

The Mews Care Limited

# The Mews

## Inspection report

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## 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?	Good ●

# Summary of findings

## Overall summary

About the service: The Mews is a residential care home registered to accommodate up to eight people. At the time of this inspection the service was providing personal care to eight people who have a learning disability.

People's experience of using this service:

- The provider had taken action to make improvements and comply with the breaches of regulations identified at the last inspection visit. This ensured people received the appropriate care and support.
- The provider's governance was effective in assessing, monitoring and driving improvements so people received an effective and safe service.
- People told us they felt safe living in the home and staff were aware of their responsibility of safeguarding people from the risk of potential abuse.
- Staff had access to risk assessments that told them how to promote people's independence and to reduce the risk of harm whilst doing so.
- Staff were recruited safely and were provided in sufficient numbers to ensure people's needs were met.
- People were supported by trained staff to take their medicines as prescribed.
- Systems and practices reduced the risk of cross infection.
- Where things went wrong, lessons were learned and action was taken to reduce the risk of this happening again.
- People were cared for by staff who were skilled and supported in their role by the registered manager.
- People were involved in their assessment to ensure they received a service the way they liked.
- People were supported by staff to access relevant healthcare services when needed.
- The environment was suitable for the people who used the service.
- People's consent was obtained before care and support was provided and staff had a good understanding of the Mental Capacity Act 2005.
- People were cared for by staff who were kind, caring and respected their right to privacy and dignity.
- People were encouraged and supported by staff to be involved in making decisions about their care and treatment.
- People were treated fairly and were assisted to pursue social activities of their choice.
- People could be assured their concerns would be listened to and acted on to ensure they received a safe service.
- At the time of our inspection visit the provider was not offering a service to people who required end of life care.
- The culture of the home was person-centred which supported people to achieve their goals.
- People were encouraged to be involved in the running of the home to ensure the service they received met their specific needs.
- The provider worked in partnership with other relevant agencies to ensure people's assessed needs were met.

Rating at last inspection: The service was rated Requires Improvement at the last inspection in November 2017.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. More information is in Detailed Findings below.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Mews

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

The Mews is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

The inspection site visit was unannounced. It started and ended on 6 March 2019.

#### What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would assist our inspection. We used this information as part of our planning. Local authorities together with other agencies

may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised by the professionals we contacted. During the inspection we spoke with three people who used the service, two care staff and the registered manager. We looked at three care plans and risk assessments. We looked at records relating to the management of medicine, staff training, complaints and quality assurance monitoring.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- At our last inspection the provider was in breach of Regulation 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there were insufficient staffing levels to meet people's needs and this compromised the quality of care provided to them.
- At this inspection people told us staff were always available to support them when needed and to assist them to access leisure services within their community.
- The registered manager told us that staffing levels had been increased since the last inspection and the staff we spoke with and the rotas we looked at confirmed this.
- We observed that staff were nearby to assist people when needed and we heard one person asked to be taken out and staff were available to support them to go out.
- The provider followed safe staff recruitment procedures to ensure staff were suitable to work in the home.

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

- People told us they felt safe living in the home. One person told us, "I feel safe because of all the people around me." Discussions with staff and training records we looked at confirmed they had received safeguarding training.
- We spoke with two staff members who demonstrated a good understanding about how to recognise different forms of abuse and how to safeguard people from this.
- The registered manager was aware of when to share information of potential abuse with the local authority to enable them to carry out further investigations to safeguard people from further harm.

### Assessing risk, safety monitoring and management

- People were supported to take an informed risk to promote their independence.
- Staff told us they had access to risk assessments that told them how to reduce the risk of harm to people. For example, some people required two staff members to support them when they went out to ensure their safety.
- Staff were trained to support people to manage their behaviours to reduce the risk of harm to the person and others.
- Regular checks were carried out on firefighting equipment to ensure they were suitable and safe for use. Individual fire evacuation risk assessments were in place that told staff the level of support the person would require to safely evacuate the building in an emergency.

### Using medicines safely

- People told us they received their medicines when they needed them.
- Medicines were stored and recorded appropriately.

- The registered manager told us that staff who were responsible for the management of medicines had received training and this was confirmed by the staff we spoke with.

#### Preventing and controlling infection

- People were protected from the risk of cross infection. Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons and we saw these in use. The appropriate use of PPE helps to reduce the spread of infection.
- There was an infection, prevention and control lead in place, who was responsible for monitoring hygiene standards within the home.
- We observed that the home was clean and that staff had access to hand wash areas situated around the home to promote regular hand washing to reduce the risk of cross infection.

