

Runwood Homes Limited

Lower Meadow

Inspection report

Drayton Avenue
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Warwickshire
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Tel: 01789268522

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lower Meadow is a purpose-built residential home registered to provide accommodation and personal care for up to 69 people, including people living with dementia. At the time of our inspection visit there were 43 people living at the home. Care is provided across two floors. Communal lounge and dining areas were located on both floors. People's bedrooms were en-suite and there were further communal bathroom facilities located on each floor.

People's experience of using this service

Plans to manage people's individual risks were not always reviewed and updated following changes in people's health. Records related to people's care did not demonstrate all planned care had been provided safely, in line with people's individual risk management plans.

Improvements were needed to ensure people received medicated creams and ointments as prescribed and staff needed more information to ensure 'as required' medicines were given consistently.

The provider had recently reviewed and increased their staffing levels and at the time of our inspection visit there were enough staff on duty to meet people's needs and respond to their requests for assistance.

The home was clean and tidy and infection control practices minimised the risks of infections spreading.

Recent changes in management had impacted on governance, oversight and communication within the home. The provider had processes in place to assess and monitor the quality of care, but these were not consistent in identifying areas where improvements were required to ensure good outcomes for people. Where quality assurance processes had identified shortfalls in safety and quality, action had not always been taken to address them.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 1 May 2019).

Why we inspected

The inspection was prompted in part due to information received about the management of risks and quality of care within the service. A decision was made for us to inspect and examine those risks. 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 requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. 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 Lower Meadow on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of regulations in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not consistently safe.

Details are in our safe finding below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lower Meadow

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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

The inspection was carried out by two inspectors and an Expert by Experience who contacted relatives by telephone to gather feedback on their experiences of the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lower Meadow is a care home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the day before our inspection visit the provider informed us the registered manager no longer worked in the home. A new manager had been appointed and had already taken over the management of Lower Meadow

Notice of inspection

Our inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent

themes of concerns. We sought feedback from the local authority and commissioners who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We carried out observations to assess people's experiences of the care provided. We spoke with the new manager, the deputy manager and an operations manager. We also spoke with eight members of staff including a care team leader, care staff, the well-being lead and housekeeping staff. We spoke with four people and eight relatives to gather their experiences of the care provided. We also spoke with a visiting healthcare professional.

We reviewed four people's care records and five people's medicines records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records and safeguarding records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Overall, care plans described individual risks. However, risk management plans were not always reviewed and updated following changes in people's health and there was a lack of oversight to ensure risk management plans were consistently followed.
- There were gaps in the records staff completed to demonstrate how they minimised risks to people developing damaged skin. Records did not demonstrate people received regular pressure relief because there were significant gaps in repositioning charts.
- One person had developed skin damage and there were no records to confirm the person was being repositioned as described in their risk management plan.
- Some people identified as at high risk of developing skin damage had pressure relieving mattresses on their beds. The provider had a system to ensure mattresses were on the correct setting for people's weights, but the system was not being implemented consistently or effectively.
- We found two pressure mattresses were unplugged and one was flat enough to feel the bed frame underneath. The red light was flashing on mattress pumps in two bedrooms which we reported to the manager. The manager took immediate action to ensure the pumps were working correctly.
- The skin integrity care plan for one person stated they should sit on a pressure relieving cushion. We observed the person sitting in their wheelchair and in a lounge chair. On both occasions their pressure relieving cushion was not in place and staff spoken with were not aware this was an identified need.
- Some people were on fluid charts because they were at risk of not drinking enough. We looked at six people's fluid charts. Those charts did not evidence people had been offered any drinks after 5.00pm in the evenings.
- The provider could not be assured staff recorded accurate information related to people's food and fluid intake because it was sometimes recorded retrospectively. This meant there were risks of staff not recalling accurate information.
- One person had a urinary catheter. A risk management plan had not been completed to inform staff how to manage associated risks including how to empty the catheter bag safely or how often the catheter bag needed to be replaced. Staff were not consistently recording the person's fluid intake and output as required within their care plan.
- One person had fallen on several occasions because they sometimes forgot to walk with their walking aid. There were no records to evidence that consideration had been given to a sensor mat under the person's seat or alternative electronic device to alert staff when the person tried to mobilise. The manager reviewed this person's care plan during our inspection visit.
- Staff did not always ensure people had their call bells to hand to enable them to alert staff if they needed

assistance. This presented an elevated risk to those people identified as being at high risk of falls.

The provider had failed to manage risks relating to people's health and welfare. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The safety of the environment and equipment was audited as part of the quality management systems within the home. In addition, there was regular testing of fire safety equipment and the fire alarm so people and staff knew what to do in the event of a fire.

Learning lessons when things go wrong

- Accidents or incidents that took place in the home were recorded and reviewed and action taken to ensure people remained safe.
- However, we found some lessons learned and recorded actions to minimise future risks needed to improve. For example, in response to certain events and incidents, actions taken were sometimes recorded as 'continue to monitor'. This did not evidence the provider had considered alternative or creative ways to mitigate risks other than recording what would be expected following such incidents.

Using medicines safely

- We looked at five people's medicine administration records (MARs) and found these had been completed accurately to show people had received their medicines as prescribed. One relative told us, "The staff seem to be good at giving [Name] her tablets, I have seen them offer her tablets and stay with her until she has taken them."
- Where people were prescribed 'as required' medicines, there was some guidance to inform staff when these should be given. However, staff needed more detailed guidance, particularly when 'as required' medicines were prescribed to control symptoms of anxiety. This would ensure staff worked consistently to provide reassurance and distraction during periods of distress and people did not receive sedation when it was not necessary.
- Care staff were given limited guidance as to the application of topical creams and gaps in application charts meant the provider could not be assured creams were always being applied as directed.

