

# Runwood Homes Limited

## Highview Lodge

### Inspection report

Cherry Orchard  
Gadebridge  
Hemel Hempstead  
Hertfordshire  
HP1 3SD

Tel: 01442239733  
Website: [www.runwoodhomes.co.uk](http://www.runwoodhomes.co.uk)

Date of inspection visit:  
08 September 2022

Date of publication:  
14 October 2022

### 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

Highview Lodge is a residential care home providing personal to up to 77 people. The service provides support to older people, some of whom are living with dementia, in one adapted building. At the time of our inspection there were 63 people using the service.

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

People's safety was not always well managed. We saw there some examples where moving and handling needed to be reviewed and better management of dietary requirements were needed. People who had modified diets did not always have food provided in the correct way and records did not always reflect actual needs.

Medicines were not always managed safely. We found that not all records and quantities tallied and recording systems, such as daily reconciliation and stock quantities carried over from previous cycles, were used consistently. Protocols for medicines on an as needed basis were not in place for all medicines or did not always include enough information.

Most people had their care needs met. We noted three people who needed their full care needs to be attended to. We also found where care needed to be more person centred and delivered in a way that promoted people's dignity.

People and staff said there was generally enough staff to meet people's needs. Two people told us at times there were delays for care needs to be met. Agency staff were supporting the home, many having worked at the home often. However better management of new agency staff starting, particularly around their induction to the home, was needed to ensure this did not impact on people.

Infection control practices were in place and staff knew what they needed to do. Some carpets needed to be replaced as they were worn and had malodours.

The management systems in the home were in place, however had not been effective to address the shortfalls. However, people, relatives and staff were positive about the management and leadership in the home.

Lessons learned were recorded and actions implemented. The management team told us that there had been several areas to work on, but they were committed to making the improvements. We found that they had made improvements in the areas raised at previous inspections.

Following our feedback immediate action was taken to address all points raised. These actions, and supporting records provided, gave us reassurance that risks were mitigated.

We found the management team to be open and responsive to feedback. A visiting healthcare professional told us that the management team and staff worked well with them.

People told us that their needs were met, and staff were nice. They told us they felt safe. Relatives were confident about the standard of care and told us staff were friendly. Relatives felt the management team and staff were approachable and knew people well.

People had access to food, drink and call bells throughout our inspection. We saw that staff were friendly in their approach with people. There was a programme of refurbishment ongoing.

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.

#### Rating at last inspection

The last rating for this service was good (published 12 August 2021).

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines, standards of care, infection control and staffing. 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 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.

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.

The registered manager and their team took immediate action to address the shortfalls found which helped mitigate risks to people. This included, audits, training, implementing additional checks and surveys.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highview Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and governance systems at this inspection.

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

We recommend the provider develops a management plan to ensure that shifts are sufficiently covered during agency staff induction periods and break times.

#### 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.

Details are in our safe findings 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** ●

# Highview Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 two inspectors.

#### Service and service type

Highview Lodge 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. Highview Lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 there was a registered manager in post. The registered manager was on leave at the time of our visit and the home was supported by an acting deputy manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a health and social care providers. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited the service location on 8 September 2022 and had a video call with the registered manager on 14 September 2022. We spoke with 11 people and three relatives. We also spoke with 11 staff including the registered manager, acting deputy manager, regional manager and support workers. We received feedback from health and social care professionals.

We reviewed a range of records. This included five people's care records and medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

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.

#### What we did after the inspection

We sought assurance about people's care and support needs being met.

