

Hegarty Care Limited

McMorrow House

Inspection report

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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

McMorrow House is a residential care home providing accommodation and personal care for up to 13 people with mental health conditions. At the time of the inspection 10 people were receiving support. The property is a large two storey building with individual bedrooms and communal living areas with a large garden to the rear of the property. The service offers 24-hour support.

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

The provider did not always follow their own policies and procedures. Where risks had been identified the registered manager had amended and updated policies to ensure people remained safe however the provider chose not to adhere to them.

The provider was not clear on their roles and responsibilities within the organisation. This meant a culture had started to develop where people and staff were uncomfortable formally raising concerns. Staff were unclear about hierarchy of the management structure which resulted in conflicting guidance and instructions being received.

The registered manager had followed their duty of candour and reported relevant safeguarding events appropriately, however at times these were challenged by the provider resulting in the provider not assessing the risks highlighted or following actions implemented.

Care plans and risk assessment were person centred and reflected people's personal goals and ambitions. Staff were knowledgeable about people needs and had built trusting relationships. Staff were supported with effective guidance, training and development to support people in the manner they chose.

Everyone we spoke with at the home praised the staff and registered manager. People told us they felt safe and 'at home' since living at McMorrow House.

Medicines were administered and stored safely. People were supported to remain as independent as possible with their medicines and were actively encouraged to participate in planning of their care and medicine reviews.

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 31 May 2019).

Why we inspected

We received concerns in relation to the provider and the culture they created for people and staff as well as adherence to GDPR guidelines. 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.

You can see what action we have asked the provider to take at the end of this full report. The provider took action to ensure the risks identified have been mitigated and will work towards ensuring these changes long term.

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

Enforcement

We have identified breaches in relation to management and 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.

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 ●

McMorrow House

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 1 inspector.

Service and service type

McMorrow House 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. McMorrow House 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service and we sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager, the deputy manager, care workers, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and medicine records and we looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always protected from the risk of harm or abuse. Risks were assessed, reviewed and appropriate mitigation of risk were put into place, however at times the provider had not followed their own policies.
- The provider had a policy that professionals visiting the home must be supervised if they did not hold a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. Directors failed to follow this policy and accessed the home unsupervised, including out of hours.
- People told us that when directors had visited the home they had witnessed 'shouting' which made feel uncomfortable and at times frightened.
- Policies and procedures were in place to support staff on how to raise concerns and safeguard people. The registered manager and nominated individual acted on concerns raised however the provider did not support the registered manager and repeatedly challenged the process.
- Staff were reluctant to raise formal concerns. Staff we spoke with told us they were supported by the registered manager and nominated individual but were challenged and questioned by the provider when they raised concerns.
- At the time of inspection no one had come to any harm as a result of the concerns, however the provider acknowledged that lessons had not been learned as these issues had previously been raised and remained an ongoing risk.

The provider failed to ensure that when risk had been identified that action put into effect to mitigate those risk had been followed. The provider failed to support the service in their responsibility to safeguard people. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Most people living at the home told us they felt safe. One person said, "This is the only place that has ever felt like home to me, I don't know where I would be without McMorro House. My life started when I came here."
- Another person living at the home wrote a poem to express how they felt safe at the service which said, "They have saved my life because they care so much for us all. They keep us safe and are always there for us if we fall."

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

- There were always enough competent staff on duty. Staff had the right mix of skills to make sure that practices were safe, and they could respond to unforeseen events.
- People told us that there were always enough staff available. One person told us "Staff are great, they always have time for me and help me with all my hobbies as well as my care" This demonstrated there were plenty of staff to ensure the safety of the service whilst delivering fully person-centred care in line with people wishes.
- People living at the home were encouraged and supported to be a part of the recruitment process for staff. People attended interviews and asked personalised questions. This helped ensure suitable candidates were employed and people were empowered to make the service their home.
- Staff were recruited safely, and robust checks were in place. Appropriate DBS checks and references were sought prior to people commencing employment and staff completed a comprehensive induction plan.

Using medicines safely

- People received their prescribed medicines safely. The service ensured people were fully involved in medicines reviews and risk assessments to ensure they knew what medicines they were taking and why.
- People were supported to be as independent as possible. For example, one person had been supported to self-medicate since living at the home. Systems were in place to ensure they understood the risks and to ensure they took medicines safely. Our observations found this practice to be safe and well organised.
- Medicines were managed and stored safely in line with best practice guidance. There were accurate and complete medicine administration records (MAR) in place as well as completed audits to identify errors.
- There were clear and individualised care plans for all 'as needed' (PRN) medicines. 'As needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious. MAR charts showed when people were administered PRN and why. Records also showed that staff only used these medicines as a last resort and used alternative methods to help anxieties and agitation first. This reduced the risk of people being over-medicated and reflected best practice guidance.

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.
- 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

- There were no restrictions on people welcoming visitors to their home.

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

- The provider was not clear about their roles and responsibilities and did not understand or follow processes implemented by the registered manager and nominated individual to mitigate risks.
- The provider did not uphold their own vision and values. For example, their value for privacy stated, 'The right of a Service User to be left alone and undisturbed whenever they wish'. However, we saw incidents of directors accessing the property and people's individual spaces without permission. This meant people's privacy was not respected.
- We spoke with directors of the company who acknowledged they did not understand safeguarding requirements, this had resulted in the registered manager being unsupported and isolated at times.
- At times information was not kept confidential as per the providers policy. For example, we saw evidence that a supervision record of a staff member had been accessed inappropriately. This had resulted in a lack of trust between the provider and staff members.
- The culture was not open and inclusive, whilst people and staff raised concerns, they told us they were fearful of repercussions from the provider if they did not agree.
- Following the inspection, we spoke with the nominated individual (NI) who took immediate steps to rectify the situation with support of other directors and implemented an action plan. The NI stated, "I will take responsibility in our failures and immediately rectify them."

The provider failed to ensure the quality, confidentiality and leadership of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to do this ensuring every voice could be heard.
- People from all diverse backgrounds, with specialised and complex care needs were encouraged and supported to live their life to the full. This had resulted in numerous positive outcomes for people. For example, people had been supported to reconnect with family members and motivated to try new hobbies.
- We observed a warm and welcoming atmosphere during the inspection. People living at McMorro House were proud of their home and eager to show us around. People described the home and staff as 'excellent'

and 'family'. One person said, "[Registered Manager] is like a superhero, always there to support me. They gave me the opportunity to live my life."

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 registered manager understood and acted on their duty on candour. This was maintained despite the challenges described in this report with the provider.
- The registered manager had a thorough understanding of the regulatory requirements of their role. They ensured relevant agencies were notified immediately of any incidents that could affect people's safety and well-being. We saw evidence of the upskilling of the deputy manager to deputise in the registered manager absence ensuring the service was never at risk of not adhering to their requirements.

Working in partnership with others

- The provider worked in partnership with others to ensure people received a high level of care in a timely manner.
- We saw evidence in people's care plans of referrals to professionals such as GP's and mental health specialist and their recommendations being actively followed by staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to adhere to their own policies and procedures in relation to mitigation of risk and safeguarding.</p>