

# Runwood Homes Limited

# Park View

## Inspection report

Priory Road  
Warwick  
Warwickshire  
CV34 4ND

Tel: 01926493883

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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?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Park View provides accommodation with personal care for up to 64 people. The home has three floors which each have communal lounges and dining areas and there are pleasant enclosed gardens which are accessible from the ground floor. At the time of this inspection, 57 people lived at the home, some of whom had dementia.

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

Governance systems and checks provided monitoring and oversight of the quality and safety of care people received. However, some improvements were needed to ensure a consistently open culture within the home. Issues around adherence to policies and procedures and confidentiality had impacted on the confidence of some staff in the effective management of concerns. The provider acknowledged these issues and had plans to assure staff they were being listened to and action taken.

Despite this, people, relatives and staff spoke positively about the standards of care within the home. The registered manager was described as visible and supportive and clear in their expectations of the staff team. The registered manager had a service improvement plan which was monitored by the provider to ensure people experienced the best outcomes.

There were enough suitable staff on duty who had been recruited safely. Staff were trained in safeguarding and understood their responsibilities to identify and report any concerns. Risks to people's health and wellbeing had been identified, assessed and were managed well. People received their medicines as prescribed, and staff followed good infection control practices.

Staff had the skills, knowledge and experience to deliver effective care and support. Throughout our inspection they explained and demonstrated how they implemented their training to support people who experienced episodes of distress or anxiety. 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.

Risks around people's diet and nutrition had been identified and staff understood the value of providing a good mealtime experience to encourage people to eat and drink well and enjoy the companionship of others. Staff supported people to maintain their health through regular appointments or timely referrals with other healthcare professionals.

The registered manager was aware of their responsibility to be open and honest when things went wrong, and any learning identified was shared with the staff team.

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 good (published 30 November 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and understanding of the Mental Capacity Act 2005. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective section of this full report.

The overall rating for the service remains good based on the findings of this inspection.

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

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

### Follow up

We will continue to monitor information we receive about the service, 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Park View

## 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.

#### Inspection team

The inspection team consisted of 3 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

Park View 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. Park View 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The 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. We sought feedback from

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 9 people and 5 relatives about their experience of the care provided. We carried out observations in communal areas to help us understand the experience of people who could not talk with us. We spoke with 17 members of staff including the registered manager, the regional operations director, 3 care team leaders, 8 care staff, the chef, a member of the housekeeping team, the well-being lead and an administrator. We also spoke with, or had email contact with, 3 external healthcare professionals.

We reviewed a range of records. This included 7 people's care records. We looked at multiple medicine records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

# 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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy at the home. One person told us they felt safe because, "I know there is always someone around." A relative commented, "We are happy [Name] is here and we don't worry because staff are always helpful."
- Staff had training and accessible information to ensure they understood their safeguarding responsibilities. One staff member commented, "I would report any signs of abuse like a change in behaviour, bruising or witnessing something you don't think is right." Another staff member told us they would not hesitate to escalate their concerns if they felt they had not been dealt with appropriately. They explained, "I would go to a higher authority like the CQC, the police or the council."
- When safeguarding concerns were reported they were investigated by the registered manager, referred to the local authority safeguarding team and us, CQC.
- However, when safeguarding concerns were investigated at a more senior level, the provider's own policies and procedures had not always been followed. We report further on this in the well-led section of this report.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified, assessed and were managed well. Care plans contained detailed information to direct staff on how to reduce these risks.
- Some people had more complex needs arising from dementia and could experience episodes of anxiety or distress. Most people had detailed guidance in their care plan which included triggers for distress and strategies staff should use to help manage those situations. One person's care plan did not contain the same level of information, but this was immediately addressed by the registered manager.
- Staff knew people well and had a good knowledge about how to keep people safe. For example, one person had a catheter. Staff knew how to identify possible signs of infection and when to seek medical advice.
- Some people had equipment to maintain their safety. One person who was at high risk of falls, had a sensor mat to alert staff if they got out of bed. Staff responded quickly when the sensor mat was activated to support the person to remain safe.
- There were systems to ensure the environment and equipment was maintained and safe for use

Staffing and Recruitment

- The provider ensured there were enough suitable staff on duty and monitored staffing levels based on people's dependency needs.
- Records showed assessed staffing numbers had been maintained during the weeks prior to our visit. The

registered manager told us, "We continue to staff the home as if it is full even though we have vacancies. This means if a member of staff rings in sick, it doesn't drop us below our assessed levels."

