Runwood Homes Limited

Four Acres

Inspection report

Archer Close
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Four Acres is a purpose-built residential home registered to provide accommodation and personal care for up to 67 people, including people living with dementia. At the time of our inspection visit there were 40 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 ensuite and there were further communal bathroom facilities located on each floor. Four Acres reopened in October 2018 following a total refurbishment. This is the first inspection of this service since it reopened.

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

Since the last inspection visit, people and staff had relocated to other services whilst the home was being redeveloped. Four Acres had been reopened for 12 months and people who lived at Four Acres previously, new admissions and staff had settled into their new environment. Since the home reopened the registered manager and deputy manager had left the service and other senior management changes had also taken place. The provider's systems and processes to ensure people continued to receive good care outcomes during this time were not always effective. Some audits and checks had been completed, however a lack of effective oversight and scrutiny meant some standards fell short of the manager's expectations.

Individual risk assessments described people's risks and staff knew how to keep people safe from those risks. However, records that recorded how the assessed risks were managed by staff were not always kept up to date. People's dietary needs, preferences and nutritional needs were assessed and known by staff. However, the recording of what people had eaten and drunk was not always accurate. This meant it was not obvious to identify what foods and fluids people enjoyed so they could be encouraged to have more of the same. If other healthcare professionals were involved, records would not clearly show what worked well and what did not.

Care plan records were reviewed but, in some cases, needed 'the small' more personalised information for staff to provide person-centred care, the management team told us about. People received their medicines from trained and competent staff. Some medicines were not always given safely and in line with manufacturers guidance or prescribing advice.

People were supported by staff who routinely promoted privacy and dignity. Staff had a good understanding of people, their likes and dislikes. People were supported by staff who had a good knowledge of how to protect them from abuse and harm. People were encouraged to live as they wanted to. Staff encouraged independence in people. People who required end life care were supported by staff who demonstrated kindness and compassion.

People, relatives and staff said the new manager was visible and approachable. Staff said changes particularly over the last two months were for the better. Staff felt they worked well together which helped

ensure people received good and consistent care, but recognised time was still needed for all staff to come together and perform as one team. The manager had plans to improve upon the changes already made and they had already identified some of the shortfalls we found at this visit.

There were enough numbers of care staff on duty to keep people safe. People told us they were happy living at Four Acres and they received support from kind, caring and thoughtful staff. Staff were quick to offer reassurance and support people which helped reduce people's anxiety.

Staff had training in relevant subjects and they knew their roles and responsibilities, such as safeguarding people from poor practice.

People continued to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People pursued opportunities to engage in activities and interests that kept them stimulated and involved in what they enjoyed. Plans to improve this were being completed.

Rating at last inspection
The last rating for this service was Good (published 9 September 2015).

Why we inspected
This was a planned inspection based on the rating at the last inspection. The previous 'good' service provided to people had deteriorated. The overall rating has changed to requires improvement. We found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Four Acres

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
On 14 October 2019, two inspectors and one expert by experience visited the home. An expert by experience is someone who has experience of people receiving care in this type of service.

Service and service type
Four Acres is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service must have 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. At the time of our inspection visit, the registered manager had left the service two months priors to our visit. A newly appointed manager had been in post seven weeks but was not registered at this location. Applications to be registered with us at Four Acres were underway. The new manager had previously worked at one of the provider's other homes and was registered with us at that location.

Notice of inspection
This inspection visit was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included information from the local authority, safeguarding, Healthwatch (an independent national champion for people who use health and social care services), the public and relatives. The provider had not been asked by us to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it 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 ten people to understand their experiences of what it was like living at Four Acres and one visiting relative. We spoke with a deputy manager, five care staff, two care team leaders, a wellbeing lead, two domestic staff and a chef. We also spoke with the manager, regional operations director and a wellbeing lead manager. 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 examples of four people's care records and multiple medication records. A variety of records relating to the management of the service, audits, incident records, compliments and evidence of activities people participated in. We also reviewed examples of recently held people and relative meeting minutes and heads of department meetings.

