

Runwood Homes Limited

# Owston 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We previously carried out an unannounced comprehensive inspection of this service on 18, 20 and 21 July 2016. At which breaches of legal requirements were found. This was because care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. Also the provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. Also people were not protected against the risks associated with the management of medicines. People did not receive care or treatment in accordance with their wishes. People were not always asked for their consent before treatment was given. There were insufficient staff on duty to meet the needs of people who used the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We carried out this comprehensive inspection on the 16 November 2016 to check that they had followed their plan and to confirm that they now met all of the legal requirements. This was the second rated inspection for this service. The service had been rated inadequate at the inspection in July 2016 and had been placed into Special Measures.

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

Owston View is a care home situated in Carcroft, Doncaster which is registered to accommodate up to 36 people. The service had bedrooms on both the ground and first floor. There was a secure garden area and parking at the front and rear of the home. The service is provided by Runwood Homes Limited. At the time of the inspection the home was providing care for 21 people, some of whom had a diagnosis of dementia.

The service had a registered manager. 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.

At this inspection we found that the provider had followed their action plan which they had told us would be completed by the 31 October 2016. During this inspection we checked to see if improvements had been made since our last inspection in July 2016. The service has now been taken out of Special Measures as we found improvements had been made across all aspects of the service and it was evident further improvements were in the process or were planned to be implemented. The systems in place to maintain the improvements had not yet been embedded into practice as they were new. Further improvements are required to ensure that these have been fully embedded into practice so that improvements made will be sustained over time.

We found the registered manager had a good understanding of the legal requirements as required under the

Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms, so appropriate referrals to health professionals could be made. The home involved dietician and tissue viability nurses to support people's health and wellbeing.

We found the home had a much friendlier relaxed atmosphere. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with told us that they were encouraged to make decisions about their care and how staff were to support them to meet their needs. Feedback from the relatives we spoke with was positive.

We noted improvements in people's dining experience. Staff were actively offering choice during the lunch time meal we observed.

Medication systems had improved so that the administration of medicine was safe. However, minor amendments were required when hand written entries were made on the medication administration record.

There were robust recruitment procedures in place; most staff had received formal supervision since the manager had been in post. Annual appraisals had been scheduled. These ensured development and training to support staff to fulfil their roles and responsibilities was identified. There were adequate members of staff working throughout the day and night and this should be kept under review as the numbers of people who used the service increased.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

The provider had introduced new systems to monitor the quality of the service provided. We saw these were more effective. Although improvements were now taking place the provider needs time to ensure the systems are embedded and sustainable.

## 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 required improvements to make it safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard adults from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

We found medication systems had improved but these still needed to be embedded into practice. More care and attention is needed when making hand written entries on MAR's.

**Requires Improvement**



### Is the service effective?

The service still needed some improvements to make them more effective.

Food and fluid charts required some improvements as records were not made through the night. Some inconsistencies were apparent where staff recorded the fluids taken.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The registered manager had a good understanding of the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

**Requires Improvement**



### Is the service caring?

Good 

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the registered manager approachable and available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

The registered manager had commenced auditing of care records and most had been reviewed. However the audit tool requires some further improvement to ensure actions required are clearly identified and followed up at the next audit.

Activities remain an area for continued development. Although an activity plan is in place we did not see evidence of the plan actually taking place.

### Is the service well-led?

Requires Improvement 

The service required improvements to ensure it was well led.

The registered manager listened to suggestions made by people who used the service and their relatives. The provider had introduced new systems to monitor the quality of the service provided. We saw these were more effective. Although improvements were now taking place the provider needs time to ensure the systems are embedded and sustainable.

The service worked well to ensure people received prompt involvement with health professionals and there was a sense of belonging to the community.

Accidents and incidents were monitored monthly by the manager to ensure any triggers or trends were identified.

# Owston View

## 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.

This inspection took place on 16 November 2016 and was unannounced. The inspection team consisted of an adult social care inspector. 21 people were using the service at the time of the inspection. Two of the 21 people were staying at the home for a period of respite.

We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. This included regular updates from the provider which told us how they were progressing with their action plan. We also contacted the local authority commissioner who also monitors the service provided.

We had not requested a provider information return (PIR) for this inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, two care team managers and four care workers. We gave feedback to the regional care director at the end of the inspection. We also spoke with three people who used the service and four visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service including three recruitment and training files for staff. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication,

including the storage and records kept. We also looked at the quality assurance systems to check if they had improved to ensure that they identified areas for improvement.

