

Runwood Homes Limited

Maun View

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maun View is a residential care home providing accommodation for persons who require nursing or personal care to up to 77 people. The service provides support to people living with dementia. At the time of our inspection 71 people were living at the home. The home is split over two main floors. Each floor is split into two units with communal areas on all units and an outdoor communal space.

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

There were not always sufficient staff deployed to keep people safe and meet their needs.

Risks were not consistently managed. Safety and medicines risks were not always managed safely.

People did not always receive responsive care. Evidence of their involvement in care planning was limited.

Internal quality assurance processes were not always effective in monitoring the service which meant improvements were not always made.

People we spoke with told us they felt safe. The premises was clean, safe and well maintained. People told us that staff were kind and caring.

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. Staff received induction, training, supervision and appraisal.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2019). The service remains rated requires improvement.

This service has been rated requires improvement or inadequate for the last four consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service and the inspection was prompted in part due to concerns received about the quality of care, safety, medicines, culture of the home, management and care plans. A decision was made for us to inspect and examine those risks.

The overall rating for the service has remained 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 sections of this full report.

The provider took actions during and after the inspection visit to mitigate some of the identified risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maun View on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, quality monitoring and staffing at this inspection.

Follow up

We will carry out a follow up inspection to check that actions have been taken 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.

Requires Improvement 

Is the service effective?

The service was effective.

Good 

Is the service caring?

The service was caring.

Good 

Is the service responsive?

The service was not always responsive.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Requires Improvement 

Maun 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 was carried out by 2 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

Maun 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. Maun 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 12 people who used the service and 2 relatives or friends about their experience of the care provided. We spoke with 2 visiting professionals. We received feedback from 18 members of staff including the registered manager, deputy manager, the activity co-ordinator, care staff, housekeeping, maintenance and kitchen staff. We reviewed a range of records. This included 15 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records were 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 requires improvement. At this inspection the rating for this key question has remained 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

- People and staff feedback was mixed on whether there were sufficient staff deployed. A person said, "There seems to be enough to look after us all." However, another person said, "There's definitely not enough [staff] - they say they've got so much to do."
- Call bells were not always responded to promptly during our inspection and records confirmed that a significant number of call bells were not responded to promptly. This meant that there was a greater risk that people would not receive safe care in a timely way.
- Dependency was assessed and staffing levels were set in relation to this. However, a person living in one part of the home had experienced a number of unwitnessed falls in communal areas and some staff told us that they were not always able to supervise the communal area appropriately due to the number of staff deployed to this area. This meant that the person was being exposed to risk due to insufficient staff deployed to an area of the home. The registered manager told us that the deployment of staff has now been changed so that an additional member of staff moves to this part of the home after they have finished helping people get up on another part of the home.

The provider failed to deploy enough sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- People told us that they received medicines when they required them. A person said, "I have to take mine 4 times a day and the [staff member] waits while I take my pills." However, we found a medicine underneath an armchair cushion during the inspection and management were informed so they could take action. This meant that a person may not have received their medicines as prescribed.
- Liquid medicines were not all dated when opened. This meant that there was a greater risk of medicines being used when they were no longer effective.
- Controlled drugs were only checked fortnightly. This meant that there was a greater risk that controlled drug stock discrepancies would not be identified promptly to allow effective investigation and action to take place.
- Medicines were not stored correctly in locked cupboards during the inspection. This meant that there was

a greater risk that medicines were not always stored securely. However, all medicines were stored within designated medicine rooms with keypad entry.

- PRN protocols were not in place for a person. This meant that there was a greater risk that a person may not receive an 'as required' medicine appropriately.

The provider failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were in place and reviewed. However, one person's care plan was not being followed on the first day of inspection putting them at a higher risk of falls. The registered manager told us that replacement equipment was put in place following it being brought to their attention.

The provider failed to ensure people received safe care and treatment to prevent avoidable harm or risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing recruitment

- We reviewed three recruitment files. Two files contained all appropriate information but one person's file contained a reference that was not suitable and had not been resolved prior to the person starting work at the service.

Preventing and controlling infection

- People told us that the home was clean and observations supported this. A person said, "I have a fresh bed made quite often and it's very clean here."
- Some minor infection control issues observed as part of the tour of the premises were raised with management.
- Laundry and cleaning staff were following effective infection control practices. We observed that kitchen staff practice could improve around hair coverings and wearing of personal protective equipment. However, the kitchen was clean.