#### Learning lessons when things go wrong

- Where things had gone wrong, lessons were learned. For example, the registered manager told us that a person required support with their behaviour whilst in the community. They learned that noisy and crowded venues were unsuitable for the person and they required additional staff support when going out to ensure their safety and the safety of others.
- The registered manager told us if things go wrong, the person's care plan and risk assessment would be reviewed to reduce the risk of further harm.

# 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

Good: 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

- We looked at three care records that contained evidence that people were assessed before they moved into the home. This gave the provider the opportunity to find out if they had the capacity to meet the person's needs before they were admitted.
- Discussions with the registered manager and the care records we looked at identified that people's physical and mental health needs were regularly assessed by the provider and other healthcare professionals to ensure their specific needs were met.

Staff support: induction, training, skills and experience

- People were cared for by skilled staff. The registered manager told us that staff had access to training and the staff we spoke with and the training records we looked at confirmed this.
- The training record showed staff had received relevant training with regards to the needs of people. For example, behaviour management, medicines and epilepsy. This ensured staff had the appropriate skills to care for people.
- The staff we spoke with told us they had received an induction when they started to work in the home.
- One staff member told us their induction entailed working with an experienced staff member and undertaking training. They told us, "During my induction I was able to get to know people and how best to communicate with them." Another staff member said, "My induction was very helpful in getting to know people and the staff team."
- The registered manager told us staff received six weekly one to one supervision sessions and this was confirmed by the staff we spoke with and supervision records we looked at. A staff member told us, "Supervision gives me the opportunity to ask questions about things I might be unsure of." Access to regular supervision ensures staff are supported in their role to provide a good service.

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

- People told us they had access to a choice of meals. They were supported by staff to purchase food, prepare and cook their meals.
- A menu board was located in the dining room offering people a choice of meals. We heard staff offering people a choice of meals and where necessary people were encouraged to point at what meal or drink they wanted.
- People told us they had access to snacks and drinks throughout the day and night. One person showed us the menu board that told them what snacks were available.

Staff working with other agencies to provide consistent, effective, timely care

- People told us about their access to other healthcare agencies to assist them with their health. One person

told us, "I know I need help with my behaviour and I see my nurse regularly."

- The registered manager told us they worked closely with other healthcare services to ensure people's specific needs were met. For example, to ensure people's health conditions and medication were reviewed and that changes were made where necessary to promote the person's wellbeing.

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

- The home was situated on two floors and bedrooms were located on both floors.
- People were involved in choosing the colour scheme for their bedroom and had designed their room to reflect their interests. Bathrooms were located on each floor.
- We observed that 'crash' mats were in place for some people. This was to reduce the risk of injury if the person fell from their bed. Sensor mats were in place to alert staff if a person required support with their mobility. On the ground floor there was a ramp leading from the dining room to a quiet room.

Supporting people to live healthier lives, access healthcare services and support

- People had access to relevant healthcare services to promote their physical and mental wellbeing. One person told us, "I see my community nurse regularly." Another person said, "Staff take me to the optician and someone comes in to cut my toe nails."
- People told us when they are unwell the staff arrange a GP appointment for them and assist them to attend their medical appointment.
- Discussions with people and the care records we looked at confirmed they had access to healthcare professionals in relation to their specific health condition.
- The registered manager told us they had a good relationship with other healthcare professionals to ensure people's healthcare needs were met.

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 told us that staff always asked for their consent before they assisted them. One person told us, "I have monthly meetings with my keyworker and they ask me if I am happy and if there is anything else I would like to do. They always listen to me and help me to do the things I like."
- We spoke with two staff members who had a good understanding of the importance of enabling people to make their own decision. One staff member told us, "(Person's name) is unable to tell us what they want. However, we show them two things and they will gaze at their preference."
- A 'You said and we did,' poster was displayed on the wall. This showed a variety of social activities to enable people to make a decision by pointing at what they would like to do.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us that five people had an authorised DoLS in place and they were awaiting the authorisation of a further three. These were in place because people required constant supervision to ensure they received the appropriate care and support.
- The least restriction principle was used as people told us they were supported by staff to go out when they wanted to.

# 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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for by staff who were kind and attentive to their needs. One person told us, "The staff are really good and loyal." They continued to say, "When I'm upset they help me to calm down."
- We observed that when staff entered the room they took the time to talk with people and were patient when listening to them.
- People expressed their needs in various ways. For example, body language, gazes and sounds and staff were aware of what this meant and attended to people promptly. For example, one person was hungry and staff quickly acknowledged this and was able to find out what they wanted to eat.
- People and staff we spoke with said they were treated fairly. People who used the service had different needs and some were complex. However, discussions with staff and our observations confirmed they were aware of how to meet people's needs.

