

The Mews Care Limited

# The Mews

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced inspection took place on 18 October 2017. At our last inspection in November 2015 we had no concerns about the quality of care and had rated the service as good. At this inspection we found that the service was not always safe, responsive or well led. We found three breaches of the Health and Social Care Regulations (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the report.

The Mews provides accommodation and personal care to up to eight people who have a learning disability and associated needs. At the time of the inspection there were seven people using the service.

Since the last inspection two registered managers had been employed. 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 2008 and associated Regulations about how the service is run.

There were insufficient numbers of suitably trained staff to keep people safe and meet their individual assessed needs. Care being delivered was not always personalised due to the lack of available staff. There were hobbies and activities available to people at home and in the community however these were not always based on people's individual preferences.

The quality systems the provider had in place had not identified the lack of commissioned staff that were available and that people's assessed needs were not always being met.

People were safeguarded from abuse as staff and the registered managers knew what to do if they suspected abuse and had reported abuse to the local safeguarding authority.

Action was taken to reduce the risks of harm were minimised following incidents that had or could have resulted in harm to people.

People's medicines were stored, managed and administered safely by trained staff.

The principles of the Mental Capacity Act 2005 (MCA 2005) were being followed as people who had been assessed as lacking the mental capacity to agree to their care were being supported to do so in their best interests.

Staff were supported and trained to be able to fulfil their roles effectively.

People's nutritional needs were met as they were supported to eat and drink sufficient amounts to remain healthy. If people became unwell or their health needs changed the appropriate health care advice was gained in a timely manner.

People were treated with dignity and respect and their right to privacy was upheld.

People were supported to maintain their relationships and were encouraged to be as independent as they were able.

People were offered choices about their care and relatives were kept informed and involved in people's care where appropriate.

There was a complaints procedure which was available in a format to aid people with communication difficulties. People's feedback on the service was regularly sought and action taken when requests were made.

People, staff and the relative liked and respected the registered managers.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

There were insufficient numbers of staff to keep people safe and meet their individual assessed needs.

People's risk assessments in relation to the staff support they required were not always being followed.

Individual risks of harm to people had been assessed and staff knew what to do to keep people safe.

People were safeguarded from abuse as staff and the registered manager recognised and responded when they suspected abuse.

People's medicines, were stored, administered and managed in a safe way.

### Is the service effective?

**Good** ●

The service was effective.

People were being cared for by staff who were supported and trained to fulfil their roles.

The principles of the MCA and DoLS were being followed to safeguard people who lacked the mental capacity to make decisions for themselves.

People's nutritional needs were met and if people became unwell or their needs changed, health care support was gained.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with dignity and respect.

People were offered choices and were supported to be independent.

People's right to their privacy was upheld.

### Is the service responsive?

The service was not consistently responsive.

People were not always receiving care that met their individual assessed needs.

People were supported to engage in hobbies and activities.

There was a complaints procedure and action was taken to improve when issues were identified.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

The systems the provider had in place to monitor and improve the quality of the service were not always effective.

People who used the service, staff and relatives were involved in the way the service was run.

The registered managers were liked and respected.

**Requires Improvement** ●

# The Mews

## **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 inspection took place on 18 October 2017 and was unannounced. It was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with one person who used the service and a relative. We spoke with the registered managers and two care staff. Some people were unable to tell us about their experiences living at the service so we observed their care and looked at their care records. Following the inspection we contacted the commissioners of the service.

We looked at the rotas, two staff recruitment files, the medication records, staff training and the systems the provider had in place to monitor and improve the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection we found no concerns in the safety of the service. At this inspection we found there were insufficient numbers of staff to maintain their safety of people who used the service and the provider was in breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

People who used the service had complex physical and mental health needs and most people had been assessed as requiring one to one support from a member of staff during the daytime hours. The staff hours had been allocated by the local authority to support people with their chosen activities and to keep them safe when they may become anxious and displayed behaviours that challenge. We looked at rotas and spoke to the registered managers and staff, one staff member told us: "There is not enough staff at the moment but they are trying to recruit". We found that there were insufficient numbers of staff on duty on a regular basis to be able to offer the one to one support people should have received. This meant that people were at risk of not having their individual assessed needs met.

This constitutes a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulation 2014.

New staff were employed using safe recruitment procedures to ensure that they were of good character and fit to work with people. Pre-employment checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that staff were of good character and fit to work with people.

