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 effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Highview Lodge is a residential care home providing accommodation and personal care to 73 people aged 65 and over at the time of the inspection. The service can support up to 77 people.

People's experience of using this service and what we found
People, staff and relatives spoke positively about the registered manager and the provider. There was a positive culture throughout the service which focused on providing care that was personalised. However, the regular checks and audits completed by the registered manager did not identify the shortfalls we found during this inspection. The provider also completed audits at the service, however the resulting action plan lacked specific details and the timescales set for actions were unachievable. A variety of methods were used to assess and monitor the quality of the service but the results of these were not consistently shared with staff. This combination of issues meant that service monitoring, and subsequent improvement planning, was not fully effective.

Systems were in place to keep people safe and the risks associated with people's safety, health and wellbeing had been assessed. Staff were aware of their responsibilities to report any concerns and knew the systems in place to do this, both internal and external to the service. There were enough staff to meet people's needs and recruitment procedures were robust. Medicines were managed safely.

People had their needs assessed prior to moving into the service to ensure their needs could be met. Care plans were then further developed as staff became familiar with people's needs, choices and preferences, however the recent transfer of care plans to an electronic system meant that some detail had not been not included.

Staff received training and supervision for them to perform their role. People's nutrition and health were supported and promoted, although observations of mealtimes on the first day of the inspection were not positive. The service worked with health and social care professionals to ensure people received timely care and that their health needs were met.

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. However, we found that some capacity assessments had not been completed and DoLS application had not been made in all cases where they were required. The registered manager was aware of the need to review consent arrangements and was completing this at the time of the inspection.

People were treated in a kind and caring and both they, and their relatives, spoke positively about the staff. Staff knew people well and supported them to make decisions and choices and express their views. Staff respected people privacy and dignity and encouraged people to remain independent.

People received personalised care and were treated as individuals. People benefited from a variety of activities and social engagement with staff. Relatives expressed confidence in the service and found it to be a friendly, welcoming environment.

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 good (published 28 July 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

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.

Inspection team
The inspection was completed by two inspectors.

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.

During the inspection
We spoke with eight people who used the service and three relatives about their experience of the care

provided. We spoke with 12 members of staff including the area manager from the provider organisation, registered manager, deputy manager, senior care workers, care workers and housekeeping staff. We 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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; Learning lessons when things go wrong

- People told us they felt safe. One person said, "I feel very safe here, I don't have any worries."
- Staff had received training on how to recognise and report abuse. They were able to tell us what they would do if they had concerns about a person's welfare.
- Unexplained injuries were investigated appropriately. Staff were vigilant and reported all differences in people's welfare or slight marks on skin.
- Where incidents, accidents and complaints had occurred, the registered manager shared this information with the staff team through handover, however there was no formal system of lessons learned through team meetings.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. Risks were known to staff who ensured those risks were safely managed. Where people required equipment to support their health or mobility these were provided.
- The registered manager carried out regular checks of staff competency in areas such as pressure care management and ensured regular equipment checks were completed. We noted that there were very few people with pressure ulcers and injuries from falls. This demonstrated that risks to people's health and well-being were well managed and responded to.
- Staff had a good understanding of what they needed to do in the event of an emergency. Fire drills and checks of equipment were regularly carried out and actions from a recent fire risk assessment had been completed. A range of other checks to monitor safety in the home were in place.
- Accidents and incidents were reviewed for themes and trends. These reviews ensured that all remedial actions had been taken, including referrals to specialist care as needed.

Staffing and recruitment

- People told us that they felt there were enough staff to meet their needs. One person said, "There's always plenty of staff around." A relative told us, "There is always staff available. I feel there are enough staff on duty."
- During the inspection, people received care when needed and staff responded promptly if anyone requested support. On the first day, the deputy manager quickly covered short notice absence in the morning demonstrating systems to provide cover were effective. The registered manager regularly reviewed people's dependency and ensured the rota provided sufficient staff to meet people's needs safely. When reviewing the rota against dependency, we saw the assessed staffing level provided and, in some cases, staffing was above this level.
- Robust recruitment processes were followed. This helped to ensure that staff employed were suitable to

work in a care setting.

