

## Runwood Homes Limited

# Maun View

### Inspection report

261 Chesterfield Road South,  
Mansfield  
NG197EL  
Tel: 01623423125

Date of inspection visit: 8 & 9 October 2015  
Date of publication: 22/12/2015

#### Ratings

### Overall rating for this service

Good



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?

Good



#### Overall summary

We performed the unannounced inspection on 8 and 9 October 2015. Maun View Care Home is run and managed by Runwood Homes Limited. The service provides care and support for 77 older adults, including people living with dementia. On the day of our inspection 63 people were using the service. The service is provided across four units on two floors with a passenger lift connecting the two floors.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 19 December 2013 we found people who used the service did not always have enough staff to care for them. The provider sent us an action plan telling us how they would address this issue. During this inspection we found there were some areas in which staffing deployment needs improvement to ensure that there are staff available when people need them.

# Summary of findings

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines was safe.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

# Summary of findings

## 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.

There were not always enough staff to meet people's needs in a timely way in some areas of the home.

People were safe as the risk of abuse was minimised because the provider had systems in place to recognise and respond to any allegations or incidents.

Individual assessments were in place to ensure people were protected from un-necessary risks.

People received their medicines as prescribed and these were managed safely.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good



### Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



### Is the service responsive?

The service was responsive

People were supported to make complaints and concerns to the management team.

People residing at the home, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home, and further reviews of the activities programme were being undertaken to make it more specific to individual needs.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Good



# Maun View

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 8 and 9 October 2015. The inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. During the inspection we spoke with 18 people who were living at the service and five people who were visiting their relations. We spoke with 10 members of staff and the registered manager.

We looked at the care records of seven people who used the service, seven staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

# Is the service safe?

## Our findings

At our last inspection we found that staffing levels were not always sufficient to meet the needs of the people who lived in the home. The registered person had not employed and had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had made some improvements in both monitoring staffing levels and supporting people with specific activities highlighted at the last inspection. However, we found that staff were not always available to assist people in a timely manner in some of the units. Staff were not always visible in the upstairs units and on one occasion during our inspection we had to search for a member of staff to assist a person who had been waiting for some time to go to the toilet.

People who lived in the home commented they felt there needed to be more staff on duty. One person told us, "I can get up when I want but I need help and sometimes I have to wait a long time before somebody is available to help me." Relatives we spoke with gave the same views, one person said, "They (the staff) do seem to disappear a lot. They seem nice when you see them but they just vanish and people are left to just sit." Another said, "I'm sure they are short staffed. Some people can't get up unless there are two staff to help them and if there are only two on, then nobody else gets any help." Two different relatives told us there were times when they visited they had heard people calling for some help and they had needed to go to find a member of staff to help. A visiting professional we spoke with felt the staff levels were low they reported staff were helpful but sometimes difficult to find.

Most of the staff we spoke with told us generally they felt there was enough staff although one member of staff told us, "Sometimes it would be nice to have another pair of hands." We discussed the concerns relatives had raised with us with the registered manager and regional manager. They told us they used a dependency tool to establish safe staffing levels. We saw the dependency tool had been used to review staffing levels within the last month as the number of residents in the home had increased. We also discussed the concerns we had with regard to the lack of

staff in the communal areas in the upstairs units. The registered manager told us both they and the deputy manager monitored the areas regularly and had not found this to be the case. They told us they would address our feedback with care staff and continue to monitor the issue. On the day of the inspection we saw people who lived in the downstairs units were supported and appeared to have their needs met, but people who lived in the upstairs units were not always supported in a timely way.

People we spoke with who lived at the home told us they felt safe. They told us if they were concerned they would know who to speak to. One person said, "I've never thought about it before. Why wouldn't we be safe? Everyone here is very kind." Visitors we spoke with also told us they felt their relatives were safe.

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to possible abuse. People could be assured that incidents would be responded to appropriately. The staff we spoke with understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff told us, "I treat these residents how I expect my mum and dad to be treated." Another member of staff told us, "I would report any incidents to the manager." They told us they were confident the registered manager would deal with any issues, but knew they could also report any issues to the regional manager or the local safeguarding team.

The registered manager was confident the staff would protect people from possible abuse, they told us, "Staff are very quick to report anything they are worried about." The registered manager demonstrated their understanding of their role in safeguarding the people in their care and their responsibility with regard to reporting incidents in the service to the local authority and us.

Risks to individuals were assessed when they were admitted to the home and reviewed regularly to ensure their safety. There were detailed risk assessments in people's care plans. These showed what help individuals needed with aspects of their day to day activities such as, mobility, nutrition or managing their medicines. Where the risk assessments had identified people were at risk of pressure ulcer formation appropriate pressure relieving equipment had been provided and was in use.