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

- People were involved in making decisions about their care. The people we spoke with told us they were involved in the review of their care and were able to tell staff what support they needed. One person went through their care plan with us and explained to us the contents. They told us they were fully involved in making decisions about the care and support they received.
- The registered manager told us that some people had an independent advocate to support them in making decisions. Other people were supported by their relatives.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were aware of the importance of respecting their right to privacy and dignity. One person told us, "The staff always knock on my bedroom door before they come in." Another person said, "Sometimes I like to be on my own in my bedroom and the staff don't bother me."
- One staff member told us, "I always make sure the blinds and doors are shut when I assist people with their personal care needs."
- We looked at three care plans that told staff about the importance of preserving people's privacy and dignity.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection the provider in breach of Regulation 9, Person-centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's individual's needs were not being met due to insufficient staffing levels. At this inspection people told us that staff were always available to support them to do the things they wanted and we observed this.
- At this inspection we found that the provider had taken action to ensure staffing levels were increased so people were appropriately supported to pursue their interests.
- One person told us they attended a day centre twice a week and staff assisted them to do this. Another person told us they worked in a charity shop which, they enjoyed. We observed staff support two people to go on a shopping trip. We heard one person ask a staff member if they could go to the farm and they were supported to do this.
- Two people told us that staff supported them to go on holiday to Wales last year. This showed that people were supported to pursue their interests.
- We spoke with both people who used the service and staff about equality, diversity and human rights. All the people we spoke with told us they were treated fairly.
- People told us they were able to maintain relationships with people important to them. One person told us, "My mum visits me." Staff told us that some people had their own mobile phones and were able to keep in contact with people important to them.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints since our last inspection in November 2017.
- One person who used the service told us, "If I'm unhappy I would tell someone. The staff would help me."
- We observed a pictorial complaints procedure displayed on the wall. Some people did not have the capacity to express their concerns. However, staff were able to recognise if a person was unhappy by their facial expression or body language and this would be explored to find out what was making them unhappy.
- We observed the provider had procedures in place for receiving and responding to complaints. This meant people could be confident their concerns would be listened to and acted on.

End of life care and support

- At the time of our inspection visit there was no one who was receiving end of life care.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection the provider in breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider's governance was ineffective in monitoring staffing levels to ensure people were appropriately supported.
- At this inspection we found that the provider had taken action to review the staffing levels to ensure people were adequately supported to ensure their assessed needs were met.
- We saw that the provider had systems in place to assess, monitor and improve the service provided to people.
- Monitoring systems were in place to review staff training to ensure they had the up to date skills to meet people's needs.
- Systems were in place to regularly review medicine management to make sure people received their medicines safely. Staff told us that the registered manager routinely carried out spot checks to review their medication practices.
- The registered manager told us that the area manager carried out quality monitoring checks and we saw evidence of these checks.
- The provider had champions in place to promote quality standards. These champions reviewed and monitored the health of people and ensured people had sufficient, healthy food and drinks. They also ensured that care practices promoted people's right to dignity.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had a good understanding of the specific needs of all the people who used the service.
- Staff told us the registered manager often worked alongside them. We observed the registered manager engaging with people in a caring and supportive manner. For example, they were patient when listening to people to find out their preferences.
- The provider worked with other professionals to ensure people received the appropriate care and support. People told us about links they had with other professionals. One person told us the community nurse visited them on a regular basis who helped them to manage their behaviour.
- People were supported by staff to maintain links with their local community. People told us about the jobs they had and their aspirations for the future.
- The registered manager told us that staff meetings were carried out and the staff we spoke with confirmed this. One staff member said, "The registered manager does listen to our views and will make changes to ensure people's needs are met."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place and both people who used the service and staff were aware of who was running the home. One person who used the service told us, "The manager is OK, they are nice." A staff member said, "The manager has a calming influence on people."
- There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities. The registered manager ensured each shift had the appropriate staff skill mix. For example, staff trained in medicine management and a driver. Staff were also on call to provide additional support when needed.
- We observed that the culture of the home was warm and friendly. A staff member told us, "It's important to be friendly so people feel safe and comfortable."
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred in the home within required timescales.

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

- People were encouraged by staff to be involved in the running of the home. People's views were obtained through regularly monthly care plan reviews.
- People were given the opportunity to tell the provider about their experiences of using the service by completing quality assurance questionnaires.
- People were involved in the staff recruitment procedure and were supported to interview candidates. This enabled them to have a say who worked with them.
- The views of stakeholders were obtained by quality assurance surveys. We saw that comments from these surveys were positive.
- People told us they felt they were treated fairly and the staff supported them to do the things they liked.
- People told us that staff supported them to maintain links with their local community. People were provided with one to one support so were able to access local services when needed.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for people who used the service. These included the local authority safeguarding team, GP's, consultants and community nurses.