

Runwood Homes Limited

Lancaster Court

Inspection report

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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: Lancaster Court provides accommodation, personal care and nursing care for up to 65 people. At this inspection 59 people were living at the service.

People's experience of using this service:

Everyone we spoke with part of this inspection told us they were happy living in Lancaster Court because staff were kind and all their needs were met.

People's independence was promoted; they were involved in the home's day to day life and formed friendships with each other and staff working in the home.

Staff promoted people's privacy and dignity and their choices were respected. Care and support was delivered in a personalised way by staff who knew people's likes, dislikes and preferences.

Risks to people's well-being and health were well managed and regularly reviewed to ensure they were safe and protected from the risk of harm. Staff received training and had their competencies assessed to ensure they were skilled and knowledgeable to meet people's needs effectively.

The environment was homely, clean and welcoming. Staff used effective infection control measures to protect people from the risk of infections. Appropriate equipment was in place where needed for people to receive support in a safe way.

People had opportunities to take part in organised group activities or pursue their hobbies and interests. Staff had a genuine interest to keep people involved and occupied.

People and relatives told us there were enough staff in the home to meet people's needs. People felt listened to and they told us they were happy living in Lancaster Court.

Everyone we spoke with, people, relatives and staff praised the registered manager for being approachable, supportive and placing people in the centre of the care and support they delivered.

Complaints and feedback from people and relatives were used in a constructive way and lessons were learned to ensure improvements were made.

The registered manager and the provider used a range of effective audits and governance systems to check the quality and safety of the care people received.

Rating at last inspection: Good (report published 22 June 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this

inspection the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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 ●

Lancaster 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. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Act, looked at the quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Lancaster Court 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 manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority and reviewed the commissioner's report of their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with six people who lived at the home, two relatives, five staff members, the registered manager and the provider's regional manager.

We looked at care plans relating to three people and reviewed records relating to the management of the service.

We carried out observations throughout the day and used the short observation framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us

due to their complex needs.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff told us they received training and were confident in telling us what and how they would report their concerns internally and externally to local safeguarding authorities.
- People told us they felt safe. Relatives also told us they felt that the care and support people received was safe. One person said, "I do feel safe here. I know the staff well and they know me. I trust them. I know what I need to do when the alarm (fire alarm) goes off." A relative said, "I am very pleased how [staff] look after [person]. I think [person] is safe and well looked after."

Assessing risk, safety monitoring and management

- Risks to people`s well-being and health were assessed and measures were in place to mitigate risks. Risk assessments allowed for positive risk taking and enabled people to stay independent. For example, where a person chose to walk the stairs independently the risk assessment in place evidenced that staff were reviewing the risk levels regularly. However they were not stopping the person doing this.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar with how to assist people in an evacuation.

Staffing and recruitment

- People and relatives told us they felt there were enough staff to meet people`s needs in a timely way. On the day of the inspection we saw staff being quick to respond to people`s needs and call bells were answered promptly. Staff told us there were enough staff and if they needed help the registered manager was always available to help hands on.
- Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines as prescribed.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean and there were no lingering malodours. Staff used personal protective equipment (PPE) appropriately when delivering personal care to people. Handwashing posters were placed near the sinks in bathrooms and toilets to remind staff of the importance of hand washing.

Learning lessons when things go wrong

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Thorough assessments were completed to establish if people's needs could be fully met before they moved into the home. Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. Care and support plans were regularly reviewed. This ensured that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- People achieved good outcomes which demonstrated that staff were delivering care and support in line with best practice.

Staff skills, knowledge and experience

- Staff received appropriate training and support to carry out their roles effectively. People and relatives confirmed this. One person said, "Staff knows what they are doing. They are very good." A relative said, "Since [person] moved in they are so much better. Staff picks up on signs when they are not well and they know what to do. I am so happy with how [person] is cared for here."
- Staff received regular supervisions where they received feedback about their performance and any development needs were discussed. The registered manager was skilful in motivating staff to achieve the roles of champions in their areas of interest. Staff in champion roles were mentoring and coaching newly employed staff. They were also involved in developing strategies of how to effectively meet people's needs in the home. Newly employed staff had an induction training at the end of which they achieved the nationally recognised 'Care certificate'.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the food served to them. One person said, "The food is nice and if I don't like it I can ask for something else."
- People had sufficient amount and good choice of food and drinks provided. Specialist diets were catered for. Where people were identified at risk of malnutrition or dehydration their foods were fortified and the person was referred to their GP or dietician.