Learning lessons when things go wrong

- Incidents were documented and reported and staff told us that lessons learned were communicated to them.
- A detailed falls analysis took place and actions were documented as taking place in response to falls. However, we found that staffing levels at the time of falls had not been considered for a person who had experienced a number of unwitnessed falls.

Assessing risk, safety monitoring and management

- The premises was safe and well maintained. We raised a couple of potential safety issues which were immediately resolved by the maintenance staff member. Appropriate checks of equipment and the premises were taking place.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place protected people from the risk of abuse and neglect.
- People felt safe and told us they were cared for by kind staff.
- Safeguarding and whistleblowing policies were in place and staff received training.
- Staff were clear that they would raise concerns of abuse with management and were confident that action

would be taken.

- Safeguarding referrals were made and investigated appropriately.

Visiting in care homes

- There were no restrictions on visiting. A relative said, "We've no limit to coming in to see [our family member]."

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 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 recorded in care documentation.

Staff support: induction, training, skills and experience

- Staff told us that they received induction, supervision and appraisal.
- Staff attended training and the training matrix showed most staff were up to date.

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

- The mealtime experience was mixed and could be improved. Drinks were not served in one unit until later in the meal, a staff member was standing up while assisting a person to eat and meals were not served to all people at the same table at the same time.
- People told us that they received drinks and comments on the choice and quality of food was positive. A person said, "It's very good food really. They'd certainly make me a drink or a nibble if I asked." Another person said, "I'm never thirsty as I have my jug and the trolley comes round as well as lunch squash."
- One person was losing weight and not eating well. It was not clear that the person was being consistently assisted to eat well. Staff were not clear on when they would assist, care plans required clarification on this point and we observed the person asleep in front of an uneaten meal in their bedroom.
- Weights were monitored across the home and actions were documented where people were losing or gaining significant amounts of weight.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- A healthcare professional who worked with the service confirmed they worked well with the service. They said, "Staff listen and follow through with any actions. I have confidence in them." We also observed part of a regular online meeting between a healthcare professional and staff at the home.

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

- While the premises was safe and there was directional signage to support people, more actions could be considered to make the premises more accessible for people. For example, the use of colour to add orientation.

Supporting people to live healthier lives, access healthcare services and support

- People told us that they were accessing external professionals, including GPs and opticians. A relative said, "The optician will visit and [my family member] has the foot person in."
- Access to dentistry was challenging. Management were aware of this and attempting to address 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.

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.

- People told us that their choices were respected. A person said, "It's up to me what I want to do and what to wear, I just let them know." Another person said, "I'm my own boss and have got my own routine."
- The Mental Capacity Act was considered, and apart from an area of support for one person, documentation was in place where appropriate. This documentation was later put in place by management.
- DoLS were applied for as required and monitored to ensure that actions were taken if authorisations were approaching expiry.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and caring. Our observations supported this. A person said, "[Staff] are friendly enough with us all." Another person said, "One or two [staff] are a bit moody but most are lovely."
- The provider's policies included guidance to staff on how to support people sensitively taking into account people's diverse needs including religion and culture. The provider's personal care policy stated, "Care staff must ensure that they give care that is non-discriminatory."
- Staff completed training to help them to support people's personalised needs which included specific training on equality and diversity, autism awareness and learning disabilities.
- People's care records contained guidance on supporting people's religious and cultural needs which included information on people's wishes around death and dying.

Supporting people to express their views and be involved in making decisions about their care

- Advocacy information was displayed and advocacy was available to people using the service.
- People told us that their choices were respected. A person said, "I can do what I like and press my buzzer if I need something." Another person said, "I decide when I'm ready for bed or what I do in the day."
- Documentation of people's involvement in care planning was limited but we saw some people were involved in meetings where they could share their views on care.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were supported to be as independent as possible and that their privacy was respected. Our observations supported this. A person said, "I like to be independent and staff will only help if I can't manage something." Another person said, "They knock first before popping their head round."

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 good. 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

- People did not always receive responsive care that met their needs.
- Call bells were not always responded to promptly during our inspection and call bell records confirmed that a significant number of call bells were not responded to promptly.
- People told us that they were not involved in care planning. A person said, "I'm not sure if I've seen anything about me." Another person said, "I don't recall being asked anything when I came."
- There was limited documented evidence of people's involvement in care records. A range of care plans were in place but some care records were missing information in relation to what was important to people and their life history. Some care plan audits were taking place and we were told that a staff member had been recruited to focus on care plans from January 2024.

