

Runwood Homes Limited

# Waterfield House

## Inspection report

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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

Waterfield House is a residential care home providing personal care to 42 older people at the time of the inspection, some people were living with dementia. The service can support up to 76 people in one adapted building.

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

Since our last inspection a new manager was in post. People, staff and relatives were complimentary about the manager. Improvements had been made since our last inspection, including in staffing, staff morale and governance systems. The manager told us about their plans to further drive improvement in the service.

Systems were in place to provide people with a safe service. Risks were being assessed and guidance was provided to staff in how to reduce risks to people using the service. Staff were trained in safeguarding and the systems in place were designed to reduce the risks of abuse.

The service was clean and hygienic. There were infection control processes in place, including risk assessments and procedures relating to COVID-19. Relatives told us how they could visit their family members. Systems were in place to limit risks to people and visitors by, for example, personal protective equipment (PPE) and testing.

Medicines were managed safely, and people received their medicines when required.

The management team were regularly reviewing the staffing levels and call bell response times to reduce the risks of people not being provided with the support they need in a timely way.

There were systems to monitor the service provided and where shortfalls were identified they were addressed, and lessons learned to drive improvement. Improvements had been made in how people's care was recorded and monitored.

Improvements had been made in how people were asked for their views of the service and these were being listened to and acted on.

Staff told us how the manager was supportive, and the staff team were strong and committed to providing a good service. We were told how the team had pulled together during the pandemic which had strengthened relationships with the staff and people using the service.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 November 2020). There were two

breaches of regulation relating to governance and staffing levels. The provider 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.

#### Why we inspected

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 carried out an announced inspection of this service on 5 October 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Waterfield House 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 was 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.

# Waterfield 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 Care Act 2014.

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 one inspector.

#### Service and service type

Waterfield House 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 did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post and their registered manager application was being processed.

#### 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. 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 used all of

this information to plan our inspection.

During the inspection

Inspection activity started on 27 April 2021 and ended on 7 May 2021. We visited the service on 27 April 2021. We spoke with four people who used the service and one visiting health care professional. We also spoke with the manager, the regional operations director and seven staff members, including administration, domestic and care staff. We observed the interactions between people using the service and staff.

On the 7 May 2021 we fed back our findings from the inspection to the manager and the regional operations director. On the days in between our visit and feedback, we asked the manager to send us records relating to the service, which were reviewed remotely, and we asked for feedback from 20 people's relatives and 18 staff.

We reviewed a range of records. This included sections of care plans and risk assessments for seven people and medication records. We looked at the staffing rota and training records. A variety of records relating to the management of the service, including audits and monitoring tools were reviewed. We received feedback about the service from four relatives and four staff members.

# 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.

### Staffing and recruitment

At our last inspection the systems were not robust enough to demonstrate sufficient staffing levels to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Following our last inspection, the provider had increased the staffing levels in the service. This included staff to support activities and social interaction.
- Since our last inspection, there had been changes in the staffing levels over time, due to fluctuating numbers of people using the service. The manager and the regional operations director assured us they monitored the staffing levels weekly against the dependency needs of the people using the service and made adjustments where needed. This was evident on the day of our inspection visit there had been an increase in staffing.
- We received mixed views from staff about if they felt there were enough staff to meet people's needs. People told us the staff were available when they needed them.
- Call bells were being monitored and any issues were investigated, and staff were advised of the importance of responding in a timely way. We reviewed the monitoring records for call bell response times, which had improved from our last inspection.
- The service continued to make recruitment checks on new staff to ensure they were suitable for working in the service. No changes had been made in the procedures since our last inspection, therefore we did not review any staff files at this inspection.

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

- Staff received training in safeguarding and understood their roles and responsibilities in reporting any concerns of abuse to the appropriate professionals.
- The manager understood their role and responsibilities relating to reporting any concerns of abuse, and working with other professionals responsible for investigating concerns of abuse.

### Assessing risk, safety monitoring and management

- People's care records included risk assessments and guidance for staff on how risks were reduced. This included risks associated with pressure ulcers developing, nutrition and hydration and falls.
- Risks and concerns about people's safety was monitored, this included falls and weight loss. Where there were concerns appropriate referrals were made to health care professionals.

