

Runwood Homes Limited

Maun 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?

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

Maun View is a residential care home providing personal care to 39 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 77 people.

The care home accommodates people in a purpose-built care home across four separate units over two floors.

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

People spoke very positively of the changes and improvements to the home since the last inspection and particularly since the new manager had been in post. People's risks and needs were being assessed and supported well with good oversight from management. There was now a clear structure in place which brought stability for staff and people; and ensured good leadership for the home.

People felt safe in the home and were supported to take their medicines in a safe way. The home was clean and tidy with correct infection control procedures being followed.

People spoke very highly of the food and were provided with a good choice. They were also supported to maintain good levels of hydration. Where needed people were supported to access appropriate medical and healthcare.

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.

People were cared for by kind and respectful staff who had people's best interests at heart.

People received personalised care and their differing needs were met by staff who knew them well. People were supported to engage in meaningful activities. When it came to people's end of life needs, they and their families were supported in a compassionate way.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 5 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 5 October 2019. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Maun View

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 carried out by two inspectors, an assistant inspector, a specialist advisor, whose area of expertise was in nursing, and an Expert by Experience. 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

Maun View 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 who was in the process of becoming 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 held about the service. This included the last inspection report, information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We used all of this information to plan our inspection.

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 10 people who used the service and three relatives about their experience of the care provided. We spoke with 13 members of staff including the regional area manager, the manager, deputy manager, senior care workers, care workers, well-being lead and the cook. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

We reviewed documents which had been requested during the inspection, these included policies and procedures. We also considered additional information the manager sent to us.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe. Whilst we recognised improvements had been made, the new systems and processes need to be embedded to ensure people's ongoing safety.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people always received safe care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risks were identified, assessed, monitored and managed to ensure their needs were met safely. The manager had implemented a risk register to identify key and high risks for all people, this meant staff had up to date information about people's risks to hand.
- Environmental checks and risk assessments were in place and appropriate fire checks were conducted regularly. This meant the risk of people coming to harm from their environment was reduced.
- We did see a potentially unsafe moving and handling incident, however when this was fed back to the manager, they addressed this with all staff to refresh their learning.

At our last inspection the provider failed to ensure that consent was given to install gates onto people's doors. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The manager had reviewed the care plans, risk assessments and mental capacity assessments of all people who had safety gates installed on their doors.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Maun View. Staff knew how to protect people from abuse and what to do if they suspected people were at risk of abuse.
- Systems and processes were in place to ensure people were safeguarded from harm. The manager understood their responsibility to report any potential safeguarding incidents to the relevant bodies.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Call bell audits demonstrated people were mostly responded to promptly. However some people we spoke with felt they sometimes had to wait for staff when they called them.
- Staff described staffing levels as "brilliant" and couldn't recall working any short-staffed shifts.
- Recruitment checks were completed to ensure, as far as possible, suitable people were employed.

Using medicines safely

- People were supported to take their medicines by staff who had been appropriately trained. A person said, "The staff look after my tablets and I am happy they do".
- Medicine systems were organised, and safe protocols for the receipt, administration, storage and disposal of medicines were followed.

Preventing and controlling infection

- The home was clean and tidy throughout. A person said, "The place is nice and clean."
- Staff understood how and when to use personal protective equipment (PPE) to help prevent the spread of infection.
- At the time of the inspection, there were signs up around the home regarding coronavirus to guide staff and people, as well as hand sanitiser throughout the home.
- We did see an isolated incident of poor infection control through poor use of PPE, however when raised with the manager they addressed this promptly.

Learning lessons when things go wrong

- Accidents and incidents were being recorded, reviewed and analysed with lessons being learnt.
- The management conducted thorough investigations when things went wrong. They ensured learning was shared with the staff team through short 'flash' meetings and staff team meetings. Where required additional training was delivered.

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 requires improvement. At this inspection this key question has now improved to good. 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's needs, and choices, were assessed before they moved into the home to ensure they could be met.
- The manager ensured people's care and support was delivered in line with guidance. We saw nationally recognised tools being used to assess people's needs and risks.
- Assessments considered people's protected characteristics under the Equality Act 2010 and were reflected in their care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This supported people's needs and helped prevent potential discrimination.

Staff support: induction, training, skills and experience

- People spoke highly of staff and said they appear to have been well trained. Staff who had not previously worked in care were enrolled on the Care Certificate. The Care Certificate covers an identified set of standards, which health and social care workers are expected to implement, to enable them to provide safe and effective care.
- Staff were very positive about their induction and support. One said, "It was brilliant, I have learnt a lot."
- The manager had a comprehensive plan in place to ensure staff were trained appropriately to be able to meet the needs of the people they cared for. They also ensured staff were supported through regular supervision.

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

At the last inspection the provider failed to effectively support people's eating and drinking needs which was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to meet their eating and drinking needs to maintain their health.
- The manager had introduced hydration stations throughout the home where people and staff could help themselves to a variety of drinks.
- People were able to choose their meals from a menu which had photos of the food and were also shown small tester plates. People enjoyed the food. People said, "The food is nice and there is more choice since

the new manager came", and "The food is very good, I always like the food."

- A relative explained, "They can have a beer if they want to. They have a "Smooth Evening" with wine. The [staff] cut up their food for them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appropriate healthcare when required, including medical, optical and dental. A person told us, "The GP comes here when I need him. The opticians visit here, and I see them."
- Visiting healthcare professionals spoke positively about the service and staff. They told us they had recognised the service was getting its stability back.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their rooms if they wanted to.
- People had access to communal and quiet areas, there was also access to an enclosed garden which the manager was in the process of making more accessible during the colder months.
- There were signs throughout the home to help orientate people living with dementia, for example to assist them to find the bathroom.

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.

