

# Runwood Homes Limited

## Highview Lodge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Highview Lodge is a residential 'care home' registered to provide accommodation and personal care to up to 77 people. At the time of this inspection, 68 people were living at the service, some of whom were living with dementia.

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

People told us they felt safe. There were robust safeguarding systems in place to help protect people from the risk of harm or abuse. Recent safeguarding concerns raised had been investigated, and closed, by the local authority. Risks to people's health, safety and wellbeing had been identified, assessed and reviewed regularly. Incidents and accidents at the service were analysed and action taken in response to the findings.

Staff were recruited safely to the service with all relevant pre-employment checks completed. Staffing levels were seen to be consistent and matched the dependency assessment completed by the registered manager. However, there were mixed views amongst the staff team relating to the staffing levels at the service.

Medicines were managed safely and there were comprehensive infection prevention and control procedures in place, which included the safe facilitation of visits for relatives and friends.

Concerns received by CQC regarding the management of the service had been investigated by the provider, under the direction of the local authority. All enquiries had been completed at the time of our inspection; but the outcome had not been determined. However, the regional director verbally confirmed they had no concerns.

Staff had a clear understanding of their roles and responsibilities, but shared concerns regarding a lack of cohesion amongst the staff team, and issues within the leadership team. We observed an absence of any interaction or communication between the management team. Feedback from relatives also indicated that there were issues within the leadership team. A number of relatives told us that they did not feel listened to, did not receive a positive response to their views or opinions and when they raised concerns with the management team, they were responded to in a way they considered inappropriate.

The registered manager told us they remained committed to delivering a high-quality service but acknowledged the negative impact that the COVID-19 pandemic had had upon people, staff and themselves. Support had been arranged for the registered manager and staff team by the provider organisation and had been made available for people by local system partners. With an absence of an outcome to the provider enquiries, no formal action plan was in place. Actions we were told were being taken to address the concerns raised had not yet had a positive impact or led to changes at the service.

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 06 May 2020).

### Why we inspected

We received concerns in relation to staffing levels and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highview Lodge 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Highview Lodge

## 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Highview Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, regional director from the provider group and care workers. We also completed observations of the care provided to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and risk assessments, and multiple medication records. We looked at three staff files in relation to recruitment and staff training. We also looked at a variety of records relating to the management of the service, including policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were observed to be relaxed and comfortable in the presence of staff.
- The provider had systems and processes in place to help protect people from the risk of harm and abuse.
- Staff had received safeguarding training and knew what to do if they identified any concerns. All staff knew and understood their responsibilities in relation to safeguarding.
- Recent safeguarding concerns raised had been investigated, and closed, by the local authority

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were identified and plans were in place to help minimise those risks.
- Regular reviews took place and assessments had been updated when people's needs changed.
- Staff completed records in relation to any accidents or incidents that occurred at the service, including falls. The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends. Records showed action had been taken in response to improve people's safety.
- Lessons learned from accidents and incidents were shared with staff via team meetings, with a view to prevent similar events occurring.

Staffing and recruitment

- People's needs were assessed regularly to make sure that staffing levels were reviewed. The registered manager monitored staff deployment and had recently made changes. These changes included a reduction in staff and re-deployment across the service due to one unit being temporarily unoccupied.
- Staffing levels were consistent and matched the assessment completed by the registered manager. However, staff gave mixed views on whether these were sufficient. One member of staff told us, "We've had to use agency for the past few weeks, which has added some pressures, but all the shifts have been covered and the levels are right." Another told us, "There have been staffing issues recently and we don't have enough staff. On Friday, for example, I was working on my own with only a senior to help if I needed it."
- Staff told us there was a number of vacancies within the staff team which had an impact on them. The provider was actively recruiting staff to the team.
- Staff recruitment was safe and all essential pre-employment checks were completed. These checks included Disclosure and Barring Service (DBS) checks, written references and proof of identity.

Using medicines safely

- Medicines were managed safely. People were receiving their medicines as instructed by the prescriber and all records reviewed were completed fully.

- Staff were trained to administer medicines and checks on their practice had been carried out. One member of staff told us, "I've been shadowed administering medication which has been great, and my competency checked."
- Audits were completed regularly. Where any mistakes were identified, these were followed up and action taken.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We received concerns in relation to the management of the service prior to our inspection from relatives and staff working at the service. Based on the information we received, a safeguarding referral was made to the local authority. This led to the provider being tasked to complete an enquiry into the concerns raised. At the time of our inspection, the enquiry had been completed but the outcome of this enquiry had not been determined. However, the regional director told us they had no concerns relating to the registered manager but some actions to be taken by the registered manager had been agreed.
- The registered manager was fully aware of their legal responsibilities. They submitted notifications to CQC for significant events that had occurred at the service.
- The quality and assurance systems in place allowed the quality of care provided to be monitored by the registered manager and the provider. Audits and checks completed covered all aspects of the service. We saw action plans were drawn up to address any shortfalls.

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

- All staff had a clear understanding of their roles and contributions to the service. However, some staff felt there was a lack of cohesion in the staff group. One member of staff told us, "There seems to be a lot of backstabbing and gossiping in the staff team. There is definitely a clique of some members of staff." Another member of staff told us, "Overall, I think we are a good team, but you see a difference in the attitude [amongst different members of the team]. There is a different work ethic."
- We observed an absence of any communication or interaction between members of the management team. Feedback from relatives and staff indicated there were issues within the leadership team that needed addressing. A number of relatives told us that, when they raised concerns with the management team, they were responded to in a way they considered inappropriate.
- The registered manager told us they remained committed to delivering a person-centred service which achieved positive outcomes for people. However, they acknowledged the negative impact that the COVID-19 pandemic had had upon themselves, staff and people living at the service in recent months. Coaching and support had been arranged for the registered manager by the provider, with support and guidance made available for staff and people by local system partners. However, staff told us that this had not yet had a positive impact, improved their experiences of working at the service or led to any changes.

- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. All incidents were fully investigated, and outcomes shared with partnership agencies, people, relatives and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People told us they were happy living at the service and appeared comfortable. Staff were attentive to their needs.
- Staff involved and engaged people to be in control of their care by following their choices and decisions. People and their relatives were encouraged to express their opinions through the different forums available to them, to ensure their views were heard. However, some relatives told us they did not feel listened to and did not receive a positive response to their views and opinions.
- The registered manager told us they used feedback from surveys, completed by people and staff, and results from the quality and assurance systems to improve the service. The most recent satisfaction survey had identified areas that required improvement. An action plan had been compiled in response, however lacked detail with regards to any changes in some areas. Actions to be taken were seen to be identification of systems already in place, with no review of their effectiveness or how they could be changed.
- Staff worked in partnership with professionals from other agencies. For example, the local GP, district nursing team and the local authority. Care records showed that health related advice and guidance provided was used to help with people's care planning.
- The registered manager utilised meetings with staff to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns with the registered manager or the regional director but did not always receive feedback on matters they raised.