Using medicines safely

● People received their medicines when needed and in accordance with the prescriber's instructions.

● People's medicines were safely managed. Staff had completed training and their competence was regularly reviewed. Records tallied with stock held and daily checks for medicines management checks for stocks, errors, safe storage and ensuring records were completed.

● Regular reviews were carried out by the GP or health professional where people were prescribed medicines to manage mood or behaviour. This helped to ensure people were not unnecessarily medicated. However, where people were prescribed medicines covertly, staff sought approval from the GP and pharmacist, but did not seek the appropriate authorisation from the local authority to do so.

Preventing and controlling infection

● The home was clean and there were systems in place to manage infection control.

● Staff had received infection control training and we saw this being put into practice.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff took time getting to know people and adapted their approach depending on how people's needs varied when they were settling in the home.
- Staff were kept informed of what was expected of them and this was checked at meetings and during the management teams' observations

Staff support: induction, training, skills and experience

- People and their relatives told us they had confidence in the staff and commented they were well trained. One person told us, "The staff are all very good. I think they must be well trained." A relative told us, "I am very happy and reassured with the skills of all of the staff."
- Staff spoke positively about the training and support that was available to them. One staff member said, "Training is always available. There is a wide variety, mandatory and specialist. We have supervision every six to eight weeks and we get the chance to discuss how we're doing, any issues. We're able to say if anything is not working, talk about training requirements, annual leave or sickness. Anything really."
- New staff had completed an induction process that enabled them to obtain the required skills and confidence to carry out their role effectively. This included a period shadowing senior staff members.
- The training matrix identified when mandatory training required updating and showed staff training was up to date. Additional training was sourced in response to our feedback for senior staff to receive mental capacity and DoLS training.

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

- On the first day of the inspection, the mealtime on the ground floor unit was not sociable or engaging for people. People who required support with eating received this, but they did not have the staff members attention. We observed staff leaving one person to assist another for over 10 minutes. Whilst they were not supporting the person, we observed them using their knife to eat their meal, dropping food to their lap. Their food became cold and they later refused to eat this when staff did return to assist them.
- Staff told us breakfast was served from nine in the morning. We saw people were sat in the dining room on the ground floor from before this time, asleep at the table. They had not been offered any breakfast that was available such as cereals or toast, even though a staff member was in attendance. People had been left for long periods and subsequently gone to sleep.
- The hot option for breakfast had been brought from the kitchen on two platters covered with foil. Food in

the platters was not served for 15 minutes and then to a second person after 30 minutes. The temperature of the food was not checked prior to serving.
● People told us they enjoyed a varied and balanced diet. Snacks, drinks and fresh fruit were available for people throughout the home.
● People were seen to enjoy the meals they were provided with. Staff offered people choices when offering the meal and alternatives were provided if people did not like the options.
● Dietary needs were known by staff such as allergies, whether people require specifically textured meals or thickened drinks. We observed that people's meals were provided in line with this guidance, and people saw nutrition professionals such as speech and language therapist for support with developing eating and drinking guidance.
● Weights were monitored, and action taken if people were noted to be losing weight and at risk. One person at significant risk of weight loss over the previous twelve months had lost hardly any weight at all and remained stable. They required encouragement and occasional support. This demonstrated although on the first day of the inspection where staff were less than attentive, people's nutritional needs had been met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service worked with health and social care professionals to ensure people received timely care and that their health needs were met. This included the local GP's, practice nurses, district nurses and other health care professionals.
● We saw that people's care records included health care appointments, and guidance for staff to follow; including information for example, from speech and language therapists and dietitians.
● A visiting GP complimented the home on their retirement stating, "I am very sad that I will no longer be doing my weekly rounds at Highview Lodge which I have really enjoyed over the years. Your excellent team including [names of staff members] and many more have always been welcoming to me and my colleagues whenever we have visited." They went on to compliment the care delivered at the home.

