

Runwood Homes Limited

Four Acres

Inspection report

Archer Close
Studley
Warwickshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Four Acres is a purpose-built residential home registered to provide accommodation and personal care for up to 67 people, including people living with dementia. At the time of our inspection visit there were 55 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 to ensure staff had the guidance they needed to minimise people's identified risks and support them at times of anxiety or distress. Information was shared with staff, so they understood the support people required to keep them safe. Staff understood their responsibility to report any concerns about people's health and well-being.

On the day of our inspection there were enough staff available to maintain people's safety and respond to their requests for support. Staff received regular training and support and told us managers were available to give guidance when needed.

Staff worked with other professionals to ensure people's health needs were met effectively and in a timely manner and supported people to maintain a healthy diet. Medicines were stored, managed and administered in line with good practice.

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.

Improvements had been made in governance systems. The registered manager's approach to governance ensured people's experience of living in the home was central to assuring the quality of care provided. Learning from incidents was shared with staff to prevent reoccurrence and generate improvements within the home.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 June 2021).

At our last inspection we found a breach of the regulations in relation to good governance of the service. The provider completed an action plan after the last inspection to tell us what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Why we inspected

We carried out an unannounced focused inspection of this service on 25 May 2021. A breach of legal requirements was found in relation to Good Governance. This inspection was prompted by a review of the information we held about this service and to check if the provider had made improvements and were now meeting the legal requirements.

This report only covers our findings in relation to the key questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

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 comprehensive inspection, by selecting the 'all reports' link for Four Acres on our website at www.cqc.org.uk.

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.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Four Acres

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. 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

Four Acres 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. Four Acres 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 registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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 all this information to plan our inspection.

The provider was in the process of completing their provider information return (PIR) at the time of our inspection visit. 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.

During the inspection

We spoke with 10 members of staff including the registered manager, the deputy manager, two care team leaders, four care assistants, the chef and a member of the housekeeping team. We spoke with one visiting professional, seven people and nine relatives to gather their experiences of the care provided. We carried out observations of care to understand the experiences of people who could not talk with us.

We reviewed four people's care records and eight people's medicines records. We looked at a sample of records relating to management of the service including health and safety checks, accident and incident records and two staff files relating to recruitment.

Is the service safe?

Our findings

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

At our previous inspection this key question was rated Requires Improvement. At this inspection this rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Since our last inspection improvements had been made to ensure staff had the guidance they needed to minimise people's identified risks. For example, one person with a catheter had a clear catheter care plan to tell staff how they should support the person with the catheter and ensure any blockages or risks of dehydration were managed safely.
- 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 to effectively support people's body weight.
- Improvements had been made to ensure staff had the knowledge and confidence to support people whose health could impact on their emotional and mental wellbeing causing them to become distressed with themselves or others. The atmosphere was calm, and one member of staff told us, "I am comfortable with my residents because I work with them regularly and know them inside out and know if something is wrong." Another staff member explained, "I keep communicating with them to try and understand why they feel like they do. For those with difficulty communicating, I go by their body language."
- Changes in risks to people's health and wellbeing were shared during the handover between shifts so staff understood the care people required.
- There were plans in place for emergency situations such as fire evacuation. Information was available in a 'grab bag' to inform the emergency services as to people's individual support needs in such a situation.
- The provider ensured equipment was maintained, and regular maintenance of the premises was carried out.

Staffing and recruitment

- On the day of our inspection there were four care staff and a care team leader working on each floor. Those staffing levels ensured staff were available to maintain people's safety and respond to their requests for support.
- Prior to our inspection we had received concerns that some nights there were only male members of staff on duty. The registered manager assured us this had been addressed through improved management of the rotas and recruitment of new staff. This was confirmed by rotas seen during the inspection.
- Staff told us staffing levels were adequate but could be a challenge if the provider was unable to arrange cover for unexpected absence. One staff member commented, "With eight (care workers) I think that it is safe because you can have two staff on each unit." Another told us, "I don't think staffing levels are a problem with the number of people in the building. The only time it is a struggle is if someone calls in sick and we are not able to cover it with our staff or agency staff."
- People and relatives told us staff were generally available when they needed them. One person told us,

"There is always somebody to call" and another said, "If you need two people (staff), that means you have to wait sometimes." A relative commented, "From what I see, there are enough staff downstairs. I don't think there is a huge shortage of staff."

- Staff were recruited safely. Pre-employment checks were completed by the provider prior to staff commencing their employment.

Systems and processes to safeguard people from the risk of abuse

- People and relatives spoke positively about the safety of home. One person told us, "Nobody can just come wandering in and out, everybody knows everybody." A relative commented, "I am confident [Name] is safe in the home because they care and pay attention to what she needs."
- Staff were clear about the importance of keeping people safe and protected and reporting any concerns to senior staff or managers.
- The registered manager ensured staff had the information they needed to raise any issues and the importance of reporting and recording concerns was a regular agenda item in staff meetings.
- The registered manager understood and followed safeguarding procedures if any concerns were identified.

Using medicines safely

- Medicines were stored, managed and administered in line with good practice.
- Guidelines were in place to ensure that when people were administered 'as required' medicines, they were done so consistently and safely.
- Where people received their medicines through a patch applied directly to their skin, records were maintained of removal of the old patch and where the new patch had been applied. However, the provider needed to ensure patches were always rotated in line with the manufacturer's guidance to reduce risks of skin irritation.
- Staff involved in handling medicines had received training in the administration of medicines and had their competency assessed.
- People had their medicines regularly reviewed by the GP, to ensure they remained effective in managing their medical conditions.

