

# Runwood Homes Limited

# Lower Meadow

## Inspection report

Drayton Avenue  
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Warwickshire  
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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

Lower Meadow is a purpose-built residential home registered to provide accommodation and personal care for up to 69 people, including people with dementia. At the time of our inspection visit there were 48 people living at the home. Care is provided across two floors. Communal lounge and dining areas were located on both floors. People's bedrooms were en-suite and there were further communal bathroom facilities located on each floor.

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

Improvements had been made since our last inspection. There was a new management team who were committed and motivated to improve standards and ensure positive outcomes for people. Staff, people and relatives confirmed the management team were visible and they felt able to approach them with any concerns or issues they had.

The governance and oversight of the service had improved, but we found further progress was required to ensure records accurately reflected people's needs and records to evidence risk management were completed accurately.

There were enough staff to keep people safe. Staff told us staffing levels were sufficient but acknowledged there were times when they were very busy. They told us staff worked as a team to ensure people's needs were met.

Risks to people's health and wellbeing had been identified and records guided staff on what to do to minimise identified risks and help keep people safe. Staff understood their responsibility to report any concerns or poor practice and the manager had had made safeguarding referrals to external professionals when necessary. Any learning from accidents and incidents was shared with staff so they could understand where changes in practice were required.

Medicines were ordered, stored and administered safely.

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.

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

The last rating for this service was Requires Improvement (published 30 September 2021) and there were breaches of regulation. 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

The inspection was prompted in part due to information received about staffing levels and a closed culture within the home. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We also checked the provider had followed their action plan submitted following our last inspection and to confirm they now met legal requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from the concerns raised. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

#### 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** ●

# Lower Meadow

## 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 two inspectors and an Expert by Experience who supported the inspection by making telephone calls to relatives to gain their feedback of the experience of care provided. 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

Lower Meadow 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. Lower Meadow 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post whose application to become registered with us was being assessed at the time of our inspection visit.

## 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 such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 five people and seven relatives about their experience of the care provided. We spoke with 14 members of staff including the manager, the deputy manager, three care team leaders, five care assistants, the activities co-ordinator, a housekeeper and two members of catering staff. We also spoke with the provider's regional operations director and two visiting healthcare professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care plans in detail and specific areas of four other people's care plans. We checked nine people's medicines records, two staff files in relation to recruitment and a variety of records related to the management of the service such as quality assurance checks.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 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 12.

- The manager and care team leaders assessed and monitored people's known risks. Care plans gave staff guidance on how to support people to reduce their assessed risks.
- Since our last inspection, improvements had been made to ensure risk management plans were consistently followed. This continued to be a focus for improvement at the time of our inspection visit.
- At the last visit we found people's call bell alarms were not always within reach, so people were at risk of not receiving prompt support. At this inspection people had their call bells to hand if they needed to call for assistance, so were able to get support in a timely way.
- Some people identified at high risk of developing skin damage had pressure relieving mattresses on their beds. Since our last inspection the provider had introduced a system of checks to ensure they were on the correct setting and working effectively to support people's body weight.
- Staff knowledge around the risks of damage to people's skin had improved and people who needed pressure relieving cushions when seated, had them in place. We observed one person being transferred from their lounge chair into a wheelchair. Staff ensured the person was always sitting on their pressure relieving cushion.
- Staff monitored people's health and wellbeing and acted promptly if they identified concerns. One person told us they needed to walk with a walking frame and explained, "I have learnt to walk a lot better since I have been here. All the staff send me back if I walk out of my room without that (walking frame)."
- The provider ensured equipment was maintained, and regular maintenance of the premises was carried out.

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.

