

Runwood Homes Limited

Braywood Gardens

Inspection report

Millbrook Drive
Carlton
Nottingham
Nottinghamshire
NG4 3SR

Tel: 01159381300

Website: www.runwoodhomes.co.uk

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30 October 2023
09 November 2023

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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

Braywood Gardens is a purpose-built residential care home providing accommodation and personal care to up to 99 people. Braywood Gardens accommodates people across 7 units over 2 floors, although at the time of the inspection not all units were occupied.

The service provides support to older people and people who are living with physical disabilities and dementia. At the time of our inspection there were 80 people using the service.

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

Potentially harmful products were not always stored securely. Unsecured windows also increased risks related to people falling from heights, as risk assessments had not been completed. Care plans were not always updated following incidents and accidents when the provider identified equipment to promote people's safety. Areas of the home were not always clean, and safe food storage practice was not always followed, which increased the risk of infection spreading. We observed that people were not always given support promptly when they needed help.

The provider had not consistently operated its systems and processes effectively to ensure action plans relating to environmental safety were completed and people's care plans were reviewed and contained current information.

However, relatives felt people were safe. Staff had received training and understood their responsibilities to ensure people were safeguarded from abuse and received their medicines safely. Staff told us the registered manager was approachable. There was evidence of the provider seeking and acting on feedback from people, their relatives and external professionals.

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.

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 25 April 2023).

Why we inspected

We received concerns in relation to the management of accidents and incidents. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this

inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Braywood Gardens on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Braywood Gardens

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 Health and Social Care Act 2008.

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 3 inspectors.

Service and service type

Braywood Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Braywood Gardens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on 30 October 2023 and unannounced on 9 November 2023.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 spoke with 3 relatives of people who used the service and 7 staff members, these included 1 care team leader, 2 care assistants, 1 domestic assistant, the registered manager, deputy manager and administrator. We looked at a range of information. This included 16 people's care records, medicines administration records (MARs) and associated documents. We also checked 3 staff files for recruitment, training records and information about the operation and management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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; Learning lessons when things go wrong

- Environmental concerns were identified that posed a potential risk to people. For example, prescribed thickening powder which is used to modify liquids to support people with swallowing difficulties was found in unsecured cupboards in communal kitchenettes. We also found disinfectant sprays and other cleaning products in areas that could be accessed by people who used the service. This increased risks to people due to inappropriate storage of high-risk products.
- Risks weren't always assessed to adequately manage the potential risk of falls from windows. Four windows on the first floor did not have restrictors in place to prevent them being opened fully. Although these were narrow windows, the potential risks had not been assessed to ascertain whether restrictors needed to be fitted to keep people safe.

Preventing and controlling infection

- People were at risk of infection. Several areas of the environment were unclean and not well maintained which posed a risk of infection spreading and compromised the effectiveness of cleaning. For example, several chairs in communal areas had engrained dirt on them and some pressure relieving cushions were visibly stained. One chair appeared to have bodily fluids on the headrest, and material on some armrests had peeled away which meant they could not be effectively cleaned. Areas of the home had strong malodours which indicated cleaning had not taken place effectively.
- Kitchenettes located on each unit had not been thoroughly cleaned. For example, microwaves had remains of food inside and fridges were unclean. This did not support good food hygiene practices and put people at risk of eating contaminated food.
- Food stored in kitchenettes was not always labelled to show when it had been opened and when it required discarding. We saw several items of opened food in each kitchenette fridge that had been opened but had not been labelled. This meant people were at potential risk of consuming out of date and harmful food.
- Temperatures in kitchenette fridges were not always reliably recorded. We saw all thermometers in the kitchenette fridges were showing over 10 degrees with 2 showing over 20 degrees as they were faulty. Although the fridges were cold, the provider had not assured food was stored at safe temperatures.

People were at risk of harm to their health and wellbeing due to poor risk management and a lack of effective infection prevention and control. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive to our concerns and created an action plan to show how they would improve

the quality and safety of the service following our visit. The provider ensured the windows were assessed and restrictors were fitted.

- Following our feedback, the provider ensured all chairs, carpets and other identified areas of concern had been deep cleaned. On the second day of inspection, we observed areas visibly cleaner and noted no malodours around the home.

