

Runwood Homes Limited

# The Lawns

## Inspection report

Gleave Road  
Warwick  
Warwickshire  
CV31 2JS

Tel: 01926425072

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20 June 2017

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### Ratings

Overall rating for this service

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service in December 2016. At that inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and issued a 'requirement notice' to the provider, requiring them to make improvements in how they checked the quality of the service provided and made improvements as a result. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the regulations.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lawns on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection in December 2016, we gave the home a rating of 'Good'. However, we found the provider was in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems and management of the home was not effective in identifying and implementing improvements. Constant managerial changes has had a destabilising effect on driving and sustaining improvements. At this inspection, we found some improvements had been made. This meant the provider was no longer in breach of the regulation although further improvements were still required to ensure the governance of the home supported a good quality and well managed service.

The overall rating of Good, which was awarded following the CQC's previous inspection of 1 and 6 December 2016, was not correctly displayed. We discussed this with the manager and regional care director who displayed the correct rating poster whilst we were in the home.

The home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the home did not have a registered manager in post. A manager had been appointed in April 2017 and was in the process of registering with us.

Some staff said the number of managerial changes 'were tiring' and felt changes were made because it was another manager, rather than for the good of the service. Staff felt the previous manager was not supportive and said they did not feel comfortable raising suggestions or giving feedback. This time, staff were complimentary about the new manager and said the team was becoming more cohesive, but they wanted a period of stability for the people using the service and for them. The manager said recent changes in staff personnel had taken place and those changes meant staff morale had improved which was supported by what the regional care director told us.

Improvements to the quality assurance systems were being made but when checks were delegated to others, there was no effective system to follow up on these improvements. We found some checks were being made without understanding and questioning, if they were required. The regional care director agreed to relook at their quality assurance processes and focus more closely on how their audits increasing the quality of service provided.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

## Is the service well-led?

The service was not consistently well led.

Some systems required better organisation to ensure improvements that had been identified, resulted in positive actions being taken. Care plan reviews and other care related checks when delegated to others, were not always effective in identifying improvements. Staff were supportive of the new manager and felt they were approachable and available to share any concerns or feedback.

Requires Improvement 

# The Lawns

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focussed inspection at The Lawns on 20 June 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our December 2016 inspection had been made. One inspector inspected the service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some legal requirements.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit we spoke with one person who lived at The Lawns to get their experiences of how they could provide feedback about the service they received. We spoke with the manager, a deputy manager and three care staff who supported people with care and activities. We discussed the provider's action plan and how the service was making improvements with the regional care director.

We looked at the provider records including quality assurance checks, staff surveys, meeting records and incident and accident records. We checked some examples of care plans and associated food and fluid records to ensure effective actions were taken to maintain people's health and welfare.

# Is the service well-led?

## Our findings

Previous inspection reports identified this home has gone through numerous managerial changes which had meant the provider's quality assurance measures were inconsistent and ineffective. At the last inspection the poor quality assurance systems were sufficient to breach the regulations. For example, care plan audits were not checked when completed so improvements were not always made so staff provided consistent care. We found food and fluid charts lacked detail and there was limited evidence that showed what action had been taken when people did not achieve their hydration goals. Staffing levels were supported by high agency use and there was no effective system being used that calculated and assured the provider, safe staffing levels were deployed correctly.

At our previous inspection in December 2016 there was a registered manager in post however they left the service in January 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. As a temporary measure, the home was managed with oversight from the regional care director. At this inspection, a new manager was appointed in April 2017 and was in the process of registering with us.

At this inspection we found improvements were made to comply with the regulations, however improvement was still needed.

It is a legal requirement for the provider to display a 'ratings poster'. The regulation says that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. A ratings poster was not displayed in line with our regulations and we discussed this with the manager. A front copy of the inspection report showing the rating was displayed which the manager and regional care director understood to be sufficient. By the end of our first inspection day, the manager rectified this by displaying a poster of the previous inspection rating in the communal hallway. Prior to our inspection visit we checked the provider's website and found they displayed their rating and a link to the report on our CQC website.