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.

Visiting in care homes

- People were able to spend time with their family and friends. People had visitors come to the home and there was a visiting policy in place to help keep everyone safe.

Learning lessons when things go wrong

- The provider had a system to monitor accidents and incidents and ensure immediate action had been taken to minimise risk to people.
- The registered manager explained that following any incident or accident, a review was undertaken so any learning or improvements could be considered to prevent any future re-occurrences.
- Records evidenced how information about lessons learned was shared across staff groups. One staff member told us, "[Registered manager] will do a lessons learned, address the staff and go through what happened and what to do in the future. Every staff member is aware of the lessons learned, even if it doesn't apply to them at that point, and everyone signs the sheet to confirm they have heard it."

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.

At the inspection in October 2019, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 MCA.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Since our inspection in 2019, improvements had been made to records demonstrating compliance with the Mental Capacity Act 2005.
- Where the registered manager had reason to question a person's capacity to understand information related to their care and support, the person's care plan included a mental capacity assessment relating to the specific decision that needed to be made.
- Mental capacity assessments documented that staff had tried all reasonable and practicable ways to encourage people to understand and make decisions for themselves. Previous knowledge of the person was considered to ensure any decisions taken were in the person's best interests.
- Our observations showed that staff sought consent from people and involved them as much as possible in day to day decisions.

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

- People's care needs, risks and preferences were assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and effectively.
- The pre-admission assessment ensured the compatibility of people moving into the home with those already living there. One senior member of staff told us, "When it comes to admissions and the pre-assessments, we go down every avenue to make sure we can meet their needs as well as whether they are going to fit into the unit okay."

Staff support: induction, training, skills and experience

- Staff had completed mandatory training in core subjects to support them in their role and training was

regularly refreshed to ensure they continued to follow best practice.

- Staff told us training was good. One staff member told us, "Even though I had a caring background, I still had training when I came here."
- Staff received formal supervision and told us the registered manager and deputy manager were available if they needed guidance or support.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff contacted health professionals for nutritional advice and used this advice to ensure people received the support they required to maintain a balanced diet.
- The chef was aware of people's specific likes and dislikes, allergies and other dietary requirements. They told us these were recorded in their care plan and on lists in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to ensure people's health needs were met effectively and in a timely manner.
- Care notes reflected regular contact with the GP, advanced nurse practitioner, district nurse and dietitians.
- A visiting healthcare professional confirmed requests for support were timely and commented, "They are usually quick to recognise changes in people, they are very good on the soft signs and they are very open to learning."

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

- Four Acres was a purpose-built home. The home was pleasantly decorated and had many comfortable places for people to sit and socialise or spend time quietly.
- People's rooms were personalised with pictures of their families, books and personal items.
- There was an outdoor area which was easily accessible from the ground floor.

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 had changed to Good. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last ratings inspection the provider had failed to ensure the systems in place to monitor and measure the service were fully effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 17.

- There had been two changes in manager since our last inspection visit. The new manager had previously held the role of deputy manager and their application to become registered with CQC had completed in May 2022.
- The new registered manager had an outstanding approach to quality assurance and ensuring that governance systems were effective.
- Systems were very organised and information to support good governance was readily available on request.
- Internal audits and checks were used to inform an action plan to ensure regulations were met, risks managed, and improvements made. The registered manager had oversight of the action plan and maintained robust evidence of how improvements had been achieved.
- We found some improvements were required in the records staff completed to enable effective monitoring to take place, for example fluid input and output charts. The registered manager was addressing this through checks within the electronic care planning system and staff supervision.
- The registered manager's approach to governance ensured people's experience of living in the home remained central to assuring the quality of care provided. This demonstrated a person-centred approach to driving improvement.
- Staff told us the registered manager was a strong advocate for the staff team and the people who lived at Four Acres. One staff member told us, "Recently staffing was cut down to seven (care staff in the morning) which did not work at all. This was while [registered manager] was on holiday, but she got it put back to eight when she returned." Another staff member commented, "Everything we have said, [registered manager] has listened to with regards to residents needs and staffing. It isn't about numbers; she sees them as human beings and she thinks about us as a team as well."
- The registered manager encouraged staff to become champions with areas of extra knowledge and support for the wider staff team. One staff member explained, "[Registered manager] has given us tasks for

us to focus on. She picks out the best strengths in staff and it has given them a sense of pride in their job role and a sense of purpose and responsibility."

- Relatives spoke positively about the registered manager and their management of the home. Comments included: "The new manager has turned things around, she is accommodating", "She understands our needs as a family" and "She runs a tight ship and gets things done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Managers and staff worked in partnership with families and health and social care professionals to promote positive outcomes for people.

- The registered manager used different methods to engage with people and relatives and to gather feedback on the service. This included daily walks around the service, a weekly surgery, regular meetings and surveys.

- Relatives were generally happy with communication and how it had been maintained through the COVID-19 pandemic. One relative told us, "We have care reviews, relatives' meetings and satisfaction questionnaires." Another said, "Every time I bump into the manager, she will do a quick catch up about [Name]."

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; Continuous learning and improving care

- The registered manager recognised the importance of being open and honest when things went wrong. We had been notified of important events and incidents as required.

- Learning from incidents was shared with staff to prevent reoccurrence and generate improvements within the service.