Staffing and recruitment

- The provider had recently reviewed and increased their staffing levels following a quality monitoring visit by the local authority.
- At the time of our inspection visit there were enough staff on duty to meet people's needs and respond to their requests for assistance. However, there were a significant number of vacancies for care staff and these roles were being supported by agency staff.
- Relatives told us staff appeared very busy and spoke of the impact of the high use of agency staff. One relative told us, "If someone is a bit distressed, sometimes staff can't get to them, but I can see that they have other priorities. They are constantly on their feet going to their next task and the one after that." Another relative commented, "It seems that it is difficult for the manager to maintain the consistency of staff and I think they struggle to get staff, particularly at the weekends as they get bank staff in. I think that must be hard for the residents as they need to see the same staff over and over again to maintain a level of trust."
- The management team acknowledged that staff vacancies were an issue and were focused on trying to address this to improve staffing stability and continuity of care for people. A focus on recruitment and training was in progress to reduce the reliance on agency staff in the home.
- Due to the high level of vacant bedrooms, we were not able to determine at this inspection whether staffing levels would remain effective when the occupancy of the home was full.
- At our last inspection we found the provider had a recruitment process that ensured staff had the

appropriate skills, knowledge and values. The provider continued to monitor recruitment processes during monthly compliance visits to ensure they remained effective.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoken with felt their family member was safe at Lower Meadow and spoke positively about the permanent staff employed at the home. One relative told us, "I think [Name] is safe, I think the staff look out for her, they have all the procedures in place for her." Another said, "I generally feel that mum is happy and well looked after and cared for."
- Staff received safeguarding training and told us they were confident identifying and reporting safeguarding concerns to senior staff members or management.
- Safeguarding incidents were reported, recorded and referred to the local authority and us, CQC.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured 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; Continuous learning and improving care

- At our last inspection we found changes in manager meant there had been a lack of consistent leadership in the home. After a period of managerial stability, there had been two changes in managers in the last nine months which meant improvements in good governance had not been maintained. The provider had appointed a new manager who had been in post for three days at the time of our inspection visit.
- The provider had systems and processes to audit and check on the safety and quality of the service. This included regular manager audits and internal quality assurance visits by the provider. However, records showed these checks were not always being completed consistently to drive improvement in the home. For example, care plan audits had not been completed in May, June or July 2021 and we found issues with the information contained in some care plans.
- Records related to people's care were not detailed or complete. This meant the provider could not demonstrate all planned care had been provided safely, in line with people's individual risk management plans.
- A lack of robust processes through audits of records or spot checks meant the management of risks related to skin integrity, catheter care and nutrition were not always effective.
- There was a lack of communication in the home which had potential to impact on managing people's individual risks. For example, one person had developed skin damage because staff had not communicated changes to the person's skin. Action to provide pressure relieving equipment to protect this person's skin integrity and prevent further deterioration had not taken place in timely way.
- Managers told us some issues around record keeping were due to the high level of agency staff in the home. The provider had not implemented extra checks or support to ensure agency staff had the appropriate knowledge or understanding of people's needs. We spoke with one agency worker who could not tell us anything about the two people they were responsible for in the lounge. They had not seen any care plans and had been given only limited information about one other person on the unit they were allocated to.
- Where quality assurance processes had identified shortfalls in safety and quality, action had not always been taken to address them. For example, the provider had employed an independent quality assessor to review the service in January 2021. The independent assessor had identified there were gaps in repositioning charts, issues around topical cream records and food and fluid charts needed to be completed accurately. Action had not been taken in response to this report and we found the same concerns during our inspection visit. This showed a lack of responsibility by the provider to drive improvement, especially once

those improvements became known.

The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018.

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 provider had sent us notifications about important events and incidents that occurred at the home. However, we have had to remind the provider of the importance of ensuring the notifications are completed accurately and submitted in a timely way.

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

- We received mixed feedback from relatives about the quality of care their family members received. Some relatives were happy about the quality of care and spoke of positive outcomes for people. One relative commented, "Since [Name] has lived there, the change in her has been absolutely remarkable. She is so bright and full of life and looks so much better. The staff have done a terrific job." Another relative told us, "My relative is living his life as he wants to, and the staff support him with that. They know how to deal with him."

- However, other relatives were not so confident their family members were being supported to achieve their potential. Comments included: "I have no idea what the staff do to try and keep people mobile as [Name] can now no longer walk. I have never seen anyone doing any exercises with the residents" and, "I sometimes feel that [Name] should have a bit more attention, have a bit more of an eye kept on her. I think she is really just left to it, left to walk around."

- Both staff and relatives spoke of the impact of changing managers on communication within the home. One relative told us, "I am concerned that there have been a few new managers and communication is never good. I feel as though I am always having to ask; always chasing things up. There is no communication, no updates about things that are going on." A staff member commented, "I would raise things, but nothing would be done. They change management and roles constantly."

- Processes were in place to gather feedback from people, relatives and staff through meetings, surveys and a 'residents committee'. Improved communication was needed to ensure awareness of actions taken in response to the feedback provided.

Working in partnership with others

- At the time of this inspection visit, the provider and the management team were working with the local authority to a service improvement plan (SIP). The provider had voluntarily restricted the number of admissions into the home until the actions within the SIP had been met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not adequately assess and protect people against risks by doing all that was practicable to identify and mitigate such risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.</p>