## Is the service safe?

Where people were at risk of falls they had risk assessments detailing the preventative measures in place. There had been appropriate referrals to the falls prevention team. The registered manager completed a monthly falls analysis to establish any trends which could be addressed.

We saw staff using hoist equipment confidently and safely. Staff confirmed they had received the appropriate training to use the equipment. They told us they knew where to get the information they needed to keep people safe. One member of staff told us they got information from the individual risk assessments in people's care plans, discussions in daily handovers and reading a communication book.

People could be assured the environment they lived in was safe. The registered manager and regional manager undertook regular environmental audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined seven staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. We observed a medicines round and saw the staff member followed safe practices and ensured each person took their medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date. Senior care staff audited people's medicines records daily to ensure all medicines were given, as there were some medicines that were administered by visiting district nurses. The registered manager undertook regular medicines audits and we saw up to date records of these audits.

# Is the service effective?

## Our findings

We saw that people were cared for by staff who received regular training relevant to their role and were supported by the registered manager and deputy manager who managed staff training. One person told us, “Staff seem to know what they are doing.” We spoke with one new member of staff who told us they had been well supported during their induction. They had been allocated a mentor and had been given the opportunity to shadow staff whilst they got to know the people who lived in the home. The member of staff told us they had met regularly with their team leader to discuss their induction package and ensure they were being given the appropriate support.

Staff we spoke with told us they were given training relevant to their role which they felt helped them to provide effective care. One member of staff told us, “We get regular training, I’ve got some more next week.” The training was a mixture of e-learning and face to face training and included moving and handling, first aid, health and safety, dementia care, fire training and tissue viability. We saw training records which showed a regular up to-date training programme was in place.

Staff told us they were supported with regular supervision and appraisals, they told us the meetings were supportive, and useful. One member of staff told us, “It helps you with development.” When prompted to explain why, they told us they were able to say if they felt they needed more support in different areas. The staff member discussed the work the company’s operational manager had been undertaking with staff to assist them have a greater understanding of the needs of people who lived with dementia.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Where it was determined people did not have the capacity to do so the correct process was followed to make a decision in the person’s best interest. Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. The registered

manager had applied for a large number of these assessments, and we viewed an approved assessment in one person’s care plan. It was up to date giving staff clear guidance on the restrictions in place.

Staff we spoke with had an understanding of the MCA and DoLS. One member of staff told us that the mental capacity of a number of people who lived in the home fluctuated daily. The member of staff told us it was important for all staff to recognise this so wherever possible they allowed people to make decisions for themselves. The staff member told us they used the information in the care plans to help them. Another member of staff when talking about the MCA and DoLS assessments said, “It’s there to protect people, to help maintain independence by assessing their capabilities.” We saw mental capacity assessments had been carried out when people did not have the capacity to make specific decisions for themselves and there was a record of the involvement of others in making a best interest decision for the person.

People’s individual nutritional needs were met and they were supported to eat enough. People we spoke with thought the food was good and they were given enough to eat. One person told us, “The food is good, we get a good variety.” Throughout the inspection we observed lunches being served in the different units, the dining room provided an environment that was relaxed and encouraged people to eat well. Tables were laid with tablecloths placemats and table decorations. We saw people were given the choice of who they sat with giving the meal an air of sociability. The staff supported individuals who required assistance with eating in an unhurried and discreet manner and the mealtime was well organised. People were offered drinks throughout the meal and throughout the day we saw people being offered a variety of hot and cold drinks on a regular basis.

People could be assured staff knew their individual nutrition needs and preferences. Staff we spoke with showed good knowledge of people’s diets. People’s dietary needs had been assessed and were recorded in their care plans. Where needed individuals had been appropriately referred to specialist teams and their advice recorded and communicated with care staff and the chef and their team. We saw evidence of the communications in people’s care plans and in the kitchen.



## Is the service effective?

People's weights were monitored regularly to ensure they maintained a healthy weight. Staff used a weight monitoring tool to assess any excessive weight fluctuations and referred individuals to the appropriate health professional for support should this be required.

People's health care needs were monitored on a regular basis and any changes responded to. When people were admitted to the home they had the choice of retaining their own GP or transferring to the local GP surgery the home used. People who lived at the home told us they were able to see a GP when they needed to. Relatives told us they were informed if their relation had needed to see a health professional.