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.

- The provider was meeting the Accessible Information Standard. Information was available in alternative formats including large print and picture.
- People's communication needs were assessed, understood and supported. Communication care plans were in place to provide staff with support on meeting people's personalised needs in this area.

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

- People provided mixed feedback on how they spent their time. A person said, "We like the Friday trips - we went to Sherwood Forest last week and go to a tea dance too." However, another person said, "I don't join in much as it's not my cup of tea." Another person said, "I get a bit bored at times."
- We observed excellent interactions between activity staff and people during activity sessions and activities staff were focussed and motivated to provide a range of activities for people. Some people were supported to participate in activities that were important to them and we observed people enjoying activities. A person said, "They let me be the caller at bingo. I like the sing song on Wednesdays." However, we found that not all people using the service were documented as receiving a range of activities and activity staff time was

limited taking into account the amount of people using the service.

Improving care quality in response to complaints or concerns

- Some people told us that they had not received feedback on complaints that they had made. We were not able to find records of their complaints during the inspection to resolve this.
- Information on how to make a complaint was displayed in the home and contained in information provided to people using the service.
- We reviewed a complaint response which was appropriate but did not contain information on who to contact if the complainant remained dissatisfied following the response.

End of life care and support

- Staff told us that they had received training in this area.
- People's care records contained information on people's wishes in relation to death and dying.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant 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.

Continuous learning and improving care

- A range of audits and checks were in place. However, they had not been effective in ensuring that all issues found during the inspection had been identified and acted upon prior to our inspection. These issues were found in the areas of staffing, medicines, managing risk, recruitment, care plans and call bell response times.
- Whilst staffing levels matched the numbers identified in the staffing dependency tool, insufficient consideration was given to the layout of the building. This meant that communal areas were not always appropriately supervised and call bells were not responded to promptly.
- Medicines audits were taking place but had either failed to identify or address the concerns we identified during the inspection in the areas of safe administration of medicines, dating of liquid medicines, controlled drugs, storage of medicines and PRN documentation.
- A falls analysis took place but had not considered staffing levels as a possible factor in a person's falls which meant that action had not been taken to minimise this risk.
- Checks had not identified that one person's recruitment file contained a reference that was not suitable and this had not been resolved prior to the person starting work at the service.
- Care plan audits had not identified or prompted actions to address that some care records were missing information in relation to what was important to people and their life history.
- Call bell response reports were regularly reviewed by the management team. Call bell response reports showed some calls were not being responded to within 20 minutes and actions had not been taken to address this issue.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Feedback was mixed on managers presence in the home. A relative said, "You can relate to them both [registered manager and deputy manager]. I can talk about anything with them." A person said, "He's [the registered manager] not seen a lot but knows our names. He's a nice enough man."
- A clear management structure was in place. However, while most staff felt supported by management,

some did not.

- A registered manager was in place. Statutory notifications were made to the CQC.
- The CQC rating was displayed in the home and on the provider's website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Most staff told us that they enjoyed working at the home, however, some staff told us workloads were too busy at times.
- The registered manager's expectations of staff were documented in team meeting notes. This included references to the provider's vision and values.

The provider's vision was, 'To put the people who choose to live in our homes at the centre of everything we do.' The provider's set of values were, 'The right care, wellbeing, skilled teams and community.'

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

- People using the service, their families and staff were involved in the service through face-to-face contact, meetings and surveys. A relative said, "The regular meetings with relatives are excellent, it is wonderful to get updates on what is going on in the home and we are encouraged to ask questions."
- The registered manager told us that the home had built links with a number of local community groups including a local school.

Working in partnership with others

- External professionals were positive on their relationship with staff at the home and management were proud of the improved relationship between external professionals and staff at the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that is reasonably practicable to mitigate risks and to ensure medicines were managed safely. Regulation 12(1)(2)(a)(b) and (g)

The enforcement action we took:

We served a warning notice with a date for compliance of 8 March 2024.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure fully effective systems were in place to assess, monitor and improve the quality of the service to ensure the health, safety and welfare of people using the service. Regulation 17(1) and 17(2)(a)(b)

The enforcement action we took:

We served a warning notice with a date for compliance of 8 March 2024.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times. Regulation 18(1)

The enforcement action we took:

We served a warning notice with a date for compliance of 8 March 2024.