People's individual risks of harm were assessed and risk assessments were in place to support staff to care for people. Some people at times became anxious and became a risk to themselves or others. We saw there were clear and comprehensive risk assessments informing staff how to support these people at these times. Staff knew people's risk assessments and followed them to reduce the risk of harm. One staff member told us: "When [Person's name] becomes upset, because they can't verbally communicate we offer them an activity they enjoy, and then a snack and a drink. We then try and determine if they are in pain. We cover all bases to try and find out and diffuse the issue. There are times when nothing works so we are able to offer them medication to help them". We saw there was a clear 'as required' (PRN) medication protocol to inform staff when they should administer medication and we saw it was being followed as instructed by the prescriber

Staff we spoke with knew what to do if they suspected someone had been potentially abused. One staff member told us: "Safeguarding is about making sure that someone who is vulnerable is safe. I would report to any abuse to the managers or whistle blow if I needed to". Another member of staff told us: "Sometimes people can act differently and this can be a sign of abuse". The registered managers had responded and reported alleged abuse to the safeguarding authority. This meant that people who used the service were being safeguarded from the risk of abuse.

People's medicines were being managed safely and in way that met their individual needs. Some people had difficulty in taking their medicines due to being at risk of choking. We saw that health care advice was sought and it had been agreed that these people could be given their medicines in food. Medication was kept in a locked medicine cupboard and administered by trained staff. We saw regular medication audits took place to ensure that people were having their medicines as prescribed.



## Is the service effective?

### Our findings

At our previous inspection we had no concerns in the effectiveness of the service and we had rated this area as good. At this inspection we found that the service was still effective and this area remained good.

People who used the service all required some support in certain areas in making decisions about their care and support. Each person had their mental capacity assessed through the procedures of the Mental Capacity Act 2005 (MCA). The 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. We saw that when people lacked the capacity to agree to certain decisions such as a health procedure that the registered managers arranged a 'best interests' meeting. This meeting involved all the relevant people in the person's life such as family and health and social care professionals. At the meeting a decision would be reached by the parties present as to whether the procedure would be in the person's best interest. This meant that the provider was following the principles of the MCA 2005.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw people at the service were restricted from leaving the service to maintain their safety. We saw that this action had been referred to and agreed by the local authority through the DoLS procedure. This meant that people were being safeguarded from unlawful restrictions.

Staff we spoke with told us they felt supported by the registered managers and they received training to be effective in their roles. One staff member told us: "I didn't feel confident in completing my NVQ but the managers told me they would support me through and they have. I have just completed it and feel really proud of myself". We saw that staff had an induction and regular supervision with one of the registered managers. There was an on-going programme of training applicable to the needs of the people who used the service.

People chose what they wanted to eat and drink. We saw a pictorial menu had been implemented with pictures of the meals. Staff told us that if people wanted something different than what was on the menu then this was facilitated for them. One staff member told us: "[Person's name] didn't want the shepherd's pie last night as they are watching their weight, so they made a salad with a baked sweet potato and feta cheese with staff. They really enjoyed it". We saw that people who required support to eat and drink were given this in an unrushed manner. Some people required specialist equipment such as lidded cups and plate guards and we saw these were being used where needed. People were regularly weighed to ensure a healthy weight was gained, when people were overweight they were encouraged to eat a healthy diet although if they chose not to this was respected.

People had access to health care advice and support when they became unwell or their needs changed. We found that one person had been showing signs of being unwell and the health professionals were wanting

to carry out tests to determine the reason for the person's deterioration. The registered managers told us that a best interests meeting was in the process of being arranged to ensure any tests would be in the person's best interests. The person's relative told us: "The managers have arranged a meeting with my relative's doctor to discuss their health as it has deteriorated and what needs doing in their best interest". Some people had epilepsy. We saw that there were clear and comprehensive care plans informing staff of how to care for people when they experienced a seizure. Staff we spoke to were knowledgeable about people's epilepsy and had received training in how to support people at these times.

## Is the service caring?

### Our findings

At our previous inspection we found no concerns in how people were treated. At this inspection the service remained good in this area.

People who used the service were treated with dignity and respect. We observed that staff interacted with people who used the service in a kind and caring manner and offered them choices about their care. A member of staff told us: "It's not a chore to come to work, it's a privilege". A relative we spoke with told us: "My relative's every need is met and more. I know they are loved." A person who used the service told us: "The staff are all nice".

People who used the service were encouraged to have a say in how the service was run. There were regular resident's meetings and we saw that when people asked for something this was facilitated for them. For example, people had asked for specific foods to go on the menus and we saw that this had happened. We saw that the menus were in pictorial form so people with communication difficulties would be able to visualise what was available. At lunch time we saw that a member of staff showed one person the choices available by taking the choices to them. The staff member told us: "[Person's name] can't speak but they will use their eyes to look at the food they want, we can see from their body language what they would like".