- The manager had oversight of people's DoLS applications and conditions, ensuring they were not depriving anyone without the appropriate authority and were working in the least restrictive way.
- MCA assessments were detailed and in line with the principles. Although not all staff had a full understanding of the MCA, they were observed to be working within the principles of it.

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 requires improvement. At this inspection this key question has now improved 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 supported by staff who treated them well and respected their differences.
- People spoke very positively about how they were supported and treated by staff. One person said, "They [staff] care about me and help me." Another said, "Staff are all very obliging."
- We observed very kind and supportive interactions between staff and people, staff ensured they talked through what they were doing with people.

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

- Staff supported people to engage with their care on a day to day basis. A person said, "The staff are very good because they talk to me. They know when I am worried."
- Staff said, "We always offer choice, no two days are the same for everyone."
- People were provided with information about advocacy services and were supported to access them. This meant people had access to someone who would speak up on their behalf, if they were unable to do so for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and promoted their independence.
- Staff explained how they encourage people to do as much for themselves as they could. For example, they encouraged people to try and feed themselves before actively helping them.
- People felt their privacy was also valued. A person said, "They [staff] appear to respect my confidentiality and talk to me quite openly."
- People's private information was stored securely, to ensure only those who needed to see it, to support people, had access.

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 requires improvement. At this inspection this key question has now improved to good. 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's care plans contained information about their personal choices and preferences to ensure staff were guided to meet their individual needs.
- People felt included in their care planning. A person said, "We have our say and they always listen to me."
- Staff appeared to know people well, one person explained, "The staff know when I am struggling and talk to me."
- Staff were aware of people's up to date needs through thorough handovers of care between shifts. Staff explained, "Handover is always up to date. It gives us the information we need, we go through everybody, not just people who may have had changes."

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 in their care plans, with guidance for staff on how to meet them.
- The manager understood their responsibility to meet AIS. They ensured important information was available in other formats. For example, easy read information about safeguarding, complaints and advocacy services was available.
- The home supported several people for whom English was not their first language. Work with the speech and language team had been undertaken to create communication cards in different languages.

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 told us they weren't bored. People had built friendships with other people living in the home.
- The manager had implemented a 'down tool's' at 11:00am every day. This meant all staff stopped what they were doing and took time to just be with people. People and staff were both very positive about this idea; as one explained, "It allows some quality one on one time every day."
- There was an approachable and creative wellbeing lead who organised activities and trips for people. They also worked with other external teams, such as dementia outreach, to ensure people had the support they needed.
- People, who were able to, went to church on Thursday lunchtimes and a church service also took place

within the home regularly.

Improving care quality in response to complaints or concerns

- There had been very few complaints received since the last inspection, those that had been received were responded to within a few days.
- Where any learning was required as a result of complaints received, staff were spoken with and procedures changed to improve the quality of care delivered.

End of life care and support

- People's end of life wishes were being documented in their care plans, and there was ongoing work around this to gather more family input.
- Staff had received specific training in end of life care and had been supported following a person's recent passing; they were given time to grieve and to be there for each other. We saw a remembrance book in reception.
- We heard how a person's family had been supported during this difficult time. They had been allowed to stay in a room, near to their relative, within the home; as they had travelled from overseas.

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 inadequate. At this inspection this key question has now improved to requires improvement. Although the current leadership in place meant the service was currently well-led and improvements were evident, the improvements were newly implemented, and the service needs to demonstrate sustainability.

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

At our last inspection the provider had failed to manage, monitor and mitigate risk. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There had been several changes in management which had an unsettling effect on staff and people. However, for several months there had been a more solid structure in place with an experienced manager being appointed who was in the process of becoming registered. There was also a new deputy who people spoke positively about. They were supported by a regional director who maintained a close oversight of the service whilst it was still progressing and improving.
- People and staff spoke highly of the management and could see improvements had been made. One person said, "It's brilliant, its improved in the time they have been here."
- The manager ensured risks were being managed and through thorough oversight had improved outcomes for people. For example, a reduction in the number of falls people had.
- Audits, to monitor quality, had been put in place and actions from these were being worked on. However, those improvements were still in the early stages, under new management, and needed time to become embedded.
- The provider understood their regulatory requirements, which included ensuring the previous inspection rating being on display.

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

- People and staff were positive about the changes to the culture as a whole. They recognised it was becoming more like a home and "getting back to where it should be."
- Staff felt everyone worked as a team and could see more was being done. One explained, "The changes we needed to make are already being made."
- Staff said they would be happy to have a relative to be cared for at Maun View, one explained this was

because it was a good home.

- Staff were proud to work at the home. One staff member told us, "I love working here" and, "I love to make a difference to people's lives."

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

- When incidents occurred, the management made sure they met their responsibilities by investigating and informing the relevant people, including relatives and safeguarding teams.
- The service worked in an open and transparent way, this included notifying CQC of significant events.

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

- People were actively engaged in the service. The new manager tried different techniques including questionnaires for feedback. However, they found this to be ineffective so put suggestion boxes around the home instead. These went down well and, from suggestions already received, a 'you said we did' poster was on display. This showed people were actively being involved and listened to.
- There was also a 'wish tree' where people could write what they wanted to do, for example trips out or a specific activity. They also had the opportunity to attend a residents' and relatives' meeting on a monthly basis.
- Staff told us they felt comfortable to speak to management about any concerns or suggestions and felt confident they would be listened to. Staff also attended staff meetings and told us, "We get everything we need from them." Lessons learnt were included in each staff meeting so everyone was aware and that helped improve care delivery.

Working in partnership with others

- The provider had been working closely with nurses from the local health service commissioners to ensure people's healthcare needs were being met.
- The manager attended local authority forums, to ensure they were up to date and worked closely with external agencies.