Requires Improvement

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 Good. At this inspection we found the rating had deteriorated to requires improvement. 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

● Risk monitoring of people's food and fluid intake was not always effective to identify if people needed further support. Food and fluid charts failed to provide enough information to be of use to staff and other health professionals to determine what foods and fluids people preferred for those at risk of ill health. Portion sizes were not always recorded. At lunchtime we saw what two people had eaten, yet when we checked those records, this information had not been accurately recorded.

● Risk assessments to manage risks around nutrition, skin integrity and people who needed catheter and continence care had not been consistently completed.

● One person had a catheter and there was no plan in place to inform staff how to minimise risks around catheter care. The person had experienced urine retention in the past and staff were not routinely recording the person's urine output, so they could be sure this risk would be promptly identified.

● The manager and regional operations director told us care plan improvements were a 'work in progress' because of the inconsistencies in quality and accuracy.

● The lack of clear guidance had potential to place people at risk, although no one we saw at our inspection, had unexplained weight loss, infection or skin damage.

Using medicines safely

● People received the majority of their medicines safely, however there was room for improvement. For example, where medicines were to be given covertly (usually disguised in food or fluids) there was no information from a prescribing GP or pharmacist to show safe ways for this to be given. In one example, there was no recorded 'best interest' decision, to show it had been agreed the person needed to receive their medicine in this way.

● We checked two people who received pain relief medicines via a patch. Records showed staff alternated the patch medicine, however, the rotation being used did not follow manufacturers guidance. This had potential to put those people at risk. If patch rotation is not followed, people are at risk of skin irritation, overdose or not getting the correct pain relief dose. Following our visit, the regional operations director promptly sought pharmacist advice which was shared with staff to ensure all medicines were given safely.

Staffing and recruitment

● Staffing levels met people's needs. During our visit we saw staff supporting people in an unrushed manner and they were able to respond to requests for support without any undue delay.

● Staff told us they were able to provide safe care with the staffing levels in the home but would sometimes enjoy more time to spend talking with people. One staff member told us, "At the moment there are enough staff. There was a time when it was low, but we have enough at the moment and they [manager] are

recruiting new staff."
● Plans to recruit and retain staff continued to be a priority. Temporary staff use was limited. The manager and the regional operations director wanted to recruit the right staff, and the provider was looking at innovative ways to recruit staff with the right care values.
● We did not look at recruitment checks at this inspection visit. However, the regional operations director said references and enhanced record checks were completed.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. One person told us why they felt safe saying, "They [staff] are always checking on me."
● Safe systems protected people from abuse. Staff understood how to keep people safe. A staff member told us, "I would go straight to the CTL (care team leader) and expect them to do something about it instantly and I would make sure it was followed up. If it wasn't, I would be happier to take it further."
● Another staff member explained the signs that would alert them a person was worried, and potentially at risk of abuse. They told us, "If the person's behaviours or personality changed, if they acted as if they were afraid of a certain staff member or trying to avoid them."
● The manager knew the actions to take to report unsafe practice and they had confidence staff were providing safe care. The manager told us, "I believe the care is good, you see good interactions between staff and residents. I don't have a concern there is poor practice going on at all."

Preventing and controlling infection
● The home was clean and tidy. Domestic staff cleaned the home daily and at planned intervals, a more thorough 'deep' clean took place.
● Domestic staff told us they were informed if people were unwell and understood their responsibilities to prevent infections spreading.
● Staff told us they wore personal protective equipment (PPE) such as gloves and aprons when providing personal care and at mealtimes. PPE was available throughout the home to encourage staff to follow good infection control and hygiene practice. Liquid soap and paper towels were in communal bathroom facilities for visitors to the home to use, to limit cross infection.

