

# Runwood Homes Limited

# Laureate Court

## Inspection report

Wellgate  
Rotherham  
South Yorkshire  
S60 2NX

Tel: 01709838278  
Website: [www.runwoodhomes.co.uk](http://www.runwoodhomes.co.uk)

Date of inspection visit:  
06 January 2022  
19 January 2022

Date of publication:  
31 January 2022

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Laureate Court is a residential care home providing personal and nursing care to 43 people at the time of the inspection. Some people were living with dementia. The service can support up to 84 people.

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

People living at the home were safe. Risks associated with their care and support had been identified and actions taken to mitigate risks. The provider had a dependency tool which was used to identify the number of staff required. We found there were enough staff available to meet people's needs in a timely way. Accidents and incidents were recorded and analysed to identify trends and patterns. People received their medicines as prescribed. The registered manager had identified some actions as part of the auditing process and was introducing new systems to support staff to record more effectively.

Staff were knowledgeable about safeguarding and confirmed they had received training in this subject. They knew what actions to take if they suspected abuse.

People told us they were happy, and that staff were kind, caring and compassionate and all our observations confirmed this. People's physical and emotional needs were met. The provider had worked with external health and social care professionals to assess and review people's care in line with best practice guidance. People were supported to maintain their nutrition and hydration.

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; however, systems in place required further development to ensure best interest decisions were made in line with current guidance.

Systems in place to monitor the service needed to be further developed and embedded into practice. Audits in place had not always identified the issues raised on inspection. Where some issues had been identified, action had been taken to resolve them. The registered manager and provider took swift actions to address the concerns we raised. The concerns did not impact on people who used the service.

A newly appointed registered manager was in post and had made some positive changes within the home. Since the registered manager had been in post, they had improved the audit system and their audits had identified shortfalls which had not been previously identified by the regional managers. There had been several changes and lack of consistency in regional managers, this evidenced a lack of provider oversight. The management team and staff knew their roles and responsibilities. People and relatives, we spoke with were complimentary about the management and staff team.

The home had recently undergone refurbishment and some areas required completion. The environment for people living with dementia could be improved to ensure signage and decoration of the home promoted their independence. The registered manager informed us that this had been identified and action was being

taken.

We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Following our inspection, the provider took action to address these concerns, which minimised the impact on people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 15/02/2021 and this is the first inspection.

The last rating for the service under the previous provider was rated requires improvement, published on 24/04/2020.

#### Why we inspected

This was a planned inspection of a newly registered service. We inspected the service to assist in releasing capacity in the sector.

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.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Laureate Court

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Laureate Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 6 January 2022 and ended on 19 January 2022. We visited the home on 6 January 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with ten members of staff including the registered manager, director of operations, deputy manager, care workers, nurses and a cook. 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 four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives via telephone.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff we spoke with were knowledgeable about safeguarding and knew what action to take if they suspected abuse.
- People we spoke with told us they felt safe. They said, "I'm definitely safe as I only have to buzz, and someone comes quick," "The staff make me feel safe," "Yes, I feel safe, we have a night nurse, I press the buzzer and they come quick." One relative said, "[Relative] is safe where they are at the moment, as their health concerns need addressing. They [staff] look after [relative] well."

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and action taken to mitigate risks.
- Risk assessments were in place to ensure people's needs were met in a safe way.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

Staffing and recruitment

- The provider had a process in place to ensure staff were recruited safely. This included obtaining references from previous employers and ensuring criminal record checks were completed.
- People were supported by enough staff to ensure their needs were met in a timely manner.

Using medicines safely

- People received their medicines as prescribed, however the providers audits had identified issues with recording medicines administered. The registered manager was addressing this.
- Some people's medicines were prescribed on an 'as and when' required basis. We saw protocols were in place to identify when and how these medicines should be administered. Some protocols required further information to ensure they were effective. This issue had also been identified prior to our inspection and was being addressed.
- Staff received training and competency assessments for medicine management to ensure their knowledge was up to date.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We carried out a tour of the home with the registered manager and found some areas of the home required cleaning such as linen rooms, bath seat, and kitchenettes. Some areas of the

home required completion following the recent refurbishment, for example, flooring and plaster around some store and sluice door frames. Following our inspection, the registered manager sent evidence confirming these actions had been addressed.

- Relatives we spoke with were complimentary about the cleanliness of the home. One relative said, "The home is clean and tidy, and I have never smelt any bad odours. [Relative] has been in other homes and they have had strong urine smells but not at Laureate Court. It's spotless."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- Staff and visitors had access to PPE and testing. Staff and visiting professional's vaccination status for COVID-19 was also checked and recorded.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care was delivered in line with current legislation.
- Care plans and supporting documentation included information about people's choices and preferences.
- We observed care and support being delivered in line with people's assessed needs.

Staff support: induction, training, skills and experience

- Through our observations and speaking with staff we found they had the necessary skills to carry out their role.
- The registered manager was keen to ensure staff continued to develop their skills.
- The home had a training record. This was monitored by the registered manager and appropriate training had been identified and sourced. Some training was scheduled to take place.