#### Staffing and recruitment

- Prior to our visit we had received some concerns about staffing levels. However, staff spoken with said staffing levels were enough. They told us there were times of the day when they were very busy, but they were able to provide safe care. One staff member told us, "For the dependency levels that we have, there are enough staff."
- Night staff told us it could be a challenge if there was an emergency, but the on-call system enabled them to call for further assistance from a duty manager.
- During our inspection, we did not hear bells ringing for more than a couple of minutes. The manager reviewed call bell waiting times as part of their audit process to satisfy themselves, there were enough staff on duty. The manager also completed weekend and night observations and spoke with staff as part of their assurance staffing levels remained safe.
- Continuous recruitment was planned to ensure safe staffing levels were maintained. The provider had implemented a number of initiatives to further enhance their recruitment opportunities to attract the right staff to support people in the home.
- Staff were recruited safely. The provider's recruitment process included checks to ensure staff who worked at the service were of a suitable character. Staff files showed recruitment checks were completed which included checks on staff through the Disclosure and Barring Service (DBS).

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

- People were safe and protected from the risk of abuse.
- Staff understood their responsibility to keep people safe and report any concerns they had about people's health and wellbeing or poor practice by other members of staff. Staff told us they had not witnessed poor care but if they did, one staff member said, "I would remove the staff member and check the person was okay and report it." Another staff member said, "I would report it straight away and contact the safeguarding team."
- Information was readily accessible to staff about how to escalate concerns to external agencies if they felt action had not been taken to keep people safe. One staff member told us, "I would go to my managers, but if it was a concern regarding them, then I would go to HR or safeguarding myself."
- The manager understood their safeguarding responsibilities and had made safeguarding referrals to external professionals when necessary.
- The manager took proactive action to address any issues with staff performance as and when required.

#### Using medicines safely

- There were safe and effective systems for the storage and administration of medicines. Medicines Administration Records (MARs) we checked were up-to-date and accurate.
- MARs showed medicines were administered as prescribed. Staff also recorded the number of medicines outstanding following administration, which we found was accurate. One relative commented, "They're really on his medication to make sure that he gets his medication at the correct time."
- Improvements had been made since our last inspection to ensure topical medicines (applied directly to the skin) were applied as directed.
- Staff who administered medicines received appropriate training and told us their practice was regularly



assessed to ensure they continued to follow current guidelines.

### Preventing and controlling infection

- We were somewhat assured the provider was preventing visitors from catching and spreading infections. On the first day of our inspection, not all the inspection team were asked any health screening questions or asked to show evidence of a negative test which is a requirement for inspectors before entering the home to determine our COVID-19 status. On the second day of our inspection, staff followed the provider's policies and procedures for screening visitors to the home.
- 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 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 accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.

### Visiting in care homes

- On the first day of our inspection the home was closed to visitors apart from essential care givers and for people on end of life care because of an infectious outbreak in the home. On the second day of our visit, the home had opened again to visitors and visits were being facilitated in line with current government guidance.

### Learning lessons when things go wrong

- Learning took place when errors occurred. For example, one person had sustained damage to their skin because actions had not been implemented promptly when changes in the person's health had been identified. The incident had been reviewed and measures implemented to improve systems for sharing information and updating risk management plans.
- Learning from incidents was shared with staff and, if necessary, this was followed up through individual staff supervisions. One staff member told us, "We have a folder in the staff room and whenever there is a lesson to be learned, we do reflective learning. We read about it and then reflect what we could have done better."
- During our visit when we identified improvement actions, the manager assured us this would be actioned with staff immediately. In one example we discussed the use of thickener in a person's drink and how those fluids should be recorded with greater detail. This was raised with staff during and after our visit.

# 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 for this key question has remained Requires Improvement. This meant some aspects of the service management was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider did not demonstrate effective governance, including assurance and auditing systems or processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach however the improvements needed to become embedded in staff practice.

