

# Runwood Homes Limited

# Humfrey Lodge

## Inspection report

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08 December 2021  
10 December 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Humfrey Lodge provides accommodation and personal care support for up to 48 people including people living with dementia. The service is provided from within a purpose-built building, with rooms and communal areas all on one level and located within a residential area. The service has a few courtyard gardens which people are able to access if they choose. On the day of our inspection there were 43 people living at the service.

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

When we last visited the service in October 2017, we found that care plans were not as informative as they needed to be and some recording of information was not always accurate.

On this visit we found that improvements had been made to care plans and information was accurate and therefore met people's needs.

There were enough staff to keep people safe. The manager was working well with the staff team, morale was good and staff had the necessary skills to carry out their job role.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The manager promoted a person-centred approach to managing restrictions resulting from the COVID-19 pandemic. They communicated well with people and families to explain any restrictions on visiting.

Staff had received appropriate recruitment checks on their suitability to work at the service and there were enough staff on duty to meet people's needs.

Senior staff carried out regular checks on the quality of care and took action which directly improved the standard of care for people. Regular audits were undertaken.

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

### Rating at last inspection

The last rating for this service was good (published October 2017). At this inspection the service has been found good.

### Why we inspected

We had received some anonymous concerns with regards to staffing levels in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating 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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Humfrey Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service is safe

Details are in our safe findings below

### **Is the service well-led?**

**Good** ●

The service was well led

Details are in our well led findings below

# Humfrey Lodge

## 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

Two inspectors visited the service on 8 December 2021. We limited the amount of time spent at the service due to the pandemic and to minimise risk. And therefore, . And therefore, asked the manager to send us documentation we needed to look at after the site visit.

An Expert by Experience rang and spoke with family members on 10 December 2021. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type

Humfrey Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager with the Care Quality Commission. This means that they the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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 all this information to plan our inspection.

During the inspection

We focused on observing how people that live in the service were cared for. We also spoke with three people about their experiences. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing the care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, regional manager, infection control lead and four staff.

We viewed a limited number of key records as we were minimising our time at the service.

After the inspection

We received additional information from the service as requested. We spoke with twelve relatives by phone to ask their views 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we could not be assured that the care and support recorded had been provided. This was because there were discrepancies found with contradictory information recorded by night staff in relation to fluid balance charts and repositioning records. The risks to people from choking had not always been mitigated.

At this inspection we found things had improved the recording was factual and accurate. Risks to people choking had been fully assessed and documented.

### Assessing risk, safety monitoring and management

Risks to people's care had been assessed with detailed plans in place for staff to follow

- The registered manager investigated all incidents and signed them off to say they had logged them, and a clear audit trail was visible including the actions to be taken after each incident. This was to mitigate the risk of it happening again.
- Staff were able to tell us who was at risk of for example, of choking and pressure sores and the documentation they were required to complete. This, included any actions they took to minimise the risk of these people coming to any harm.
- Risks to people's care had been assessed with detailed plans in place for staff to follow.
- Relatives offered positive comments which included, "The service has managed very well over the past year they have facilitated window visits and outside visits and more recently visits inside I have never felt my [name] was unsafe". And, "I feel [name] is safe the staff take good care of them. I can relax knowing they are in safe hands" And, "The staff keep me informed [name] recently had a fall and had to go into hospital and the staff kept me up to date with their progress."

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "Yes, I do feel safe the staff look after me they are very good."
- The registered manager understood their safeguarding responsibilities and liaised with the local authority and other relevant agencies if they had a safeguarding concern.
- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report any concerns.

### Staffing and recruitment

- We found there were sufficient staff on duty to keep people safe. Feedback from relatives and staff confirmed there was enough staff.
- Staff worked as a team and supported each other. Whenever staff were needed in a different area of the

home staff were called upon to support. Staff were flexible in the areas they worked in. We observed the lunchtime period, people were well supported, and staff were attentive to people's needs.

- During the inspection we observed staff checking people who were in their rooms to make sure they were comfortable and had everything they needed. At no time did we observe people having to wait any length of time for staff to attend to their needs.
- Rotas showed the provider was able to fulfil their intended skill mix of staff.
- Recruitment of staff continued to be safe.

#### Using medicines safely

- Medicines were managed safely.
- Only senior staff who were fully trained administered medicines and checks were in place to ensure staff remained competent.
- People had detailed care plans outlining the support they needed to take their medicines. Staff completed legible and accurate medicine records.
- Medicines were stored and disposed of safely.
- Senior staff carried out robust checks which ensured they had a good oversight of the medicines people had received. Any medicine errors were acted on swiftly, and where necessary staff were retrained to ensure they had the skills to support people safely.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the staff had all been vaccinated as required.

#### Learning lessons when things go wrong

- There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- The registered manager was supported by a deputy manager. Feedback from relatives and staff about the management team was very positive. Staff told us the registered manager had been supporting another service for a couple of weeks. However, they had felt fully supported by the deputy manager. Relatives told us, "Even though the registered manager has been at another service you would never know, the deputy is very good she is well informed and knows exactly what is going on" And, "Communication from the manager and deputy is exemplary, we are kept well informed of everything and the receptionist is very efficient."
- Staff told us, "The registered manager walks around the service, so they always know what's going on" And, "The registered manager is always visible she doesn't just sit in her office."
- The registered manager told us they received ongoing support from the provider's quality team.

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

- The regional manager told us they had a plan of works in place for some refurbishment of the service as some areas looked tired. We will follow up on the impact of these changes at our next inspection.
- The management team were open with people, relatives and stakeholders. Relatives told us management were accessible and they were informed of any important changes or incidents at the service. Records showed relatives had been informed where there had been any issues.
- The provider understood the responsibilities of their registration. Records showed that where required, statutory notifications had been sent to CQC. Providers are required by law to notify CQC of incidents such as deaths, injuries and allegations of abuse.
- People's records contained evidence of information being shared with stakeholders to improve people's care. For example, where there had been changes to one person's needs recently we saw records of emails with social workers and the persons mental health practitioner to prompt changes and reviews.

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

- Relatives were positive about how well the service had communicated during COVID-19, such as letting them know about restrictions and testing.
- Feedback about the registered manager was positive. A relative told us, "They are keeping me informed, this is what we need in times when we cannot visit" And, "The registered manager has arranged Zoom

meetings for when we cannot visit I think these have been really positive."

- Staff told us they felt the registered manager was open and inclusive, one staff member said, " [Name] is very approachable, I feel she listens and takes on board any suggestions."

Working in partnership with others

- External professionals told us the registered manager worked well with them.
- Despite the challenges resulting from the COVID-19 pandemic, staff were involving external professionals when needed, for example, referring people for support with pressure area care.
- A survey was carried out annually to gather the views of people and relatives in order for them to influence improvements at the service.