# 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, Using medicines safely

- Most people and most relatives told us they felt they were supported safely. One person said, "I have help with getting ready every morning and they are gentle with me." However, some people did say that they felt staff could be a bit 'rough when supporting them with care needs or moving and handling. One person said, "Most of them are kind some are rough and throw me about." Another person said, "When they move me about sometimes, they're a bit rough, I tell them and they say sorry and are more gentle, I don't think they realise."
- There were individual risk assessments in place for people and these were reviewed monthly. However, at times these were not always accurate. For example, one assessment from a health care professional stated they were to have a pureed diet. The person had been eating solid foods as snacks. We discussed this with the management team who immediately had the person's dietary needs reviewed and confirmed they were able to enjoy solid foods. The assessments have now been updated.
- We also found that assessments relating to the consistency of foods were not always followed. For example, one person who required a 'minced and moist' diet, was being given fully pureed food. Following us raising this, the registered manager, along with the provider's hospitality manager, created a record for staff to follow and provided additional training.
- Some people required a review for their moving and handling needs. We also found that some staff needed further training to support people with moving and handling, and when to identify if an assessment was needed. For example, we saw staff holding people's hands and arms, in a way that could cause injury, to support them with walking. While the staff were not intending to work unsafely, their awareness of the risks was limited. We discussed this with the management team who advised they would immediately review the people we had noted and provide additional training and supervision for staff.
- We reviewed medicines recorded and counted a random sample of medicine quantities. We found that medicines carried forward from the previous month did not have their quantities recorded. The care team leader and registered manager told us they should be recorded but it had been omitted from the medicine charts.
- In most cases, 'as needed' medicines had a plan which detailed when people may need them. However, this needed more detail in some instances so that staff could identify the need if a person was unable to communicate this. We also found that some 'as needed' medicines needed this plan to be completed.
- We counted a random sample of boxed medicines. We found some of those we counted did not tally with the records held. This had not been identified as daily reconciliation checks had not always been completed, carried forward numbers were not documented, and the audits had not found the issues on the samples of medicines they had checked.
- The registered manager took immediate action in response to our feedback to carry out a full audit of all



medicines in the home.

Due to people's safety not being consistently promoted through safe care and the safe management of medicines this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People who were at risk of malnutrition were provided with fortified foods and drinks. Weights were monitored and concerns were reported to healthcare professionals.
- People had access to their call bells and drinks were available. A member of the management team checked on these areas regularly. In the hot weather where people were at greater risk of dehydration, additional checks were in place.
- People were recorded as being supported to change their position regularly. There was equipment in place to help prevent pressure ulcers developing. We were told by a healthcare professional that staff followed their guidance in relation to safe pressure care management.

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. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- People and relatives told us that staff were kind, attentive and mostly came when needed. However, two people told us at times they needed to wait for support. For example, up to 10 minutes to have the continence product changed. One person told us this made them, "Sore." Another person said, "The staff are nice to me and help me when I need it."
- Staff told us staffing at the home had improved. One staff member said, "It was really difficult during the pandemic, but it has started to improve now."
- Prior to our visit we were told that at times there was no housekeeper or and care staff needed to add cleaning to their tasks. However, we spoke with housekeepers who told us that there were five on duty and if one was off, their work would be covered by the housekeeping team.
- We saw that the staff were attending to people as they requested support and call bells were answered promptly.
- On the afternoon shift we saw three agency staff arrive on duty. On following them to their allocated units, we found that one agency staff was responsible for a unit on their own for an hour as the other staff member was on their break, and another agency staff needed their induction, led by the a staff member on the unit. This left people without the required staff members to support them.
- We discussed this with the management team who immediately followed up to ensure staffing levels were met safely during the changeover period. However, this would not have been identified had we not raised it, and this would cause shortages, particularly when there are no management members in the building, such

as evenings and weekends.

We recommend the provider develops a management plan to ensure that shifts are sufficiently covered during agency staff induction periods and break times.

#### Learning lessons when things go wrong

- The management team told us they reviewed all events and incidents to see if there was any learning to take from them. The registered manager told us that they shared this with staff through meetings and supervisions. Some staff confirmed learning was shared with them.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we did note that some carpets had malodours. We saw domestic staff had a cleaning regime for this, but these did need to be replaced. The registered manager told us these were due to be replaced to a more durable flooring as part of the refurbishment schedule.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were able to have friends and family visit them freely. Controls, such as wearing a mask, were in place for visitors. This meant they were able to support people with meals and visit people in communal areas, or in their rooms.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I like living here. I feel safe here."
- Staff were able to tell us how they would report concerns relating to risks of abuse. Training had been provided and information was displayed.
- The management team reported allegations of abuse to us and the local authority appropriately.