- Records were not always completed accurately or clearly to demonstrate safe practice and enable effective monitoring to take place. This included people's food intake records, fluid output records for people with catheters and repositioning charts for people at risk of skin damage. The manager had identified this as an area for improvement and was addressing this with staff.
- We checked examples of audits and found in some cases they were a tick box exercise instead of providing assurance that what was checked was correct. For example, regular window restrictor checks were made however the fixings were not tamper proof, meaning they could be easily removed. Checks completed had not identified this issue.
- The provider had recently introduced a new electronic care plan system. Staff were still learning and understanding the system. We found some care plans transferred onto the electronic system required further scrutiny and checks to ensure the care records matched the person's needs.
- We acknowledged improvements had been made by the manager and quality assurance systems were being introduced, learnt and improved. The systems needed to become fully embedded to give assurances all improvements were identified and known.
- We saw action plans from audits had been created and these formed one home development plan that the manager followed and worked from. The provider regularly reviewed the home improvement plan and ensured actions were prioritised and signed off once completed.

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

- This inspection was prompted in part due to concerns we had received regarding the culture of the home. We had been told some staff felt unable to raise issues with the managers or provider. However, we found no evidence to support these concerns during our inspection visit.
- Since our last inspection the provider had appointed a new manager and deputy manager. Both

managers had worked at the home for a substantial period and understood the frustrations caused by previous and frequent managerial changes. The manager was open with us about the scale of improvement that was required when they took over the management of the home and commented, "The staff were disheartened by the change in managers."

- Both managers were committed to providing stability, increasing staff knowledge and confidence and driving improvement in the quality of care people received. The manager explained, "We want the residents to live well. Our priorities are the wellbeing of the residents, the safety of the residents and the quality of care. We want things to be done right."
- Staff spoke very highly of the support they received from the new manager and deputy manager who they felt understood the responsibilities and challenges of their role. A typical staff comment about management was, "They are a good team, they have made some good changes in the short time they have stepped up. They have both worked their way up the home, so they have a passion for the residents which is a bonus. Their heart is in it."
- All the staff we spoke with told us they were confident in raising any concerns and would not hesitate to do so knowing they would be listened to. Comments included: "If there is any problem, I would share it with my manager and she would definitely give me a solution", "If I had a concern I would go to my care team leader and then we always have [registered manager and deputy manager] coming on the floor and asking if there is anything we want to change or contribute" and, "They always have an open door policy for everyone and they always make sure they have time for staff and residents. If you have an issue, they will always listen to you."
- People and relatives spoken with confirmed the approachability of the managers. Comments included: "[Manager] cares a lot, she goes over and above I think", "The manager's open and friendly and they have an office door that's always open", "There is a definite improvement since the new manager has arrived. The communication is much better now" and, "I can speak to the manager whenever I've asked. I deal with the deputy mainly and she's fantastic. They're both very efficient."

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

- Staff meetings were held so staff had the opportunity to listen to and feedback at the home. Minutes of staff meetings demonstrated that discussions took place about staff practice and any improvements required.
- The provider regularly communicated with people and their relatives to share information and gather their views about the quality of the service.

Continuous learning and improving care

- Throughout our visit, the manager and deputy manager told us learning and improving, especially from previous inspections and quality assurance visits, was key to improving people's experiences at the home.
- Since January 2022, improved risk management and learning from accidents and incidents had resulted in a 50% reduction in falls in the home.

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

- The manager understood their responsibility to be open and honest when things had gone wrong. The manager was open with us during our visit, telling us what they had improved, what still needed to be improved and their plans to address this.
- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.

### Working with others

- The manager had sought specialised training and/or advice from other healthcare professionals to improve outcomes for people. For example, district nurses had delivered training in skin care and wound dressings.
- The manager was establishing better relationships with other healthcare professionals. A visiting healthcare professional told us they had seen improvements in the home under the new managers and said, "They are really giving it their all, they really want the best. Anything I feed back to [manager], she is on it straightaway and she is not frightened of dealing with issues." They added, "I enjoy coming to the home because I get a sense of heart here."
- The manager was developing links with the local community. Pupils from a local school regularly visited the home and people living at Lower Meadow attended a local dementia café.