We found the new manager had begun to address some improvements identified as concerns at the last inspection. For example, white boards in the care team manager offices that informed staff about people's health conditions had been removed. The manager said they were not correct so rather than risk this happening again they were removed. They said, "We discuss people in handover, so we don't need them."

The regional care director showed us the provider's staff calculation tool which showed around 200 hours extra per week were being used to support people. The regional care director said this was used as a guide to help them and using their knowledge of people's dependencies, gave them confidence staffing levels were right. Agency use was limited to night staff only and recruitment was being undertaken to address this.

Staff were encouraged by the manager's appointment. Staff said the manager was approachable, listened and was interested in their feedback, which was different to the last manager. One staff member told us,

"The other manager did not listen, you couldn't say anything... Now it's 100% better." Staff said the constant management changes had impacted on people at the home because nothing was consistent. One senior staff member said, "We are all tired... we just want to care for people. Each manager comes in and does it their way. I can't say anything so I just do it." We had mixed opinions from staff regarding the present manager's visibility in the home. Some staff said they spent a lot of time in their office, while others said they were visible. One person living in the home said, "I know we have a new manager, I see her about." The regional care director said there was an expectation that all Runwood managers 'were visible' and would look at this as part of the manager's monthly one to one meetings.

The manager told us they had an induction to the organisation and The Lawns and were currently on a probationary period. The regional care director supported the manager and completed monthly one to one meetings to discuss their training, objectives and performance. The manager said they were pleased with the support they had received and had set about making improvements.

They told us they held a meeting with staff and identified some issues which had a negative effect on the running of the home. As a direct result, staff changes had taken place and the manager and regional care director said these changes, "Were for the best... it's a lot better now." The manager held a staff meeting in May 2017 and we saw the minutes of the meeting. The manager used this meeting to introduce themselves and to discuss expectations, communication and teamwork. Some of the tone and language in the minutes was 'to the point' and the manager said, "Certain things needed to be said." Given the previous issues at this home and different management styles which affected the running of the home, we showed these to the regional care director. They were unaware of these minutes and the tone used and agreed to ensure minutes were checked before issue.

We spent time with the manager and regional care director reviewing their action plan in response to the last inspection. The provider's action plan stated all outstanding actions would be completed by 31 March 2017. We found some areas that we identified last time still existed. Improvements were still required in the accuracy of completed food and fluid charts. Although more detailed, there was inconsistency in how staff completed them and when people consistently fell below expected goals, there was no records to support what had been done.

Nightly checks for some people were made to ensure they were safe and new forms had been introduced. We checked completed forms with the manager and found staff did not make regular 6am checks which was the manager's expectation. We asked them if they knew, "I was not aware, I need to speak with them." We checked examples of mental capacity assessments for those people who lacked capacity to make certain decisions. We found an initial assessment showed they lacked capacity, but these assessments were not decision specific and were not supported by records of best interests' decisions and who was involved.

Improvements were made to the recording of complaints however one complaint did not show what action and learning had been taken. The manager said the information was recorded in the care plan rather than with the complaint, but was unable to easily locate it to refer to. The deputy manager found the information but it showed staff followed the families wishes rather than the wishes of the person, who the deputy manager said, "I would say [person] has capacity." The lack of consistent records and actions had potential for this person to receive care against their wishes. Furthermore, there were no records to show the family had authority to act on behalf of their family member.

Care plans were being reviewed and a new system of 'resident of the day' was introduced. This meant the person's care plan would be reviewed fully. The manager helped senior staff by reviewing a number of care plans and identified what improvements were needed. We checked one care plan reviewed on 8 June 2017.

We found the care plan had been signed that suggested they had been reviewed, but no changes had been made. For example in one care plan the manager identified a best interests decision around hydration and hygiene was required, also 'my day' required evaluating. We checked these sections of the reviewed care plan and no changes had been made. The manager said they were 'disappointed' and would speak with senior staff. This demonstrated that when checks were delegated to others, there was no effective system in place that checked to make sure improvements were made.