# Is the service safe?

## Our findings

At our previous inspection we found the management of medicines was not safe, safeguarding procedures were not always followed and there were not sufficient staff to meet people's needs.

We asked the provider to send us a report detailing what improvements they would be implementing to address these breaches and by when. The provider sent us an action plan stating they would meet the regulations by 31 October 2016.

At this comprehensive inspection we looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for five people.

We found that improvements had been made and, predominately people were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines.

The medicines were administered by staff who were trained to administer medication. Staff had also received competency assessments in medication administration to ensure they followed procedures and administered medicines safely.

Following our inspection in July 2016 new weekly audit systems had been introduced. We saw most medication was accurately recorded on the MAR when received. However, some hand written entries were not always witnessed by a second member of staff. One person required a record of where a pain relieving patch was placed on their body. This ensured the patch was moved to different parts of their torso to prevent skin irritation. This record was not in place. The provider had installed a cooling system so that medication was stored at the recommended temperatures. We checked the storage room and found records that confirmed medication was stored at the temperatures recommended by the manufacturers.

At the last inspection of the service we found staffing levels were not sufficient to meet the needs of people who used the service. The provider took immediate action to resolve this concern by increasing the number of staff working during the night. They also looked at the layout of the service and made adjustments to where people with higher care needs were located, so that they could be better supervised and less isolated. Although they had brought one person downstairs who was cared for in bed, we still felt the person could be isolated, as they were in a bedroom at the far end of the building. We discussed this with staff, who told us that they went to the room frequently throughout the day to assist with the hydration and nutrition of the person.

At this inspection we found the atmosphere within the communal areas was much more relaxed. People could freely move around the home. Previously the dementia unit was a separate unit, which could only be accessed through a door which had a security keypad. This meant people were unable to access different parts of the building.



We spoke with staff about the staffing levels and they told us that the home was much more relaxed and they felt they were able to meet the needs of people who used the service. Staff described the numbers of people who used the service who required two staff to move them safely. They said this was much safer now, as they had the time to assist people without feeling too rushed.

We observed staff spending time encouraging people to move safely. We saw that where people needed to be moved using a hoist staff spoke to the person about how they would be moving them and gave reassurance where needed. Relatives we spoke with told us that the staff were, "Kind and caring" and they felt staff were always available when their family member needed assistance.

At the previous inspection we found staff had a good understanding about protecting vulnerable adults from abuse. However, during that inspection we identified two safeguarding issues that we felt should have been referred to the safeguarding team. Consequently, we made the referrals, and the issues were investigated by the local council. We saw that as a result, improvements in communication had been put in place.

At this inspection we found no further safeguarding concerns had been logged for action. Staff we spoke with were confident about how to report any concerns about the health and wellbeing of people who used the service.

A safeguarding adult's policy was available and staff were required to read it as part of their induction. We looked at information we hold on the provider and found there were no on-going safeguarding investigations. The registered manager told us that she was aware of when and what was required to be reported to the Care Quality Commission.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, risk of developing pressure sores and risks associated with nutrition and hydration. The manager had improved the monitoring of information in relation to accidents and incidents, which had helped to reduce the number of falls occurring.

At the previous inspection we looked at the provider's recruitment of staff and found their procedures were robust and safe. At this inspection we looked at the files for three new staff. The files confirmed that recruitment procedures remained robust. We saw files were well organised and easy to follow. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role.

# Is the service effective?

## Our findings

At our inspection in July 2016 we found people did not receive sufficient food and fluid to meet their assessed needs. Care records did not always reflect the up to date needs of people who used the service. Staff had not received adequate supervision and they told us they did not feel supported. We also found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

At this inspection we found the provider had taken the required action to comply with the regulations. At this inspection we found improvements in the care delivered. Staff interacted positively with people who used the service and they were attentive and caring when undertaking personal care. We saw most care plans had been reviewed and reflected the up to date care needs of the people who used the service. The staff we spoke with were clear about how people required to be supported and how to deliver person centred care. Relatives we spoke with told us that the atmosphere in the home had improved since the home had a stable management team. One relative said, "The staff are excellent, they know exactly how my [family member] wants to be cared for." Another relative said, "My [family member] has been in here for a little while now and they are very settled. The staff are kind and ensure they involve my [family member] in everything they do for her."