Visiting in care homes

At the time of inspection there were no restrictions for visitors. The provider had an open visiting policy with no restrictions.

Staffing and recruitment

- Staff were not always prompt in providing support to people. One person told us they had pressed their button for assistance a while ago and as staff had not come, they assumed it was broken. We found staff had not attended to their call as they were unpacking a dishwasher. We observed another person did not receive prompt support to go to the toilet. We raised these concerns with the manager who told us they would review how staff were deployed.
- There were mostly enough staff to promote people's safety. The provider used a dependency tool to determine staff numbers and records showed they maintained this.
- New staff received a robust induction which required them to complete some training before working directly with people. Staff were given mentors so they had someone with experience to help them when needed which supported their development and learning.
- Staff were recruited safely. This included ensuring staff had the right to work in the UK and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff completed training in safeguarding adults and explained how they would report any concerns. The registered manager had provided staff with additional safeguarding training to ensure staff understood their responsibilities and were confident in identifying and reporting suspected abuse. Staff told us they felt comfortable with raising concerns to the registered manager if they needed to.
- Relatives told us they felt their family members were safe. Relatives told us they knew who to speak with if they had concerns and thought staff and management were approachable. This meant people should be protected from abuse and harm because others were empowered and confident to speak up.
- The registered manager had reported concerns to the local authority and notified the Care Quality Commission when appropriate. Statutory notifications ensure that details of certain incidents, events and changes that affect a service, or the people using it, are notified to the Care Quality Commission.

Using medicines safely

- Medicines were managed, administered and stored safely.
- Systems were in place for people who were prescribed creams. These were stored safely with appropriate information for staff to know where and when these needed to be used.
- Protocols were in place for as required (PRN) medicines. There was clear guidance for staff to know how to manage and administer these medicines when needed.
- Staff had received training to safely administer medicines. Additionally, competency had been assessed to ensure staff could administer medicines correctly. This meant people's medicines were being managed by trained and confident staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although concerns about the home's cleanliness had been identified through an external audit, the concerns cited in the safe section of the report meant improvements had not always been made or sustained to ensure people's safety. This meant the provider did not continuously operate an effective system to monitor, evaluate, and ensure the completion of action plans.
- The provider did not operate their health and safety systems and policies effectively to mitigate risks to people. We observed that people had access to areas such as lift machinery and items such as thickening agents, which increased safety-related risks.
- The provider did not always use information from incident and accident reports to update care plans. This means the provider did not always operate an effective system to keep people's care plans up to date with guidance about managing their risks.

Systems were not always effective at identifying or implementing appropriate actions which put people at risk of potential harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following inspection, the registered manager ensured immediate risks were assessed and the appropriate information was available for staff.
- The provider created an action plan. The action plan showed they were taking immediate actions to review and update people's care plans and revise systems to ensure improvements were sustained.

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; Working in partnership with others

- Staff were positive about the registered manager. All staff we spoke with told us they felt the manager was approachable and fair which promoted an inclusive and positive workplace. Additionally, staff told us they understood the provider's vision and values for the service with 1 staff member telling us they wanted to be successful in giving good quality care.
- The registered manager operated an open-door policy. We observed during inspection the registered manager being visible and present around the home including talking to relatives who they had built good relationships with. When we asked a relative if they felt the registered manager listened to them, a relative told us, "Yes, [they are] very welcoming, their door is always open. The deputy is always there if I need to

speak to someone."

- Relatives told us they received questionnaires to offer their opinions about the service and express their views. The provider supported ongoing improvements by listening to people and their relatives.
- The provider worked with external professionals to ensure people were receiving the care and support they needed.
- The provider worked with the local authority and safeguarding teams, who monitor services to help ensure people received agreed care and support in a safe and well managed way.

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 understood their legal responsibilities to act on the duty of candour.
- The provider and registered manager were open and honest during the inspection. They were responsive to feedback and implemented actions in a timely way to ensure people were receiving safe care and treatment.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of harm to their health and wellbeing due to poor risk management and a lack of effective infection prevention and control.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not always effective at identifying or implementing appropriate actions which put people at risk of potential harm.