People were supported to maintain relationships and people's relatives were kept informed of their relatives well-being. A relative told us: "The staff keep us fully involved in what is going on, they even send us photos of activities they've been involved in". On the day of the inspection one person was supported by staff to visit and spend the day with their relative.

People were supported by staff with being independent as they were able. We saw one person who had independently made their own breakfast and had burnt their toast, a member of staff noticed and offered to make them some more which they accepted. We saw another member of staff asking another person to put their laundered clothes away in their room which they happily did.

People all had their own private bedrooms where they were able to spend time alone if they chose to. On the return from a social outing we saw several people take themselves to their bedrooms to spend some time as people were free to come and go within their home as they wished. A member of staff told us: "I always knock on people's doors before entering and I ask if it is ok for me to go in. If I'm helping people with personal care I make sure the blinds are down and the doors are shut and I always seek their consent before doing anything". This showed that people were being respected and their dignity was being protected.

## Is the service responsive?

### Our findings

At our previous inspection we had no concerns in the responsiveness of the service. At this inspection we had concerns that care was not always personalised to meet people's individual needs and we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection four people were going out into the community on a group activity, they were being supported by two members of staff. However three of these people had been assessed as requiring one to one staff support, which meant that activities could be planned specifically based on their individual preferences. One of the registered managers told us that no one was told where they were going until they went out as knowing often caused some people to become over excited and this in turn could turn to anxiety. However, at least one of the people would have been able to cope with knowing and could have been involved in planning of their own activities. This meant that there were times when people's individual assessed needs were not being met as the agreed staffing levels were not available to them.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw positive examples of people accessing the community and being involved in hobbies and activities dependent on their individual skills and ability. For example, one person was volunteering at a local charity shop. Staff supported the person to get there and they were then left unsupervised with staff at the shop. This was working well for this person and they told us they enjoyed doing this. There was sensory room within the service which some people used and a garden area with animals which we were informed people enjoyed using in the warmer months. Staff had supported some people on short break holidays and this was undertaken often using staff's own time.

We saw people's care plans were regularly reviewed with people. When people were unable to communicate staff sat with them and read their care plans to them. Staff told us that there were daily handovers of information so they were kept up to date with changes in people's care needs.

The provider had a complaints procedure and we saw that it was available in each person's room in pictorial form. A relative told us: "The staff are responsive and if I have had any concerns they chase things up straight away". There had been no formal complaints however we saw when people who used the service had requested a change to the menu this was facilitated.

## Is the service well-led?

### Our findings

At our previous inspection we had no concerns in how the service was led. At this inspection we found that the systems the provider had in place to monitor and improve the service were not effective and there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had been allocated extra staffing hours funded by the local authority to support people who used the service to stay safe and experience opportunities individual to their assessed needs. We found that these hours were not available to people as they should be as there were staff vacancies and posts were not being filled with agency or overtime. We saw that the provider carried out regular quality inspections of the service and that the manager inspecting the service had recorded that the home was fully staffed based on people's assessed needs. However the staffing had not been sufficient at the time of the internal quality inspection and this had not been identified and addressed. This meant that this quality assurance system was ineffective as it had not ensured that the quality of care was appropriate and met people's needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection two registered managers had been employed. Staff we spoke with told us that they were both approachable and supportive. One staff member said: "I wasn't sure two managers would work out but it does. They have both worked here as carers so they know people really well and are able to work alongside to get things right for people". Another staff member said: "They are really good managers they both have the same value base".

We saw that there were several other audits that were being completed regularly including medication audits, finance checks, safety equipment checks and analysis of accidents. Staff were receiving regular support and supervision to ensure they were competent in their role. One staff member told us: "The managers are so supportive, yet we know where we stand, we are just one big team".

We saw there were regular staff and resident meetings which involved people in the running of the home. Quality questionnaires were completed with people who used the service to gain their feedback on the quality of service where they were able to. The registered managers told us that relative questionnaires did not always get responded to and there had been a lack of interest shown in any planned relatives meeting. However, a relative told us: "I am kept informed of everything and the managers are constantly making sure that staff are doing what they should be doing for my relative".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not always receive care that met their individual assessed needs and preferences due to a lack of available staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems the provider had in place to monitor and improve the service were not always effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were insufficient available staff to meet the assessed needs of people and maintain their safety.