We used SOFI to observe people who were being supported to eat lunch in the main dining area. We found the dining experience for people was inclusive and supportive. Staff attended to people who needed assistance to eat their meal in a caring and compassionate way. Staff were attentive and focused on the person for the whole period they were eating their meal. Soft music and a calm atmosphere meant people could enjoy their meal without being rushed. We saw staff offered a choice of cold drinks and people that could help themselves to additional drinks were encouraged to do so.

Staff took time to explain the choices of menus and we saw some people chose to have a salad or Jacket potato rather than the main meal. There was also an alternative offered as a sweet. Before staff cleared away the plate's people were asked if they had had sufficient to eat and if they had enjoyed the meal. We heard people responding that they had enjoyed the meal.

We saw staff were attentive when ensuring people had sufficient to eat and drink and we saw snacks and cold drinks were offered throughout the inspection. One relative we spoke with told us that they were always asked if they wanted a drink while they were visiting. They said, "Nothing seems too much trouble for staff. They always tell me if my [family member] is eating well or not."

People who required extra supervision to ensure they were receiving sufficient food and fluids had their daily intake recorded on charts. However, the recording on the fluid chart stopped after the supper drinks. This meant care team managers would not be able to monitor and assess if people had any other food and drinks during the night. We also found some of the charts did not contain sufficient detail and there were some inconsistencies where staff recorded fluids.

We discussed supervision and the training of staff with the registered manager. She told us most staff had received formal supervision. The registered manager told us they were looking to complete supervisions every two months and these were all booked in over the year. This would ensure staff were adequately supported to be able to fulfil their roles and responsibilities. Staff we spoke with told us they felt supported and listened to since the registered manager had been in post.

The registered manager had commenced annual appraisals, and told us the remaining appraisals would be completed in the near future. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice. One member of staff we spoke with said, "I feel much more supported now the manager is established." Another staff said, "We now know the standards expected of us. It's much better now."

We were shown the training matrix which showed most staff had completed refresher training in all of the essential subjects. This meant staff had the skills and competencies to meet the needs of people who used the service. Staff had attended regular training in areas of moving and handling, infection control, safeguarding of vulnerable adults and fire safety. The training was predominantly e-learning; however some training such as practical moving and handling people was class room based.

We found the service worked well with other health care agencies to ensure they followed best practice guidance. The registered manager gave us an example of working closely with the GP practice to regularly review people's medication and healthcare needs. The registered manager also told us that designated staff for dignity and dementia care. This helped to raise the standards of care provided to people who used the service.

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 Act 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had taken steps to ensure the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) were met. A new list of applications made to the supervisory body had been formulated. They were clear who had an authorised DoLS and which people were awaiting the outcomes of applications.

# Is the service caring?

## Our findings

At our inspection in July 2016 we found people did not receive care and treatment that was person centred. Person centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs.

At this inspection people told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Our observations showed staff were kind, compassionate and caring towards the people in their care. People were mostly treated with respect and their dignity was maintained throughout. However, we did observe one person who was cared for in their room who required assistance to ensure their nightwear was adjusted to maintain their dignity. We discussed this with the registered manager who dealt with the situation immediately.

People who used the service and visitors were positive when describing interactions with the staff. One person said, "The girls [staff] are lovely, I think they really care." A relative said, "The staff are very good, I know I made the right choice for my [family member]." Another relative said, "I know they had problems with staff but I feel that is much better now. The staff know how to treat people with care and dignity."

We looked at three individual's care files to see if they gave some background information about the person. We saw a 'My day' document which had sections about how the person liked their care delivered. It also identified people that were important to them, their life history and likes and dislikes. We spoke with staff about how they delivered care to the people that they were keyworker to. It was clear that staff knew the people very well. They also knew relatives that visited very well and we saw that staff spoke to people using their preferred names. One relative said, "I feel the home has a lovely atmosphere much better than a few months ago and staff have a smile on their faces which must be good for the people that live here."

We observed staff using mobility equipment such as a hoist in the lounge areas. The staff spoke to the person during the process and managed to assist the person in a very discrete manner, despite the dimensions and layout of the room not being naturally conducive to this. Other people carried on with what they were doing and did not appear to have their attention drawn to the process.

We sat and observed care being delivered in the lounge areas. Staff's approach towards people who used the service was good. Staff spent time engaging with people and encouraged people to talk about family and friends and about their daily routines.

People had end of life care plans in place, we saw that relatives and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions were included and they were reviewed appropriately by the person's GP.

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised

their space and supported people to orientate themselves.