Learning lessons when things go wrong
● The manager understood their responsibility to be open and honest when things had gone wrong. They explained how they were improving systems of reporting, so they were able to be confident, people received the right care.
● The regional operations director gave their commitment to learn from other inspections and where improvements in practice were needed, they assured us these would be completed.

Requires Improvement

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. Five DoLS authorisations had been received to restrict people's freedoms. The manager said these were to keep people safe and restrict their exposure to certain risks, such as leaving the home unsupervised.

- Staff worked in line with principles of the MCA. They offered people choice and asked them for consent before supporting them.
- Where a person was given their medicines covertly, staff involved family members, however there was no record of the best interests meeting to show what was discussed and the reasons for the decision made. In addition, there was no agreed management plan detailing covert medicines reviews and their frequency. The manager agreed to remind staff about the importance of following this procedure and for keeping clear documentation.
- Whilst respecting people's decisions, staff understood on occasions, they had to make decisions in people's best interests. One staff member explained if a person needed support with personal care and refused they would, "Call the CTL (care team leader) because if they have had an accident they can't be left like that. We have to try and do the best for them because that is about their dignity, we can't just leave them."
- Staff understood that some people needed more support to understand their choices and come to a decision. One staff member told us, "Obviously someone with dementia, their brain is going to work differently, so something simple to you may take them longer to understand. You would break things down into little tasks to help them understand."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider assessed people's needs before they started using the service. The manager and regional operations director said they managed new admissions more closely to ensure people could be safely and

effectively supported.

Staff support, Induction, training, skills and experience
● People told, us staff knew how to care for them and they felt staff were trained and knowledgeable.
● Staff felt confident in their roles. Staff said they completed regular training to ensure their skills remained up to date. Staff particularly spoke about recent training they had received in caring for people living with dementia.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food and were given two choices for lunch every day. Two people said they did not always like the choices but they had not asked staff for alternatives. We shared this feedback with the management team so they could take action to remind staff, and to consider involving people in future menu planning.
● Lunch time was enjoyed by people who saw it as a social occasion. People were offered a visual choice of what they would like to eat and the meal was hot. Most people enjoyed it. The service of the meal was well organised and there were enough staff available to provide people with the support they needed.
● The chef was aware of people's individual dietary needs and the importance of adding extra calories to the meals of those people who were at risk of losing weight.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access health professionals when they needed it. For example, following a period of ill-health one person's ability to swallow had reduced. The person had been referred to the SALT team and also to the GP so their oral medicines could be reviewed.

Adapting service, design, decoration to meet people's needs
● The home had been purpose built to provide people with a comfortable and spacious environment to live in. Corridors were wide enough for people with mobility equipment to move around freely and safely. There were seating areas along corridors where people could sit and catch their breath or spend time watching what was going on.
● People's dementia needs were considered in the decoration of the service. For example, pictorial signs were on doors to the communal bathrooms and toilets to support people with orientation.
● People were able to personalise their bedrooms as they wanted to encourage a feeling of belonging within the home.
● People had access to assistive technology. For example, people had sensor mats in their rooms and call alarm cords to alert staff if they needed assistance.

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 Good. At this inspection this key question has remained the same. 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

- Throughout the inspection visit we observed, kind, considerate and professional interactions between staff and people.
- People and their relatives gave us positive feedback about how the staff supported them. Everyone using the service was complimentary about the home and how staff treated them. One person said, "One of the carers who had worked here for years, comes back as a volunteer to cut and paint our fingernails, which is lovely."
- Staff told us they enjoyed caring for people and staff explained why it gave them satisfaction to know people in their care, were well cared for. Typical comments included, "The whole atmosphere here is just so nice and as you walk in the door, the people and staff are just so happy. It is like going from home to home."
- Staff knew people well. Staff said they had got to know people which helped them to tailor their approach. One staff member said, "I think you can't really care for somebody until you know them as a person, what they like or dislike and what their history is." Another staff member told us, "They are people and they have all got a story to tell."
- The manager told us improvements to people's life histories within their records continued to be updated so new and temporary staff had a brief history of the person and their preferences and wishes. The manager planned to use this information to improve and personalise people's interests and hobbies.

