

# Runwood Homes Limited

## Jubilee Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Jubilee Court is a residential care home providing personal and nursing care for up to 75 people. At the time of our inspection there were 57 people living at the home. The home is divided into four separate units. Two residential units are on the ground floor and two nursing units are on the first floor. Each unit has separate adapted facilities and there is a shared enclosed garden.

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

There was not always enough staff to ensure people were consistently monitored to reduce high number of unwitnessed falls. Improvements were needed to post falls analysis to reduce the likelihood of falls reoccurring. Staff told us there were not enough staff to provide appropriate level of support to people.

Oversight and governance systems did not identify risks so they could be proactively mitigated and people protected from potential harm. Governance at the home needed to improve to demonstrate the leadership had accurate oversight to recognise, manage and mitigate risks. This includes safe staffing levels. We received mixed feedback from relatives about the quality of care people received and staff shortages.

People's plans of care were not always individualised, however regular staff knew people well. At the time of our inspection the registered manager was in the process of reviewing and updating people's care plans.

Following our feedback, the provider increased staffing levels. People's medicines were managed safely. The home was clean and tidy and infection control practices minimised the risks of infections spreading. The home followed COVID-19 government visiting guidelines. Visitors were screened for symptoms of COVID-19 and were required to show negative Lateral Flow Test (LFT) result before they were allowed to enter. There were processes in place for people to raise concerns. Complaints had been investigated and responded to by the registered manager.

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 good (published 12 November 2019).

### Why we inspected

We received concerns in relation to infection control, staffing, management and risk to people. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led relevant key question of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staffing and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Jubilee 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. 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by one inspector on both days and an Expert by Experience conducted telephone calls to obtain feedback from people's relatives. 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

Jubilee 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 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

(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.

#### During the inspection

We spoke with five members of staff including the registered manager, operations director, deputy manager, clinical lead and care worker. We reviewed a variety of records relating to the management of the service, including governance and auditing systems. We looked at four staff files in relation to recruitment and staff supervision.

As part of this inspection we looked at the provider's infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak.

#### After the inspection

We sought further information from the provider, that we were unable to review on site, to inform our inspection judgements. This included the staff rota and policies and procedures. We also sought additional feedback from healthcare professionals. We requested multiple feedback from staff via e-mails and we received six responses.

# 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 good. At this inspection the rating has changed to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not always enough staff to ensure appropriate levels of supervision and observations to keep people safe.
- The provider used a dependency assessment tool to determine staffing levels based on people's physical and mental health needs. However, we identified this assessment tool had not been consistently completed correctly. For example, one person who required support from two staff in most aspects of their life was assessed as medium level of dependency. However, due to their complex needs, this person should have been assessed as high dependency, resulting in a higher number of allocated staff hours.
- We looked at the staff rotas and identified assessed staffing levels were not always maintained. This was because there was significant number of vacancies for care and nursing staff and staff absences were not always covered. Systems to avoid staff shortages were not always sufficient. The registered manager told us they found recruitment and staff retention difficult and this had an impact on the staffing levels.
- The low number of staff on each unit and the unique layout of the building meant staff were not always able to follow people's risk assessments. For example, to monitor and remind people identified as risk of falls to use their walking aids. This contributed to increased number of unwitnessed falls.
- We received a mixed feedback from staff about staffing levels. Some staff told us they thought there were enough staff on each unit, where other staff told us they did not think there were enough staff to meet people's needs. One staff told us, "The residents are at risk because there aren't enough carers to accommodate the resident's needs."
- All of the relatives we spoke to told us there were not enough staff. Relatives told us that despite staff being genuinely caring and trying their hardest, their family members did not always receive good level of care to meet their needs.