# 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 requires improvement. At this inspection the rating for 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, 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 management team were sharing findings from their audits and checks with staff. They explained the implications of not working within guidance and regulations. However, even though they had been aware of issues within the home, action they had taken had not been effective to address the shortfalls. We had concerns about safety and management of risks.
- Feedback from people, relatives and staff about the management was mainly positive. One person said, "[Registered manager] pops her head in to say hello." Relatives told us they were always kept informed about their family members. One relative said, "You can ask them anything and they know, they are great here."
- Staff told us the registered manager, along with the care team leaders, was always checking they were working in accordance with guidance and standards. One staff member said, "We get reminders about anything we have missed."
- The registered manager shared any notified events to the Care Quality Commission appropriately. We saw they apologised when things went wrong and responded to complaints. We noted that the registered manager had included a complainant in an out of hours quality visit to the home to help ensure transparency.

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, Continuous learning and improving care

- Most people had all their care needs met. A relative said, "It's like a family here, all her needs are met." However, some two people expressed concern at needing to use their continence product for all elimination needs. We discussed with the care staff and the registered manager if other options had been explored, such as a bed pan and they told us they had not. We asked that this be reviewed to ensure people were receiving care that was person centred and promoted their dignity.
- We saw three people whose nails needed to be cleaned or their hair needed to be brushed. We saw that the registered manager checked these areas, including oral hygiene as part of their daily checks. However, they were on annual leave on the day of inspection. A visiting health care professional told us that they had not observed any concerns about people's care provision when they visited.

- When we discussed our findings with the registered manager on their return, they advised that one person was declining to have their hair washed or brushed but they had agreed to visit the hairdresser, so this was planned.
- We saw staff to be attentive and they told us they were committed to providing good care for people. One staff member said, "I feel we give good care; I would have a relative of mine here, I trust my colleagues."
- We observed one staff member who was trying to prevent a person from leaving the dining room without finding out why they wanted to leave and a person supported to eat their meal with three different staff members 'spooning in' mouthfuls as they stood next to them. We raised this with the registered manager who addressed it and provided 'in the life of' training to staff, so that they may experience what their approach may feel like.
- The management team shared findings from audits and inspections with the staff team to help raise awareness and address the areas in need of improving. For example, record keeping, and the standard of care people received. They had appointed care team leaders at night to help instil good practice.
- The management team were aware of areas that needed to be improved to ensure care provided and people's experiences were to a good standard. They were working through action plans that had been developed. This included training and guiding staff and carrying out quality checks.
- Following our feedback, the registered manager took immediate action which included redeveloping some governance systems, completing surveys, reassessing people's needs, training staff and carrying out full audits. This gave us reassurances that risks had been mitigated.

There were continued issues within the governance, and this had a potential to impact on people's safety. Work had been done to help ensure the systems in the home were effective, but this had addressed the issues identified on inspection. This was the third inspection in which well led had been rated requires improvement. Therefore, this was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

#### Working in partnership with others

- The registered manager had linked in with a local care provider's association to help support recruitment and provide training opportunities. This had a positive impact on areas in the home.
- A health care professional was positive about how the management team and staff work with them and follow their guidance. They said, "[Registered manager] and other members of team always assist us if needed. They are always welcoming. Staff follow guidance we give, which has a positive impact on people's care."
- The provider was working with the local authority to help address shortfalls they had identified in the home. However we saw that the local authority had also identified unsafe moving and handling techniques on their visit and this remained an issue in some instances.

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's safety not being consistently promoted through safe care and the safe management of medicines
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were continued issues within the governance, and this had a potential to impact on people's safety. Work had been done to help ensure the systems in the home were effective, but this had addressed the issues identified on inspection. This was the third inspection in which well led had been rated requires improvement.