Staff working with other agencies to provide consistent, effective, timely care

- Staff working at the home were long standing and knew people well. Staff were able to promptly identify when people's needs changed and seek professional advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interest.

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

- The home was designed in a way so that people could move around easily, whether this was

independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible. There were large comfortable lounges with ample seating for everyone. Designated dining areas meant people could enjoy a meal together if they wished. People's individual bedrooms included personal items to help create a homely feel.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals to help them live a healthier life. There were regular GP visits. We saw evidence of dietician and district nurse involvement in people`s care as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Staff were asking for people`s consent before they delivered any aspects of care. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks, where they wanted to spend their time and what they wanted to wear. People could freely walk around and staff engaged with them often walking along. We saw some people chose to stay in their bedroom or lie-in in the morning and this had been respected by staff.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. The RM submitted DoLS applications to the local authority to ensure that any restrictions to people`s freedom in order to keep them safe was done lawfully.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We saw very caring interactions between care staff and people in the home. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary. During the day staff constantly stopped and chatted to people, they ensured people had enough drinks. All staff knew and used people's names, and made eye contact when talking to people.
- People told us staff were kind and caring and nothing was too much trouble for them. One person said, "Staff are nice. Always smiling and they are kind and caring." Another person said, "I cannot tell you how kind staff are. We are like a big family. we discuss everything and nothing is too much trouble."
- Relatives told us they appreciated staff's kindness and the attention they showed to people and this put them at ease. One relative said, "I cannot tell you how nice it is to have peace of mind when I am not here. [Staff] are kind and have an eye for detail. If something happens they let me know straight away. I trust them."
- Staff knew how to communicate with people effectively. If people were not able to express their wishes verbally, staff looked for other signs like facial expression or body language to establish what people wanted.

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

- People told us they knew about their care plan and they could decide what care and support they needed.
- Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- Staff completed life history documents for people to aid their understanding about people's past, likes, dislikes and preferences. Care and support was tailored around each individual.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their dignity and privacy. One person said, "I can choose to stay in my room in private and [staff] respect this. They will knock on my door and wait."
- People were well-groomed and dressed appropriately for the weather. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.
- Relationships were encouraged. People told us their visitors were made to feel welcome and had no restrictions on visiting times.
- Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. The confidentiality of information held in records about people's medical and personal histories was kept secure. This had been sufficiently maintained across all areas of the home in a way that preserved and maintained appropriate levels of privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People told us they received care and support as they liked it. One person said, "This is my home. I lived here for [number of years]. Everything they are doing it`s how I need it and like it. [Staff] would never do anything against my wish."
- Care plans detailed people`s preferences, likes and dislikes. For example, their food likes and dislikes. Staff knew what people liked and offered favourite foods to people at meal times.
- People told us they were not bored and they had opportunities for social interaction. One person said, "We always discuss what we want to do. We wanted a pet dog and staff went over and above until they managed to get us one. The dog belongs to us and [name of staff member] brings it in every so often."
- There were a range of activities provided to people and these included, exercises, musical entertainments, outside trips, keeping pets in the home as well as other social in-house activities like reminiscing, card games or quizzes.
- Relatives told us they were happy and thankful for the personalised care and support people received. One relative said, "[Person] started to be anxious and angry in the place they lived before, but since they came here that never happened. Staff puts music on and this seems to have a calming effect."

Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns. One person told us, "I have no complaints. If I have anything to say I will tell staff or management. They listen and deal with it."
- People's relatives told us that they thought the management team were responsive and they dealt with any concerns promptly.

End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Everyone we spoke with told us that the home was well managed. People knew who the managers were and who they could talk to if they wanted. One person said, "Of course I know the manager. They are very good."
- Relatives praised the registered manager for their leadership and having people's best interests at heart. One relative said, "[Registered manager] is wonderful. They are out there and they show they care and this makes staff follow them."
- Staff told us the registered manager led from the front, often working on the floor and being a positive example for them. Staff felt listened to and told us the registered manager's door was always open if they needed support.
- Staff echoed the registered manager's vision and values about providing personalised care and support to people.

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

- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to effectively manage all aspects of the service. The registered manager had an overarching governance system which monitored how staff fulfilled their role.
- Staff told us they felt valued and listened to by their managers. We saw that staff had one to one support appropriate for their job roles.
- Nursing staff had support to maintain their professional registration and develop their knowledge in their areas of interest. This meant that staff had the appropriate support to acquire and maintain skills and abilities to provide people with effective care and treatment.
- Accidents and incidents were used as an opportunity for learning and improving. For example, epilepsy training was given to staff following a person having a seizure.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home where managers as well as staff attended.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.