- Overall, staff were positive about the numbers of staff within the home. Comments included, "Staffing is good. We usually have 3 carers and a CTL (care team leader) on all floors. It sometimes drops to 2 carers, but this doesn't happen too often. If we work as a team we can manage," and "When I first came here there were lots of agency staff. Now it's all permanent on care and there are some lovely, wonderful carers who I work with who really do care."
- People told us they did not have to wait long if they required assistance, but it could take longer for staff to respond at night. Comments included: "They (staff) come as quick as they can, they are very kind, but they could do with more at night" and, "If I need any help, I have only got to call." Following our feedback, the provider spoke with night staff as part of their assurance staffing levels remained safe.
- Staff were recruited safely. The provider completed pre-employment checks such as Disclosure and Barring Service (DBS) checks to ensure staff were suitable for their roles. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were stored and managed safely. Medicines were only given by staff trained in safe medicines management.
- People's medicine administration records were completed to show people received their medicines as prescribed.
- Some people needed medicines on an 'as required' (PRN) basis to treat short term conditions such as pain or anxiety. There were protocols to guide staff as to when these medicines should be considered.

#### Preventing and controlling infection

- People were protected from the risk of infection because staff followed good infection control processes.
- The provider supported people living at the service to minimise the spread of infection and staff wore appropriate personal protective equipment when needed. A member of the housekeeping staff told us, "Every morning we go and speak to the CTL and ask about any infection control risks right at the start of shift."
- The home was clean and tidy, and people did not raise any concerns about the standards of cleanliness. Two people described the home as "very clean" and a relative commented, "I would say it is extremely clean, and it never smells."

#### Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- The registered manager monitored these events, to identify possible learning and ensure action had been taken to mitigate individual and service level risks. For example, one person sustained an injury which had not been recorded. An investigation was carried out and staff were reminded of their responsibilities for reporting all accidents and injuries to ensure people received appropriate treatment.
- Learning from accidents and incidents was shared with staff through regular meetings and lessons learned documentation. One staff member explained how lessons learned were, "Printed out and brought to everyone in the staff meeting."



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and used to develop care plans. Assessments showed that people's relatives or those with legal authority were included in the assessment process to help gather relevant information and support with person centred care planning.
- Managers and staff considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, these were met. One staff member told us, "We have a resident up here we noticed wouldn't have a female carer. I reported it to management and said we needed a male staff member to build up communication with this person. We now have a male care worker on every shift to support this person which has helped a lot."

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff had completed the provider's training programme which included topics such as safeguarding and moving and transferring people safely. Staff also completed additional training relevant to the specific needs of the people they cared for.
- One staff member explained how the training in dementia had improved their understanding of the condition so they could carry out their role more effectively. They told us, "I really enjoyed the dementia training. We wore these glasses which disrupted our vision, and we were asked to look for nuts and bolts and coins. It helped us to see the world through their eyes."
- Throughout our inspection staff explained and demonstrated how they implemented training in their everyday practice when people were experiencing anxiety or distress. One staff member said, "If [person] is really agitated I would leave them for half an hour or an hour to calm down then go back." Another staff member said, "I get into their world and try and understand what it is that's concerning them and if I can, I try and reassure them. If it's something I'm not able to do, I would take myself away and try again later."
- New staff had an induction into the service. The induction included working alongside experienced members of staff to learn people's individual care preferences.
- Staff were given opportunities to take further qualifications to progress their careers in the health and social care sector.

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

- Risks around people's diet and nutrition had been identified. Where necessary people had been referred to other healthcare professionals to ensure their nutritional health was maintained.

- Detailed information about people's dietary risks and individual preferences was kept in each dining room. Staff were able to check this information to ensure people received the correct diet and nutritional support.
- People had a choice of meals and they and their relatives were happy with the quality and variety of the food offered to them. Comments included: "You get 2 choices at lunchtime, well 3 really, because if you don't fancy the 2 choices, you can have soup which is lovely", "The food is excellent, there is a good variety as well" and, "They have plenty of choice, the food is good, and they are always offered tea and biscuits."
- People were encouraged to eat their meals in the dining room to motivate them to eat and drink well and enjoy the companionship of others. At lunch time there was a relaxed and pleasant atmosphere and people enjoyed the mealtime experience.