Adapting service, design, decoration to meet people's needs
● The building had been designed in a way that allowed people to move around freely. There were ample communal areas for people to use and people could use the garden areas. Small snug areas were dotted around the home allowing themed intimate meeting areas for people, or their relatives to meet. A small café gave people a place to meet, along with other facilities such as a hairdresser.
● Bedrooms were personalised, and bathrooms had enough equipment to enable people to enjoy a bath or shower of their choice.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People had their capacity assessed for some decisions and where needed, best interest decisions were recorded appropriately. However, capacity assessments and best interest decisions were not in place for all. For example, staff had sought the authority of the GP and pharmacist to administer medicines covertly. Although they had ensured the safety of the person for the change of medicine administration, they had not followed the legal framework to obtain consent.

● DoLS applications had not all been made where necessary, for example with covert administration, and some DoLS authorisations or applications had not been renewed as required. However, people were being supported in the least restrictive way. The registered manager was aware of the need to review consent arrangements and was completing this at the time of the inspection.

● We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.

Good

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 the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to 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 were treated in a kind and caring way. One person told us, "All the staff are lovely, very kind to everyone." A relative told us, "The staff are always welcoming and helpful. It's a friendly, happy atmosphere."
- We observed positive interactions between staff and people. Staff knew people well and took opportunities to sit and have a chat with them and engage in social activities.
- Peoples care plans included sections that referred to their preferences, cultural and religious needs and relationships there were important to them; however, for some people these areas lacked detail.

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

- People and their relatives, where appropriate, had been consulted about the care and support they received. One person told us, "I have been involved since day one. The staff always listen." A relative told us, "I always feel able to share my views about [Relative's] care."
- People were offered choices such as what time they got up, how they wanted to spend their time and what they would like to eat and drink. We saw staff actively encourage people to make decisions for themselves and respect the choices they made.
- Staff listened to people's views and acted on them. Throughout the inspection we saw staff respond promptly to requests from people for support or information.

Respecting and promoting people's privacy, dignity and independence

- The privacy and dignity of people was respected and promoted by staff. One person told us, "I am always treated with kindness and respect by the staff. I have never had any concerns regarding my privacy." A relative said, "All of the staff are respectful. The personal care and attention they provide to [Relative] is always in a dignified way."
- Staff maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. We saw staff encouraging people to walk, patiently supporting them to do so at the person's own pace.
- People's records were securely stored and only accessible to those authorised to do so.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which set out their individual needs and preferences to make sure staff knew how they wished to be cared for.
- Care plans covered people's basic needs and, whilst there was some personalised information available, some areas required additional information. The registered manager was aware of this as they, and the provider, had reflected on the recent transfer of records to electronic versions and the ineffective way this had been completed. Staff however; knew people well and we saw they treated people as individuals.
- People and their relatives were happy with the care and support received. One person told us, "Everything here is just as I need, I wouldn't want to change anything." A relative said, "From the beginning, we have all as a family been involved in decisions and choices and [Relative] is still in as much control as possible. Every change in [Relative] has been recorded and the care changed as she needs and want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in care plans. Staff knew people well and responded to their individual communication needs.
- Managers understood and worked within the principles of the AIS. Useful information people might like to know about the home, the services available and the provider organisation were available in different formats to meet people's specific communication needs, if needed.
- Staff communicated well with people. Throughout, our inspection we observed staff take their time to speak clearly to people and repeat words if necessary, allowing time for people to respond.

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 were involved in a range of activities that they enjoyed. There were a range of activities scheduled throughout the week which people could attend if they chose. One person told us, "There's plenty going on here, I often join in."
- The service took appropriate action to protect people from social isolation. We saw several instances of staff spending time socialising and chatting with people in their bedroom, either because they were feeling unwell or they chose to stay in their bedroom and not join others in communal areas.
- The service maintained various links with groups within the local community.

