment. We raised this with the deputy manager who took immediate action, and the gaps were explained.
- We received mixed views about the number of staff available. One person said, "I don't think there is enough staff. They [staff] sometimes take a while to answer the buzzer [call system]." A relative said, "I think

there is enough staff and they [staff] do involve me in [relatives] care."

- We observed staff interacting with people and found there were sufficient staff available to support people living at the home at the time of our inspection. However, we noted a couple of occasions where staff could have been deployed more effectively. We raised this with the deputy manager who commenced a series of checks to ensure staff were responding to the nurse call system in a timely way.

Using medicines safely

- Medication procedures in place ensured people received their medicines as prescribed.
- Medicines were stored, administered and recorded appropriately. One person said, "I get my medication on time and pain relief when I need it."
- Staff responsible for medicine management, received appropriate training and had their competencies assessed regularly.

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 facilitating visits for people living at the home.

Learning lessons when things go wrong

- The provider had a system in place to monitor accidents and incidents. The deputy manager analysed incidents and used them as learning opportunities to minimise future occurrences.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- At the time of our inspection there was no registered manager in post. The deputy manager was covering the role of the manager but needed support to ensure the smooth running of the home. Following our inspection, the director of operations had planned to offer support.
- The deputy manager was knowledgeable about the management role but needed more support from the provider, to ensure they had access to management tools (laptop and audit documentation) to effectively manage the home.
- The deputy manager understood their duty to report notifiable incidents and were aware of their duty of candour and the need to be open and honest when things went wrong.
- People and their relatives were happy with the care provided at the home and felt the deputy manager was approachable. One relative said, "On the whole I am pleased with the care [relative] is getting and have already recommended the place. It's not a top notch building but it is a caring place." Another relative said, "They [staff] can't do enough for us. I would certainly recommend the place to anyone looking for a good care home."

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

- People were supported by staff who knew them well. Staff were kind, caring and considerate.
- Signage was available around the home and helped people navigate around the service.
- There was a lack of social activities for people to engage in. The provider was in the process of recruiting to the post of well-being lead, whose role will be to ensure people have access to social stimulation. One person said, "I am quite happy here, but it would be nice to have someone organise things during the day."

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

- Systems in place to obtain feedback about the service were ineffective.
- In the absence of a registered manager and well-being lead, resident's and relative's meetings had not taken place. Following our inspection, the providers well-being manager arranged a series of resident's and relative's meetings and plans were in place to support the home in providing activities for people.
- Staff confirmed they had been involved in meetings and felt able to discuss issues freely. Staff told us the deputy manager was approachable and supportive.

Continuous learning and improving care

- Quality audits in place ensured the deputy manager and staff monitored the standard of the service. However, the home's development plan was out of date, so didn't always identify current areas for improvement needed to ensure management and staff continuously learnt and improved care. The director of operations informed us this would be addressed.

Working in partnership with others

- Care plans documented referrals to healthcare professionals and showed their input had been included in plans of care and staff were following their advice.