The provider and registered manager had failed to ensure sufficient number of staff in order to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the provider told us they would increase staffing number to have an additional staff on each shift and how they would review their dependency tool to ensure people's individual needs were assessed and consistently and safely met.
- Staff were recruited safely, pre-employment checks on staff's character and background were completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management;

- Risk to people were assessed however due to low number of staff they were not always consistently managed.
- The provider used a range of nationally recognised tools to assesses and identify risks to people's health and wellbeing. Where risks had been identified, care plans and risk assessment had been implemented to inform staff how to manage and minimise the risks. For example, in relation to nutrition, falls and moving and transferring people safely. Risk assessments were reviewed on a monthly basis and updated following changes in people's health.
- People who were identified as at high risk of developing skin damage had pressure relieving mattresses on their beds. The provider had a system to ensure mattresses were on the correct setting for people's weights.
- Environmental risks were managed and monitored to keep people safe. People had personal emergency evacuation plans in place in case of fire emergency. Regular fire detection checks were completed.

Learning lessons when things go wrong

- Post fall procedures were implemented by staff and appropriate medical assistance was sought when this was needed. Following each fall 24-hour observations were implemented to closely monitor people for signs of pain or discomfort. Risk assessments were then updated and referrals to the community falls team for further advice were made. People who were identified as high risk of falls had floor and/or chair sensor mats to alert staff when they tried to move independently.
- Following serious incidents, the register manager had completed 'lessons learnt' document which analysed what had happened and what action need to be taken to prevent similar incident from reoccurring. This document was shared with wider staff team.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to help protect people from the risk of harm and abuse. At the time of the inspection we were aware the local authority safeguarding team were investigating some safeguarding concerns reported to them. We will monitor this.
- Most relatives we spoke to told us they felt their loved ones were safe at Jubilee Court, however all relatives were concerned about staffing levels. Their comments included, "Yes I would say [person] is safe there. They could do with more staff tough", and another relative told us, I think my [relative] is very safe there. I visit often so I would know if [person] wasn't."
- Staff had received safeguarding training and understood their responsibilities to record and report safety incidents, raise concerns and near misses.
- The registered manager understood how to report allegations of abuse to the local authority and CQC if required.

Using medicines safely

- Medicines were managed safely. People received their medicines as instructed by the prescriber.
- The service maintained a good standard of recording in relation to people's medicines and protocols were available to direct staff around the administration of medicines prescribed on a when required basis.
- Arrangements were in place to ensure all staff who administered medication were trained and had their competency assessed.
- Medicines were being stored, checked and disposed of in line with current guidance.

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.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's had not always received their care in personalised way to meet their needs.
- The low number of staff had an effect on the quality of care people received because staff did not always have enough time to spend with people.
- Relatives told us that despite staff trying their hardest they raised concerns about people's personal care not always being completed as often as it should or to expected standards. One relative told us, "I feel staff are trying their best, but we feel [person] is not washed as often as they should be, or have their hair done. We visited and [person] had a flimsy t-shirt and skirt on. These are not the type of clothes [person] would choose and [person] has plenty there."
- We looked at sample of care plans from the nursing unit and found these plans to be mostly tasks focussed and lacked person-centred information. However, staff had a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes and preferences.
- The registered manager was in a process of updating people's care plans on an electronic format. We looked at sample of updated care plans and found them to be detailed and person centred.
- Where people had been at the end of their lives during the COVID-19 restrictions, the provider had ensured relatives could visit safely to be with their family members.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs had been assessed and documented in their care plans. This included where they needed hearing aids or glasses.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to COVID-19 the service had not been able to run their usual programme of activities but were starting to reintroduce these.
- Relatives we spoke to were complimentary about the actives provided to their loved ones. Comments included, "They seem to have lots of activities, the activities coordinator is on the ball. The home was decorated for Christmas and there is always a jolly atmosphere when activities coordinator is there."
- Relatives and friends were able to visit people and see them in their bedrooms or in outdoor areas of the

service in line with government guidelines. Some people had designated 'essential care givers' whom were able to visit during the COVID-19 outbreak to provide companionship or emotional support to their loved ones.