Improving care quality in response to complaints or concerns

● Complaints received were recorded, investigated and responded to within the providers published policy. In addition, the registered manager reported to the provider any complaints received to enable monitoring of their progress. Once a complaint had been investigated the registered manager responded to the complainant.

End of life care and support

● End of life care was provided at the service. Staff received training to ensure they had up to date knowledge and people were supported in a dignified and pain free-way.

● Care plans were in place for people stating what their wishes were. Plans were developed to give staff guidance on how to support people appropriately and give support to staff at these difficult times.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular opportunities for people to provide feedback, but the service had not consistently sought the views of people or their relatives through formal feedback surveys on the quality of care received. We asked for evidence on the latest feedback but was not provided with this.
- Regular meetings and opportunities to speak with the registered manager were held for staff at all levels. However, within meetings, key issues were not consistently discussed. For example, findings from themes and trends, outcomes of safeguarding or complaints and lessons learned.
- People and relatives were positive about the registered manager and the running of the home. One person said, "[Registered manager] is excellent. Keeps everything running well." A relative told us, "I couldn't ask for more from the management here. Open, honest, straight forward and always available."
- Staff told us the management team were very approachable and supportive. One staff member said, "Both [registered manager] and [deputy manager] are very supportive. I can go to them for anything, about anything. They are incredibly supportive, and I know I can go to either of them, anytime."
- The registered manager was visible, they led staff and provided guidance to promote care that was person centred. However, the service had recently transferred from paper care records to electronic. This had led to information from the paper versions not being transferred to the current care plan. People's care records lacked personalisation that reflected what was important to them. With agency staff providing care who may not know the person this may lead to people not receiving care that supported their dignity, privacy or preferences.
- The registered manager spoke to us about the transfer of care records. They told us that they, and the provider, had recognised the manner the records were transferred and updated was not the most effective and had learned valuable lessons which would benefit other services in the provider group. However, we did not see that people experienced poor outcomes due to a lack of recording and found people experienced positive person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager carried out regular checks and audits to satisfy themselves that care provided was of high quality and regulations were met.

● Where these checks had identified shortfalls, action plans were implemented to address the areas. However, we found as part of this inspection that some areas required further improvement, that had not been identified. For example, the documentation for assessing capacity and making decisions in people's best interest was not always completed. Applications to lawfully deprive people of their liberty were not submitted and people's care plans lacked sufficient detail to clearly instruct staff how to provide person centred care.

● The registered manager and management team understood the importance of being open and honest. Where incidents had occurred, records demonstrated they openly discussed this with the person, and their relatives where relevant. They reviewed the incident, care needs and shared ideas about how to safely support them in future.

● The providers audit of the service in November 2019 identified that, "Any lessons learnt need to be more robust and communicated in Flash meetings, Head of Department and staff meetings and supervisions to demonstrate that all lessons learnt are effective." This had not occurred, however the action plan by the provider gave the registered manager only two days to complete this and no guidance about how to implement. We saw other actions set from provider audits were equally ambivalent. For example, the service had been praised on achieving a 90 percent training completion, and the action plan in November 2019 sought to achieve 95 percent. However, no consideration had been given to how to achieve this, or what obstacles there may be to achieve this action.

● The service improvement plan contained the same lack of specific detail when the registered manager submitted this to CQC. For example, this did not address the lessons learned actions identified in the provider audit. This meant service improvement may not be fully effective.

Continuous learning and improving care

● Incidents and events were reviewed.

● The areas we identified as part of the inspection were fed into the homes improvement plan to help them address them. The provider told us that they had taken learning from the inspection process at their other locations to help them provide a good standard of care for people at this service.

Working in partnership with others

● The management team worked with the local authority and a local care provider's association to address areas they found as needing development and training opportunities.