

Runwood Homes Limited

# Four Acres

## Inspection report

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Date of inspection visit:  
25 May 2021

Date of publication:  
28 June 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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 66 people, including people living with dementia. At the time of our inspection visit there were 58 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

At our last inspection we found improvements were needed in the management of some risks. At this inspection we found further improvements were still required to ensure staff had the information they required to manage risks associated with catheter care and people at risk of skin damage.

Some people's health could impact on their emotional and mental wellbeing causing them to become distressed or agitated with themselves or others. The provider was providing extra guidance and training to support staff in meeting those people's needs.

Staff were not confident that staffing levels accurately reflected the level of care and supervision some people required, especially on the units where people with more complex needs lived. Following feedback at our inspection visit, the provider confirmed staffing levels had been reviewed and had been increased to ensure people's individual needs were consistently and safely met.

The home was clean and tidy and infection control practices minimised the risks of infections spreading.

The provider had processes in place to assess and monitor the quality of care provided at Four Acres. However, these were not consistent in identifying areas where improvements were required to ensure good outcomes for people.

The provider responded immediately to our feedback both during and after the inspection and implemented an action plan to address those areas we had identified as requiring improvement.

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 4 December 2019).

### Why we inspected

The inspection was prompted in part due to information received about the management of risks, particularly those associated with people's emotional and mental wellbeing and record keeping within the

service. 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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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](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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance 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 for 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 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?

The service was not consistently safe.

Details are in our safe finding 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** ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors and an expert by experience. Two inspectors visited the home. The other inspector spoke with staff over the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care provider. The expert by experience contacted relatives by telephone to gather feedback on their experiences.

#### Service and service type

Four Acres is a care home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager 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

Our inspection was announced. We gave the service 60 minutes notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the home's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection and recurrent themes of concerns. We sought feedback from the local authority and commissioners who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who lived at the home about their experiences of the care provided. We spoke with the registered manager, the deputy manager, the operations manager, the provider's dementia care specialists, two care team leaders and five care staff.

We reviewed five people's care records and four people's medicines records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records, policies and procedures and a sample of completed audits and checks.

#### After the inspection

We spoke with eight people's relatives and four staff members via the telephone. We had email correspondence with another member of staff. We reviewed the additional documentation we had requested from the registered manager during the site visit. We continued to seek clarification from the provider to validate evidence found.

# 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 remained the same. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection we identified issues around the management of some risks. At this inspection we found improvements were still required in risk management.
- The provider used recognised tools to assesses and identify risks to people's health and wellbeing. On the whole, where risks had been identified, plans had been implemented which informed staff how to manage and minimise the risk. For example, in relation to nutrition, falls and moving and transferring people safely.
- However, one person had a catheter fitted. There was no clear catheter care plan in place to tell staff how they should support the person with the catheter and ensure any blockages or risks of de-hydration were managed safely. The registered manager took immediate action to implement a catheter care plan.
- We found improvement was needed in managing risks for people who had been identified as being at high risk of developing skin damage. Two people needed to be regularly repositioned to relieve pressure on vulnerable areas of their skin. Records did not demonstrate these people received regular pressure relief because there were significant gaps in repositioning charts. Gaps in record keeping was being addressed with staff by the provider at the time of our inspection visit.
- Some people identified as at high risk of developing skin damage had pressure relieving mattresses on their beds. We identified several mattresses which were not on the correct setting. For example, one person's mattress was set to support a body weight of 200kg when the person's weight was 49.2kg. Another person's mattress was set at 30kg when the person's last recorded weight was 61.2kg. It is important mattresses are at the right setting to effectively relieve pressure and help prevent sore areas from developing. The registered manager immediately implemented a procedure to ensure mattresses were checked every day to ensure they were on the correct setting.
- Where people had developed skin damage before moving to Four Acres, risk assessments were not always detailed enough to ensure staff had all the information they needed to care for people safely.
- Some people's health could impact on their emotional and mental wellbeing causing them to become distressed or agitated with themselves or others. Some staff felt confident in such situations and said that having consistent staff on the same units supported them in getting to know people well. However, other staff felt they would benefit from more training and records of incidents demonstrated staff approach did not always meet people's needs. The registered manager recognised this as an area for improvement and had arranged further training in 'person centred care planning' and 'behaviour that challenges'.
- Staff said changes in risks to people's health and wellbeing were shared during the handover between shifts so they understood the care people required.
- Maintenance and safety checks had been completed for all areas of the service. These included safety checks of the home environment, infection control risks and water safety. Records confirmed these checks were up to date. In addition, there was regular testing of fire safety equipment and the fire alarm so people

and staff knew what to do in the event of a fire.

### Staffing and recruitment

- We received mixed feedback from staff as to whether there were enough staff to support people safely and effectively. One staff member expressed concern that staffing on individual units was based on the number of people rather than a reflection of their individual needs.
- Some staff particularly raised concerns about staffing levels on the two units on the first floor of the home where people had more complex needs. The provider's own accident and incidents records confirmed people needed higher levels of supervision and support on the first floor, but staffing levels were the same as on the other units.
- Comments from staff included: "It's a nightmare upstairs. All the falls risks are upstairs so we have to make sure we are fully staffed up there", "99% of the time we can't prevent things (falls), it's down to staffing (levels). If someone decides to get up and we're helping people in another room..." and, "Upstairs (units) is manic, it's 100 miles an hour. We work with what we can." One staff member described it as, "Overwhelming."
- We shared our concerns about staffing levels with the registered manager who assured us that when a need was identified, an extra member of staff was put on the rota. They gave an example of an extra member of staff being added to the rota to support a person who needed a higher level of supervision because of their individual risks.
- Following our inspection visit, we received confirmation from the provider that staffing levels had been reviewed and were to be increased to ensure people's individual needs were consistently and safely met.
- Staff were recruited safely, pre-employment checks on staff's character and background were completed. This protected people from new staff being employed who may not be suitable to work with them.