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

- Staff supported people to maintain their health through regular appointments or referrals with other healthcare professionals. One healthcare professional told us, "They make referrals appropriately and will communicate with us openly on a daily basis."
- Digital technology was used to ensure people received timely healthcare. This technology ensured people's health was closely monitored for signs of deterioration. When any deterioration was identified, a healthcare professional would contact the home and complete an assessment.
- Every week there was a clinical multi-disciplinary meeting involving the GP, frailty nurses and the pharmacist. District nurses visited the home every day.
- Records contained important information to ensure timely emergency medical advice was sought when needed. For example, one person was prescribed blood thinning medication. Records detailed the special instructions for staff to follow should this person have an injury.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The provider was working in line with the Mental Capacity Act.
- Staff demonstrated how they encouraged people to make choices and understood the importance of supporting people who, due to cognitive impairments, may struggle to make decisions. One staff member explained how they used their knowledge of a person to encourage them to accept care. They said, "It's about giving people the option and talking about things that might help them remember."
- Another staff member said, "If they're unable to make those choices that could put them in danger of not being able to take care of themselves, that is something we need to be well aware of and understand. The act is there to protect them, in conjunction with the DoLS."

- People confirmed they were able to make choices about their care. One person told us, "They say 'are you ready', and if I am not, I tell them." Another person said, " I am free enough to do what I want."
- MCA assessments were carried out for people identified as needing them and were decision specific.
- When someone was identified as potentially being deprived of their liberty, applications were made to the authorising body as required. One person had a condition on their DOLs and records demonstrated this condition had been met.

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

- People's individual needs were met by the adaptation, design and decoration of the premises.
- People could access a variety of well-furnished communal living spaces and were encouraged to personalise their bedrooms, so they reflected what mattered to them.

# 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. There were systems and processes to support good governance, but improvements were needed to ensure a consistently open culture within the home.

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

- Some staff expressed a lack of confidence in raising concerns to the provider. They told us serious issues raised had not always been managed in line with the provider's policies and procedures which had eroded their confidence in the management of the home.
- Some staff also described a lack of confidentiality within the staff team which had the potential to impact on working relationships and the integrity of investigations into safeguarding concerns or complaints.
- The provider acknowledged our feedback and assured us action was being taken to address the concerns shared with us. This included a series of HR clinics, staff meetings and feedback for staff on the actions taken to manage information of concern.
- The majority of staff had more positive experiences and described an open and supportive environment where they felt able to raise concerns knowing they would be listened to. One staff member told us, "If I go to the CTL (care team leader) with a problem, they help me straightaway with it and [registered manager] is very good. She listens to any problems and sorts it out." Another staff member commented, "[Registered manager] is really good. We can go and speak to her, and she will help with anything."
- During our inspection we saw staff worked well as a team and there was a relaxed atmosphere throughout the home. One staff member told us, "Every staff member is really good. We encourage and work as a team and if there are any problems, we will sort it out together."
- People were positive about the service and the care provided. One person told us, "If you can't be in your own home, there is no better place to be."
- Relatives told us they regularly saw the registered manager walking around the home and felt comfortable to raise any concerns, confident these would be dealt with professionally.

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

- Governance systems and checks provided monitoring and oversight of the quality and safety of care people received.
- However, we found improvements were required in some documentation. For example, records did not always evidence a clear rationale for the administration of some 'as required' medicines used to help people in times of distress.
- The registered manager had identified record keeping as an area for improvement and this was included in a service improvement plan. The provider monitored the service improvement plan to ensure actions

were completed and regulations met.

- Staff felt there was clear guidance about the expectations of their role. One member of staff told us, "[Registered manager] is quite an organised manager and she has everything in place, she lets us know what we need to do."
- The registered manager identified areas for staff learning and development and implemented additional expectations and guidance. For example, gaps in staff knowledge were identified regarding mental capacity. The registered manager implemented a brief policy document which captured the principles of the MCA and staff responsibilities. This had been shared with the staff team.
- One member of staff reported positive improvements at the service. They said, "The environment is better, processes are better, systems are better, and I actually think the manager has made a big difference."

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

- The provider sought people's feedback to ensure the care provided met their needs and expectations. This was through regular meetings and satisfaction surveys.
- Actions taken in response were shared with people so they could understand how their feedback had been used.
- Regular meetings provided opportunities to share information and gather feedback from staff. One staff member told us, "If anyone has concerns, they will bring it up and we can talk about it." Another member of staff said, "I feel listened to and I feel what I have to say is valued."

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 registered manager was aware of their responsibility to be open and honest when things went wrong, to apologise when necessary and keep people and their relatives informed of actions taken following any incidents.
- Relatives confirmed they were informed of any accidents and incidents involving their family member.

Working in partnership with others

- The provider worked with external organisations to support people's care needs.
- The home had some 'moving on' beds where people were placed in the home for six weeks from hospital. Following assessment, they were either discharged home with a care package or to a more appropriate care setting. A healthcare professional told us of the benefits of the scheme and explained, "The moving on beds are a great resource and we have had people who have ended up staying and some have gone home."