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

- People were supported to maintain a healthy, balanced diet which met their needs and preferences. One person said, "The food is alright, but I don't like the corned beef hash. I don't like fish and chips, so I have egg and chips."
- We observed lunch being served on two units and found people were supported to select their preferred meal from a variety of options. We found mealtimes could be improved and the registered manager had identified this and had plans in place to improve them.

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

- The provider and registered manager took appropriate actions to ensure people received timely and appropriate care.
- We found people had been referred to appropriate professionals when required to ensure people's needs were met. Some issues raised as part of the inspection were addressed immediately.

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

- Some positive changes had taken place where people living with dementia had moved downstairs to enable them to have access to outside space. This had already had a positive impact on people using the service and ensured they receive a better quality of life.
- Parts of the home were not dementia friendly in its current presentation. For example, pictures were limited, and signage was not available to assist people to navigate around the home. The registered

manager informed us that following refurbishment; some items had not been returned. The registered manager sent us confirmation that this was being addressed and some new items were being purchased.

#### 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.

- We found the registered manager was knowledgeable about the MCA and DoLS and was in the process of implementing appropriate steps to ensure they were working within the principles of the MCA.
- Where people lacked capacity, decisions had been made in people's best interest and people were involved in the decision making process. However, some best interest decisions lacked detail about why the decision had been made. This had also been identified by the registered managers audit system and was being actioned.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We observed staff interacting with people and found they were kind, caring and delivered support in a person-centred way.
- Staff respected people's privacy and dignity by knocking on doors prior to entering rooms.
- People and their relatives spoke highly of the care they received. One relative said, "I think they[staff] are good I am confident [relative] is well taken care of." Another relative said, "Staff are very caring and kind. They understand [relative] and he is happy." One person said, "It's fantastic here. I love all the carers and nurses and they love me too."

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

- We saw people were supported to express their views and be involved in their care.
- Staff asked people for their choices and what they would like to do. People's preferences and decisions were adhered to. One person said, "They [staff] are fantastic, I have a bed bath whenever I want one. I don't like my door closed [it was open]. It only closes for fire drill."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and had built up a good rapport with them.
- Relatives we spoke with felt their family members were treated with respect. One relative said, "Staff are very friendly, caring and chatty and make me feel very welcome when I visit."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well. Staff completed care tasks in a considerate way, and supported people to maintain their independence.
- People and their relatives told us they were involved in care. One relative said, "They [staff] keep me updated if there are any changes to [relatives] care or if they need anything."
- Care plan documentation we reviewed was informative and gave the reader an understanding of the person's needs.
- People's preferences could be more detailed, but the registered manager was in the process of setting up electronic care plans and told us this would be included.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that were socially and culturally relevant and appropriate to them. One relative said, "Activities take place, [relative] likes bingo, cards and dominos and they play all three so they're happy."
- The provider employed an activity co-ordinator who was responsible for arranging and carrying out activities to suit people's interests. We saw activities taking place and people were involved, engaged and enjoying participating.

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.

- We observed staff communicating with people in various ways according to their needs.
- Staff were patient when communicating with people, offering choices and giving time for people to respond.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and used the process to learn and develop their service.
- The registered manager kept a log of complaints which showed they had taken appropriate actions to address issues raised.
- People and their relatives had confidence they would be listened to if they had to raise a concern. One person said, "I would speak to the nurses if I had a complaint; I have no complaints."

## End of life care and support

- Staff received training to enable them to support people and their families at the end of their life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

### Continuous learning and improving care

- The provider had systems in place to monitor the service. However, these were not always effective and needed developing to ensure they identified areas for action.
- The management team completed a series of audits which looked at areas such as infection control, care plans and medication. These audits required embedding in to practice to ensure action points were addressed in a timely way.
- During our inspection we identified areas of improvement with regards to infection control, completion of the refurbishment programme, signage to support people living with dementia to navigate around the service, and record keeping in relation to best interests, medication and person centred care planning.
- Following our inspection the registered manager took timely and appropriate actions to address the concerns we raised and evidenced these areas had been dealt with. However, audits need to be more robust to ensure a consistent standard is maintained.
- There had been several changes and lack of consistency in regional managers, this evidenced a lack of provider oversight.

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

- The registered manager and deputy manager had plans to develop the service to ensure people achieved good outcomes.
- We observed staff interacting with people and found they included people in their care and supported people to maintain their independence.

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 consisted of the registered manager who was supported by a deputy manager, nurses and senior care staff. The registered manager was keen to develop the staff team, to ensure they were given opportunities to enhance their skills.
- Both the registered manager and provider understood their roles and were aware of their duty of candour.
- Most people and their relatives felt the management team and staff were approachable and supportive.

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

#### characteristics

- The provider and registered manager were looking at ways to engage and involve people in developing the service.
- The registered manager was planning to implement 'you said, we did,' to show people were listened to when they raised concerns or suggestions regarding the service.
- The provider had not involved staff in the refurbishment plan of the home, therefore, they had not had opportunity to suggest areas for improvement. One staff member explained that a quiet lounge/area was important on the dementia unit, however this had not been considered and their opinion had not been requested.

#### Working in partnership with others

- The management team could demonstrate they were working in partnership with others to meet people's needs.