## Is the service responsive?

### Our findings

At the previous inspection we found care and treatment was not planned and delivered in a way that ensured people's safety and welfare. We also found that people who used the service and their relative felt their concerns were not listened to.

At this inspection we spent time observing people receiving support in a kind and compassionate way. Interactions between staff and people who used the service were positive and engaging. However, we found people were not able to engage in activities as staff were busy delivering personal care for most of the day. We were told that the provider had introduced a 'cookie jar'. The 'cookie jar' had pieces of paper within the jar which had conversation topics written on them. The idea of the 'cookie jar' was for all staff on duty to take one of the topics and sit with a person who used the service and to engage with them for at least five minutes during the day. We saw no evidence that this had taken place. Staff we spoke with told us that activities were not taking place very frequently as they were busy meeting people's personal care needs. We did see an activity plan displayed, but the activities for the day did not take place.

At this inspection we found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at three care and support plans. We found these were organised and easy to find information to determine people's needs. The registered manager told us that most of the care plans had been reviewed since our last inspection of the service. A care plan audit was shown to us that identified areas of the care plans which required additional information and the care team managers were responsible for making sure the information was up to date. We were unable to judge the sustainability of the records as they were work in progress. We will look at these in more detail when we next undertake an inspection of the service, to make sure they are embedded into practice.

We spoke with three relatives who confirmed they had been involved in their family members' reviews at the home. One relative said, "I am very happy with the care of my [family member], staff know what they are doing and they always give me an update when I visit."

We observed staff throughout this inspection and it was clear that people's views were sought before any assistance was given. Staff told us that if they thought a person's needs had changed, they would discuss the changes with the care team manager or the registered manager. We observed a handover between the days and afternoon staff. Staff coming on shift were able to get an update on how people were and also if anyone needed extra supervision and support. For example, where people required to see a GP or district nurse. The handover also told staff if people required observations following falls or restless sleep.

At our previous inspection relatives and people who used the service told us that they did not feel that their concerns were taken seriously. At this inspection relatives told us that communication was good and they felt the registered manager listened to their concerns. For example, one relative told us that they had attended a relatives' meeting where they could raise concerns. Another relative said, "I know I can go to the manager if I have a concern. They deal with things promptly."

The registered manager told us that she operated an open door policy which encouraged visitors and relatives to raise any concerns they may have. We were told that no formal complaints had been received since our last inspection of the service in July 2016.

## Is the service well-led?

### Our findings

At our inspection in July 2016 we found the provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

At this inspection we found improvements had been made. The registered manager was very person centred in their approach and had made many positive changes. They were dedicated about providing a high standard of service for people and sustaining the improvements made.

The values of this service were reinforced constantly through staff discussion, supervision and behaviour. The registered manager told us the ethos was to provide the very best care, support and environment to people to help them to live their lives to the full. The service had started to look more closely at the environment, which included making areas more dementia friendly. Opening up all of the communal areas had made a difference to the atmosphere within the home. Relatives we spoke with told us that they had noticed a difference in the home and felt the registered manager was now established and working towards the required improvements for the home.

It was clear from the feedback from staff and the people who used the service that everyone felt standards of service had greatly improved, and they were confident that the improvements were sustainable. Staff we spoke with said, "Things have improved so much, we have the direction and leadership that was needed." Other comments from staff included, "I now enjoy coming to work, things are so much better," and "We know the standards that are expected of us and we are all pulling together to make it a better place for people to spend the rest of their lives."

The registered manager told us that they were working hard to communicate their values and beliefs with relatives and people who used the service. Relatives' and residents' meeting were scheduled and had taken place to ensure people knew who was managing the home. This gave them an opportunity to voice their opinions and raise any concerns. One relative we spoke with said, "I attended the relatives' meeting and feel reassured about the care provided at the home."

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example, we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

We found improvements had been made to ensure effective systems were implemented to regularly assess and monitor the quality of service that people received. These included administration of medicines, health and safety, infection control, and the environmental standards of the building. These audits and checks highlighted improvements that needed to be made to raise the standard of care provided throughout the home. However, it was not clear from the audits if improvements had been made which had been highlighted at previous audits. We therefore concluded that more time was needed to ensure the monitoring



systems that had been put in place could be sustained to continue to improve the service.

The service had good working relationships with other organisations and health agencies. The local council who also monitors the service delivered told us that they had seen sufficient improvements in the home. They continue to monitor the progress of the service.