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

- People were routinely involved in decisions about their care. We overheard staff talking to people in a respectful manner.
- People were routinely invited to attend planned resident meetings. A range of topics were discussed at meetings. People shared their views about the service and had opportunities to make any suggested changes.
- Staff explained the importance of promoting people's choice and independence. One staff member said, "I'm very passionate about giving my all to the residents, making sure they have lots of choice. My main priority is making sure the resident's wellbeing is at the forefront of everything we do here."

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated with dignity and respect within the home and their choice was followed by staff. When staff spoke about people to each other, this was done discreetly.
- Staff understood the sensitivities around supporting people with personal care.
- At lunchtime, staff asked people if they wanted an apron to protect their clothing when eating their meals.

Staff said they did not want people to have food on their clothing because it was not right.

- Information about people was stored securely and only people who required access had this.

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 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;

● Care records contained information that was individualised. We found care staff's knowledge of people was consistent, but not always included within care plans. For example, how to manage certain health conditions or positive approaches that worked well, were not always recorded. We recommended this be incorporated into plans of care. Following our visit, the regional operations director confirmed this had been done, and a full review of other care records would be completed.

● Staff were responsive to people's needs. One staff member described how they knew when someone was in pain, and what worked to distract them. This staff member said, "[Name] has dementia and it comes on more when they are in pain. I ask [person] to help me and give them a cloth to clean… by the time we have finished they are generally a lot happier."

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

● This remained a work in progress to provide people with interesting and fulfilling opportunities. There was a dedicated staff member to improve the activities programme. We were told they had been reassigned to other duties in the past by the previous manager. The wellbeing manager said it felt like they were starting again.

● A staff member told us improvements had begun. They said, "I am most proud of our strong community links. We have got a coffee morning on a Wednesday, we open the doors to the community. We also have strong links with the school and the church." They said, "It proves we are not closed off to the rest of the world. It is important for people to go out of the home and see people they have possibly gone to school with and it is important to bring the community into the home. It is important to build friendships back up again."

● Staff recognised everyone was an individual and had different experiences and interests. One staff member said, "They are people and they have all got a story to tell." They told us how speaking with one person about the war had a profound impact on them.

● The wellbeing manager told us they were supporting the staff to provide more opportunities for social engagement. Life histories, understanding the person and focussing on group and individual interests was a priority.

● People said there were things to keep them stimulated. One person said, "I enjoyed the activity last week, we sat in a circle and there was a large squidgy ball being passed between us. We had a good laugh and I saw so many people smiling, it was lovely."

● At 11am and 3pm daily, was 'down tools'. This was planned time for all staff to sit with people, have a chat, a coffee and talk about whatever people wanted to discuss. People said they enjoyed this and one staff

member told us, "I am proud -just giving people the time of day. Sometimes a resident may not be in a very good mood, but you can sit down and talk to them for five minutes and make them smile and laugh. The other staff are really strong and they aspire me to be a better carer as well."

●The management team and staff understood people's spiritual needs. Local church and faith groups formed part of the regular activity sessions.

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.

● Each person had a communication profile in their care plan which gave staff an indication of how people communicated.

● Staff knew people's individual ways of communication. One staff member said, "I will talk to them and sometimes if they don't understand what I am saying, I will write it down." Everyone we spoke with, had information in a way they understood.

Improving care quality in response to complaints or concerns

● People were involved in day to day choices so when people's actions or signs showed they were unhappy, staff supported people to prevent any concerns escalating. About complaint handling, one staff member said, "If it was something I couldn't personally solve I would go to a CTL or a deputy manager or manager. I would obviously apologise and give as much help as I could."

● People and relatives knew how to make a complaint. The regional operations director said five complaints had been made in 2019. All complaints had been investigated and responded to in accordance with the provider's complaint procedure. The regional operations director said there were no patterns to complaints but if they were, they would take action to ensure similar complaints were not made.