We saw records of health professionals' visits in people's care plans. On the day of our inspection we spoke with a visiting healthcare professional. They told us staff made referrals to their team when any concerns were identified. They also told us that when they provided advice to

promote people's health and wellbeing their advice was followed in practice. Staff told us they had a good relationship with the local GP surgery and visiting community nurses. These relationships helped support them in maintaining people's good health.

Staff we spoke with showed a good knowledge of the home's processes for managing referrals to the relevant health care professionals. They told us the senior care worker on shift managed the referrals supported by the deputy manager. One member of staff said, "As soon as you mention something to the seniors they get on to it straightaway." The registered manager told us the home had a chiropodist and an optician who came to the home on a regular basis. They told us they sought advice from a range of external professionals such as the falls prevention team, tissue viability team to support people with their healthcare.

# Is the service caring?

## Our findings

People who lived at the home felt the staff were caring and compassionate. One person told us, “I am very happy here.” People’s relatives also felt staff were caring towards their relatives, one relative told us, “Yes staff are caring.” A visiting professional told us, “The staff here actually care about their residents.”

Our observations supported what people had told us. Throughout the day staff interactions with people were seen to be caring and supportive. People were supported by staff who demonstrated a good knowledge of their personal interests and preferences. This was evidenced by references to family photographs in people’s rooms leading to enquiries about the well-being of family members. Staff referred to people’s sporting interests in discussion with several of the people who lived in the home.

We saw that staff interacted with people in a relaxed and caring manner and there was appropriate use of humour. They spoke with people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. We saw staff were patient and understanding when supporting people. The registered manager told us some of the staff had been caring for some people for a long time, they said, “Some people who live here think of the staff as their family.”

People were encouraged to form friendships with each other. People chose to sit together in communal areas and for meals. We saw two people who lived on the same corridor sitting together in one of their rooms chatting. We were told they had struck up a friendship and often spent time in each other’s company. People were supported to have their friends and relatives visit. There were a number of areas for people to have private conversations and the home had a café for them to use.

People who lived at the home and their relatives felt they were supported to make decisions about their care. They told us they had been given the opportunity to contribute to the care plans. We saw care plans had been signed by either the person who lived in the home or their relative and were told the information was used to provide appropriate care.

People felt they were encouraged to express their views and felt their opinions were valued and respected. One person told us, “When I came here, I was able to look at different rooms and choose my own environment.” People were encouraged to bring items into the home to personalise their rooms. They were offered choices and made their own decisions about their daily care. People told us they were able to get up and go to bed when they chose. One person told us, “I have a shower nearly every day but they always ask if I want one or not.” Staff we spoke with told us they felt it was important for people to make their own decisions about their care. One member of staff told us they always asked people if it was alright for them to do things for them. They told us they gave people options and choices, saying, “I tailor the care to their needs.”

People’s diverse needs and wishes were assessed when they moved into the home, including their cultural and religious preferences. We saw people were supported to follow their chosen faith, and religious services were held in the home for people who wanted to attend them.

The people who lived at the home also had access to advocacy services. An advocate is a trained professional who supports, enables and empowers people to speak up. We saw an advocacy poster in the home advertising the service. The registered manager told us no one at the home used the service at present.

People we spoke with told us that staff respected their privacy and dignity. One person told us staff always respected their privacy, they said, “They are very careful to keep me covered as much as possible while they help me wash.” They went on to tell us that staff always gave them the wash cloth to wash themselves and they appreciated this. We also found members of staff were appreciative of the importance of maintaining people’s privacy. One senior member of staff told us that privacy was always maintained with doors and curtains closed when personal care was given. They said, “Its basic stuff but we make sure all staff do this.”

# Is the service responsive?

## Our findings

People felt their individual preferences were known by staff. We saw information in the care plans which supported this and discussions with staff showed their knowledge of the people they cared for. The care plans contained a life history for each person which highlighted where the person was born, what type of employment they had and other personal details. We also saw the plans contained the contact details of people's next of kin. The care plans were individualised and described how people were to be supported.

On the units where people who were living with dementia were cared for, the operational manager had been working with staff to develop further information to assist them support people. They were developing a document named 'my day' that gave staff detailed information on how people liked to spend their days. Staff told us there was information on how people communicated their needs to staff, what things upset them and how these things could be avoided. Staff told us they had found the information useful especially when dealing with people who struggled with communication or were confused.