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

- Staff had received safeguarding training and understood their responsibilities to record and report safety incidents, raise concerns and near misses.
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.
- Learning from safeguarding concerns was shared with staff, together with information about any actions put in place to prevent reoccurrence.
- The registered manager understood how to report allegations of abuse to the local authority and CQC if required. However, we identified two episodes of behaviours which should have been considered as safeguarding incidents and had not been referred as required. The registered manager referred them retrospectively at our request.

### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider had reviewed their infection prevention and control policy to ensure it reflected best practice.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured that the provider was admitting people safely to the service.

### Using medicines safely

- Improvements had been made in the medicines management since our last inspection and overall



medicines were managed safely. People who required support to manage their medicines received their tablets at the right time. Each person had specific guidance for staff to follow, detailing the support they required to take their medicines, for example, when medicines was prescribed on an 'as required' basis.

- Staff had received medicines training and regular medicine administration competency checks were carried out.
- Medicines administration records (MARs) were completed by staff each time tablets were given. However, we found that topical medicines such as creams were not recorded when they were administered to people. Staff entered that they had applied creams on daily records but did not record which creams had been applied. This meant we could not be assured people received prescribed topical medicines.

#### Learning lessons when things go wrong

- Learning from accidents and incidents was shared with staff through handovers and meetings. Where a need was identified, further training was implemented to support staff practice and processes were changed. For example, the process for reporting and recording incidents had recently been reviewed following an error in reporting. The registered manager explained, "We are working with the staff to robustly enter information into the system correctly and that any incident and accident is handed over to all staff in the home."

# 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 remained the same. 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

- At the last inspection we found improvements were needed in the provider's governance processes to identify issues and drive improvement. At this inspection we found similar issues.
- The provider had processes in place to assess and monitor the quality of care provided at Four Acres. This included audits, safety checks, a monthly compliance report 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. Staffing levels were increased following feedback at our inspection visit.
- Despite the introduction of additional management support to ensure all accidents and incidents were correctly recorded, the provider had failed to identify two incidents which should have been referred to the local safeguarding authority and CQC.
- Records relating to falls were reviewed regularly to see whether there were any emerging trends and patterns at service level to prevent future falls. However, safeguarding incidents were not monitored and reviewed in the same way. The provider implemented a process for reviewing such incidents following our inspection visit.
- The provider had recently identified that staff needed more support in record keeping and ensuring care plans reflected people's needs. The provider's quality development team had been present in the home training and guiding staff to develop their skills and understanding in these areas. However, we still identified gaps during our inspection in relation to risks associated with catheter care, wound management and people sustaining skin damage.
- The provider had sent us notifications about important events and incidents that occurred at the home. However, we have had to remind the provider of the importance of ensuring the notifications are completed accurately and submitted in a timely way. Notifications in respect of two safeguarding incidents identified during our inspection were submitted following our visit.

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 2014

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 responsibility to be open and honest when things had gone wrong.
- However, prior to our inspection visit we had been made aware of a serious incident in the home that had not been shared with the person's family. The registered manager assured us this incident was being fully investigated and actions put in place to ensure their duty of candour responsibilities were always met

Continuous learning and improving care; Working in partnership with others

- The provider responded immediately to our feedback both during and after the inspection and implemented an action plan to address those areas we had identified as requiring improvement.
- The registered manager worked in partnership with other organisations to support staff in working in accordance with best practice. Following our inspection, the registered manager confirmed arrangements had been made with other healthcare professionals for training and guidance for staff in skin care and continence care.

Planning and promoting person-centred, high-quality care and support; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Overall, staff were confident in the management of the home, but felt their concerns regarding staffing levels had not always been heard. Comments included: "My management team are always there for me and are always approachable", "It (management) is okay, but there's never enough staff" and, "[Registered manager] is fine. He is always at the end of the phone if you need him even if he is at home."
- There was a new deputy manager in post. Staff described the new deputy as being supportive and visible within the home.
- Most people and their relatives were positive in the service provided and the staff team. Comments included: "Standards of care are very good, very safe, no concerns", "I have no concerns about her care whatsoever, over two years she has blossomed while she has been there" and, "They consider themselves as a family home, they really care about the residents, a very happy place."
- Relatives were invited to regular reviews of their family member's care so they could ensure it met people's personal needs and preferences. One relative told us, "We have a care review every three months where we can talk about any issues." Another said, "We have Zoom meetings for relatives once a month and three-month reviews of her care plan, I am happy with this."
- Overall, relatives were happy with communication with the managers and the wider staff team. One relative described, "Very good communication, [Name] had an accident last November, they informed us, they have always been very good at informing us." Another told us, "[Name] is the manager, very approachable. He is very helpful, a lovely guy, you can talk about anything with him, he gives you plenty of time." However, two relatives told us of serious failures in communication which had impacted on their confidence in the management of the service.
- People, relatives and staff were asked individually to give feedback about the service through quality questionnaires. These helped the registered manager to make changes and respond to people's request.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.</p>