End of life care and support

● People were supported to stay at the home and to receive end of life care, if it was their wish to do so.

● At the time of our inspection, one person was receiving end if life care. Support such as end of life medicines were already in place and a care plan directing staff to what the person needed, was completed.

● People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.

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 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The provider had not notified us that the registered manager was no longer in post. This is a regulatory requirement. Following the inspection, the regional operations director confirmed this was being completed and was not sent due to a system error within the provider. This notification has now been received.
- The provider's systems and audit processes were not always completed and there was limited evidence to show us, what actions had been taken when improvements had been identified.
- An external company completed a 'CQC style' inspection in July 2019. This identified shortfalls in care plans, risks and medicines. This company rated the provider requires improvement in safe. At this visit we found similar issues remained.
- A regional operations director audit was also completed on 8 July 2019. This audit identified improvements were required in falls risk management, inconsistency in accurately identifying levels of risk and care plan completion. We found similar issues remained. There was limited evidence effective management and monitoring of those actions were taken.
- In the examples we saw, record completion was not always consistent. Inaccuracies and a lack of valuable and important information was not always recorded.
- The manager and regional operations director where honest that standards had fallen short, especially in the last few months given the instability in the management team. During this time, the provider's focus was to improve the management and structure within the home.
- Now, the regional operations director was confident they had more robust measures and accountability in place to improve the quality of service.
- The manager had already identified what were priorities. They had oversight but were supported by a deputy manager and care team leaders who regularly checked on progress. More time was needed for those actions to be taken and new ways of working to become embedded in day to day practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some staff said team meetings had not taken place under previous management. Since the new manager was appointed, meetings had begun. Staff said this was a positive step.
- Arrangements were in place for improvements at the home but these were still to be embedded so they became day to day practice. The manager recognised people and staff's feedback would be key to this.

● The manager had implemented daily meetings with heads of department to discuss the care and support people needed, and what the priorities were for the day. This helped ensure attendance to appointments and arranging visits from health professionals. This meeting was in addition to shift handovers with care staff. This meant staff continued to provide the support people needed.
● The manager told us they had begun to empower staff to take responsibility. The manager said staff were not used to this approach but staff were adapting well.
● Systems ensured people received support from staff who respected their diverse and individual needs, for example, respecting gender of staff, their cultural beliefs and recognising each person's approach to care was individual.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and relatives we spoke with had met the manager. Comments were positive. All agreed the manager was approachable, visible and listened to what they had to say.
● All staff were positive in their comments about the manager. One staff member said, "Changes of management; it was a bit of a roller coaster, I like [manager]. I think she is what the home needs."
● The manager showed us they were confident to drive improvements, not afraid to handle difficult situations because they recognised that more stability and focus on good care would improve people's overall experiences at the home.
● The manager has a proven track record in managing other provider homes back to a good standard. They are confident, with time, their systems and processes will achieve this at Four Acres.

Working in partnership with others
● Links with outside services and key organisations in the local community were being improved.
● The provider worked with other organisations to achieve better outcomes for people and improve quality and safety. This included the local authority and local Clinical Commissioning Group (CCG).
● Staff worked with local services such as GPs and district nurses to ensure people's health and wellbeing continued to be promoted.

Continuous learning and improving care
● The manager was committed to improving the quality of care. In their short time at this service, they had devised an action plan to start to address the shortfalls they found following their appointment.
● The manager told us they prioritised improvements to care plans, improving oral hygiene, introducing new audits and implementing better falls and clinical analysis. They said this would give them a clearer oversight of people's needs and actions needed to maintain people's overall health.
● The regional operations director said they shared lessons learned from inspections with other services. This was to improve the care across the organisation, but we continued to find similar themes where improvement was still needed. The regional operations director was committed to improve the service and felt confident the right manager was in post to achieve this.