People could be assured staff at the home worked to help people maintain their independence. However a small number of people we spoke with who lived in one unit at the home felt their independence was a little restricted. One person told us, "Everything is provided for us but the trouble is we're not allowed to do anything for ourselves. I'd love to make a cup of tea for myself or a sandwich." They told us they had not mentioned this to staff. We discussed this with the activities co-ordinator, who felt this was something they would be able to address in the near future. The registered manager told us a number of people who lived at the home always made their own breakfast, and a member of staff told us of another person who liked to wash up and clean their own room. The registered manager told us the staff worked to accommodate these individual's wishes as they wanted to promote this independence for people who lived in the home. A member of staff told us, "We do encourage people to do things for themselves wherever possible. We assist people to be independent."

Staff told us they tried to involve people and their relatives in decisions about their care. The registered manager told us the care plans were reviewed every three

months and letters sent out to families inviting them to assist with the reviews. The care plans we viewed had been signed by either the person who lived in the home or where appropriate their relative.

People could be assured that staff would be responsive to potential risks which could compromise their health and wellbeing. We looked at the records of people who had a chronic illness such as diabetes. We found the records gave staff details of how the conditions should be managed and what support was available to them. We also found that staff were fully aware of the content of the care plans which were reviewed on a monthly basis to ensure they continued to meet people's changing needs.

The majority of the people who lived in the home were not able to access the community unless they were escorted by their relatives. The registered manager told us one person enjoyed going to the pub each week, and a staff member took them in their own time. A number of people we spoke with told us they often felt bored. The feelings among the people who lived in the home with regard to the activities offered were mixed. One person told us, "The activities coordinator tries to get me involved but I don't like what they offer." However another person told us they enjoyed some of the activities such as the bingo and their friend enjoyed the dominoes. They also told us they used the café sometimes with their relatives.

There were a range of activities advertised in the entrance of the home and on the various units which showed what was available in the home for people to take part in every week day. The new activities coordinator was also trying to establish if the programme of events on offer matched the needs and interests of the people in the home using suggestion slips and talking to people. One relative told us they had given feedback to the activities coordinator and felt they were enthusiastic in their new role. Our discussions with the activities coordinator supported this view, as they were able to discuss how they intended to introduce some of the suggestions they had been given.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us they knew the registered manager and deputy and would go to them if they had any concerns. They told us they felt the registered manager and deputy would listen and deal

## Is the service responsive?

with any problems. A visitor to the service also had confidence that any concerns would be addressed and said, "I would go to [name] the manager." They told us they felt the manager would be responsive.

The organisations complaints procedure was on display in the home. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. They said they would encourage the person to complete a complaints form or if they could not do it themselves they would provide help to complete it. Staff felt confident that, should a concern be raised with them,

they could discuss it with the management team who would respond appropriately to this. We saw records that showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisations policies and procedures.

Part of the registered managers ongoing responsibilities included regular meetings between people who lived at the home and their relatives. We saw minutes of meetings which showed a variety of subjects were discussed, and suggestions and comments made to help identify recurring or underlying problems, and potential improvements.

# Is the service well-led?

## Our findings

On the day of our visit the registered manager was visible around the service. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. Staff told us both the registered manager and deputy manager were approachable and were a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt the management team were proactive in developing an open inclusive culture within the home. One member of staff told us, “[Name] is a good manager we can tell them anything.”

Staff told us they enjoyed working at the service and felt the registered manager and deputy manager were proactive in developing the quality of the service. Throughout our inspection we observed staff working well together promoting an inclusive environment where friendly chit chat was being undertaken between staff and people who used the service. We saw staff were supporting each other and it was evident that an effective team spirit had been developed.

We found staff were aware of the organisation’s whistleblowing and complaints procedures. They felt confident in initiating the procedures and told us they felt the management team would act appropriately should they raise concerns. One member of staff told us, “If I had concerns I would be listened to.”

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us, and records showed, that staff had attended supervision sessions and annual appraisals. The meetings provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them. Staff

felt the meetings aided the efficient running of the service and helped the manager to develop an open inclusive culture within the service. One member of staff told us, “I feel supported here.”

The registered manager was supported by their regional manager and operations manager. They told us they benefited from attending regular monthly manager’s meetings with other home managers within the company which helped to keep them up dated with company policies and current issues in healthcare.

People were supported to attend resident meetings and records showed that topics of conversation included the provision of meals and social activities. People and their relatives were given the opportunity to give their opinion of the home via suggestion box located in the entrance of the home and the annual home survey which covered a wide range of questions including their care, meal choices and the management of the home.

We saw there were internal systems in place to monitor the quality of the service. These included audits of areas such as the environment, medicines management and care plans to ensure they were up to date and pertinent to people’s needs. The audits were undertaken by the regional manager, registered manager and deputy manager on a weekly or monthly basis dependant on the area requiring auditing. Action plans were produced to ensure the areas that required improvement were addressed.

Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.