- Checks on the environment and equipment used, such as mobility equipment, were undertaken to reduce the risks to people and staff.

#### Using medicines safely

- Records showed people received their medicines when they needed them. This was confirmed by people and staff. One person told us the medicines they took and when they took them and said, "They [staff] bring them without fail."
- Audits and checks on medicines reduced the risks of unsafe administration, handling, storage, recording and disposal. The audits supported the manager to identify shortfalls and address them promptly. There had been a recent incident regarding medicines not being available, this was addressed by the manager and health care professionals.
- Staff who were responsible for supporting people with their medicines, were trained to do so and their competency was checked.

#### 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 provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Where people had falls, actions were being taken to analyse them and reduce them, this included identifying any patterns to the falls and referrals to health care professionals.
- The manager told us about and showed us records which demonstrated where they had learned from incidents and events and used them to drive improvement in the service. This included the ongoing learning from the pandemic and introduction of increased support to staff.
- The manager responded to complaints and used them to improve, such as providing staff training, where required.



# 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 requires improvement. At this inspection this key question has now improved 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; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection there was an inconsistent leadership in the service and the governance systems were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, there was a new manager in post, who had worked in the service for several years in another role. The manager knew the service and people living there well. They had submitted their registered manager application to the Care Quality Commission (CQC), and this was in the process of being processed.
- We received positive feedback from staff and relatives about the management team. There had been several improvements made in the service. One being, staff wore large badges with their photograph on them, which assisted people to recognise who they were speaking with as the staff were wearing masks.
- Staff told us how they felt the atmosphere and staff morale had improved and their comments were listened to and acted on. The manager had introduced systems to support staff to raise any concerns in addition to their supervisions and meetings, in weekly manager surgeries.
- Improvements had been made in people's care records which identified the guidance staff needed to provide the care and support people required, and how their conditions affected them. The monitoring or records and care people received had improved, this supported the manager to identify any shortfalls and act on them promptly.
- Improvements had been made in how people's views were listened to and acted on. This included the introduction of advising people in meetings the actions taken to address their comments and show they were valued and listened to, such as the provision of activities people had requested.
- As well as the staff champions, which were in place at our last inspection, the manager had introduced champions by people who used the service, for those who wanted to participate. This included one person taking responsibility for organising the staffing of the shop where people could buy items such as snacks and toiletries, and another person was taking on the responsibility of befriending new people who moved into the service.
- The manager told us about the systems in place to continuously improve, this included the introduction of documentation to show people's diversity was explored with them, to ensure they were treated equally and

in line with their preferences and lifestyle. This included the recent training attended by the management team relating to LGBT and how they were using this learning to drive improvement.

- Systems had been introduced to support people with their wellbeing, this included the provision of people's life story on a USB stick, so they could view photographs of themselves and important people to them and listen to their chosen music.

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

- We continued to receive information from the service, including required notifications about specific incidents.
- There was a programme of monitoring and audits in place, which supported the manager and provider to identify issues and act on them. Where improvements were identified an action plan was in place which identified what needed addressing and by when.
- There was a duty of candour policy and procedure in place and this was understood by the manager.
- Staff told us they received the training they needed to meet people's needs, which was confirmed in records. Staff, including the manager, understood their roles and responsibilities in providing good quality care to the people they cared for and supported.
- All of the staff spoken with were committed to providing a good service to the people in their care. They spoke about and with people in a compassionate and caring way. Several told us how they were a strong team, with a supportive manager, who had all pulled together and supported each other during the pandemic. In addition, the pandemic had increased the positive relationships with the people using the service and their relatives.

Working in partnership with others

- The manager told us they had good relationships with social and health care professionals. This was confirmed in the feedback we received. One health care professional spoke with told us they felt referrals were appropriately made and people received safe care.
- During the pandemic, people received letters from people from around the world which increased their contacts outside of the home.
- The manager told us their plans to increase community involvement in the service, the weekend prior to our inspection there had been a music band playing in the corner of the garden, which allowed people to enjoy it whilst socially distancing.