Improving care quality in response to complaints or concerns

- There was a complaints system in place and people knew how to make a complaint.
- We looked at recent complaints the service had received about poor quality of care. Records showed concerns and complaints had been investigated and responded to in line with the provider's policies and procedures. The service also kept compliments and thank you cards from family members.

# 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 good. At this inspection the rating has changed to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Prior to our inspection we received concerns in relation to the management of the service from relatives, local authority and staff working at the service. The local authority quality monitoring team together with NHS clinical commissioning group (CCG) compliance officer had carried out an unannounced visit at Jubilee Court in August and November 2021 where concerns about quality of care were identified and as a result an 'improvement notice' had been issued.
- The provider together with the registered manager had put improvement action plans to demonstrate what they would do to make improvements. The provider had processes to assess and monitor the quality of care provided. This included audits, safety checks and regular provider visits. Whilst quality checks had driven improvements in some areas, we identified areas where improvements were still required.
- The provider had failed to effectively assess and maintain the staffing levels needed to meet people's needs and maintain their safety.
- We looked at range of supplementary charts such as fluid intake or repositioning and found these were not always fully complete. We noticed these charts were checked by the person in charge of the retrospective unit, however the gaps in records were not explored or investigated to ensure people had been repositioned or to ensure people received their daily fluid intake. Concerns about supplementary chart not being fully completed were also identified by local authority and CCG in August and November 2021.
- The registered manager told us some issues around record keeping were due to the high level of agency staff in the home. The provider had not implemented extra checks or support to ensure agency staff had the appropriate knowledge or understanding of people's needs. This put people at risk of not receiving their planned care.
- The registered manager had completed monthly falls analysis to identify triggers and patterns so additional action could be taken to reduce falls from reoccurring. However, some information on each month's analysis was carried forward from the previous month. The analysis did not always take into account the effect of less staff resulting in an increase of falls during the afternoon and night to prevent future falls. This meant it was not always reflective of what had actually happened in the home in the preceding month.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us the communication from the service was not good.
- One relative told us, "The communication has been very poor during the pandemic, occasionally one staff

will ring. This is despite them [provider] having email address and assurance that communication with relatives was priority and would improve."

- Relatives told us they were not so confident their family members were being supported well. Comments included, "I am not happy with the service. They need more staff urgently."

The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018.

- The provider and registered manager demonstrated a willingness to make the necessary improvements. The registered manager told us they remained committed to delivering a person-centred service which achieved positive outcomes for people. However, they acknowledged the negative impact that the COVID-19 pandemic had had upon themselves, staff and people living at the service in recent months.
- We received mixed feedback from relatives about the quality of care their family members received. Some relatives were happy about the quality of care their family members received and told us that staff were genuinely caring and tried their hardest. One relative told us, "I think [the home] is very good for my [relative], they all look after [person] very well and I couldn't do it at home now."
- Staff attended daily 'flash meetings', as well as shift handover meetings to ensure staff were up to date with any changes in people's needs and risks to ensure consistent standards of care.
- The provider told us they had communicated information about significant events affecting the service with relatives and family members. This included telephone calls, emails and letters.
- The registered manager shared lessons learned and provided updated information to staff on a daily basis.
- Staff were positive about working at the service despite their concerns about staffing.

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 provider understood their responsibilities under duty of candour to be open and honest when something went wrong. We saw evidence that the provider had taken action and was working with stakeholders including relatives, people and the local authority to investigate concerns that had been raised. However, we were told by local authority safeguarding team about one example where relatives were not informed about a fall for two days.
- The provider had sent us notifications about important events and incidents that occurred at the home.

Working in partnership with others

- The provider had worked in partnership with other healthcare professionals to meet people's needs. People's care plans evidenced regular health visits had taken place.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider and registered manager had failed to ensure sufficient number of staff to meet people's needs