Mavesyn Ridware Residential Home Limited

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Inspection report

Mavesyn Ridware House
Church Lane
Rugeley
Staffordshire
WS15 3RB

Tel: 01543490585

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12 March 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 12 March 2018 and was unannounced. Mavesyn Ridware is a care home that provides accommodation with personal care and is registered to accommodate 21 people. The service provides support to older people who may also be living with dementia. The shared accommodation is on the ground floor and there are bedrooms on the ground and first floor. There are three lounges and one dining room for people to use. The home is located in the village of Mavesyn Ridware. There are no public facilities or public transport services within easy reach of the home.

Mavesyn Ridware is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 18 people using the service.

There was a registered manager in post. 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.

This inspection was unannounced. Mavesyn Ridware was last inspected in January 2017 and the service was rated as Requires improvement. We identified concerns as systems to monitor and improve the service had not always been effective and improvements were needed to ensure medicines were managed safely. Where people lacked capacity to make some decisions, this had not been suitably assessed to ensure decisions were in people's best interests.

At this inspection, we saw that improvements had not been made. This is the third consecutive time the service has been rated 'Requires Improvement'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not effective.

People felt that there were enough staff to meet their needs and they felt safe. However, they were not always able to summon support when staff were not visible to them. Improvements for how medicines were managed had not been made and staff were making decisions about how some prescribed medicines were given.

People had access to healthcare services, however where people needed support with eating or drinking, a referral had not been made to ensure they remained safe and well. People were not supported to have maximum choice and control of their lives. Improvements had not been made to ensure people's capacity to make specific decisions had been assessed.

Staff generally developed caring relationships with people however, their privacy and dignity was not always respected. Interactions with people was often focused around when personal care was delivered.

Visitors were welcomed at any time. People knew who the registered manager was and the staff felt they were approachable and provided support to them. People were able to share their views though a survey, although meetings to gain their views were no longer carried out.

Staff received opportunities to receive training and support to enable them to fulfil their role and they were encouraged to develop their skills. The staff recognised where people may be at risk of harm and understood their responsibilities report abuse. Mealtimes were not rushed and people enjoyed the food that was prepared.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Improvements were still needed to ensure safe medicine systems were operated and people received their medicines as prescribed. Staff were not always available in communal areas of the home and people were not always able to summon support if this was needed. Risks to people had been assessed and staff knew how to minimise these risks to prevent the chance of harm occurring to people. Staff knew how to recognise abuse and people felt safe when they received care. Infection control systems were in place. Systems were in place to recruit staff that were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were still needed to ensure people's capacity was assessed to make specific decisions. Some people needed assistance to eat and drink and referrals had not been made to ensure they had the food they needed prepared in the right way. Staff had the opportunity to develop the skills and knowledge they needed to meet people's care and support needs.

Is the service caring?

Requires Improvement

The service was not always caring.

The staff were not always respectful and people's dignity was not always promoted. People were able to choose how to spend their time and their choices were respected. People maintained relationships with people who were important to them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always offered sufficient opportunities to pursue their hobbies and interests and do the activities they enjoyed. There was a system to resolve formal complaints although information about how concerns were addressed was

not available. People had been consulted about the assistance they wanted to receive and involved in any review.

Is the service well-led?

Requires Improvement

The service was not always well led.

Improvements were still needed within the service. Quality checks were being carried out although these were not always effective. People and their relative's views had been sought though a survey but there were no other opportunities to gain people's views of the service. Staff were encouraged to speak out about the quality of the service and felt listened to.

Mavesyn Ridware Residential Home Limited

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 visit took place on the 12 March 2018 and was unannounced. The inspection visit was carried out by one inspector 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.

On this occasion we did not ask the provider to complete a Provider Information Return prior to our inspection. 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 took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with seven people who used the service and two relatives. We also spoke with three members of care staff, the cook, and the registered manager. We also spoke with two social care professionals before our inspection visit. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files.

Requires Improvement

Is the service safe?

Our findings

On our last inspection we identified that people's medicines were not always managed in a safe way. This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that improvements were still needed.

People generally received their medicines as prescribed. However, we saw one medicine to help with bowel management, was prescribed for the person to receive two tablets each day. Staff were making the decision whether they needed to take one or two tablets each day which meant this medicine was not always administered as it had been prescribed. The staff explained that this medicine needed to be reviewed and was only needed on an 'as required' basis. The staff contacted the GP during our inspection to ensure that this was reviewed. Where people had medicines to be taken 'as required' there was no clear guidance in place to support staff to make the decision when to administer the medicine. General information was available for why this was needed, although further details were not recorded to explain when this should be administered. For example, there was no information about how to monitor for the signs of pain where people may not be able to tell the staff.

Our previous inspection identified that where tablets were dispensed in a foil strip and stored out of the blister packs, an accurate record of the number of the medicines received and stored was not maintained. On this inspection we found improvements had not been made. It was not possible to complete an audit of all medicines because these had not been accurately recorded. This meant it was not possible to determine if people had received all of the medicines that had been prescribed.

People were given time to take their medicine and staff offered people a drink and explained what they were for. We saw medicines were signed for when these had been administered by staff. Where people had medicinal patches administered, the staff recorded where this was placed on a body map chart to ensure different positions were used each time the patch was applied. Where people needed health checks completed to identify the dose of a particular medicine, these were carried out and we saw people received the correct dose.

Staffing was not always arranged to ensure people's safety. We saw people spent time in the lounge areas and staff were not always available when they were providing support to people in other areas of the home. In communal areas there were limited call bell facilities; in two of the three lounges, people were not always able to summon staff support as they could not reach the call bells. One person told us, "Most of the time there's someone who could get up and get the staff or we could shout but it depends if they are near." One person chose to sit on their own in one lounge area; staff had not considered how they could summon support if they needed this as the call bell was on the wall away from where they sat. We saw there had been incidents where they had fallen from their wheelchair. In one lounge, people could access the call bell and there was a sensory mat which could be attached to the emergency system which alerted staff if they moved out of their chair. People had call bells in their bedroom. We saw one person chose to spend time in their room and they sat near to where their call bell was located, so they call seek assistance where this was needed. They told us, "I'm quite happy. Every time I've had to call for someone, they've come pretty quick."

Where people needed equipment to move safely, risk assessments had been completed to demonstrate how people needed to be supported to minimise harm. A new electric mobile hoist had been purchased and one member of staff told us, "This is so much better and more comfortable for people. The old one was not comfortable for people to use and this one is much better." We saw staff supporting people who were able to walk with assistance to get safely from one area to another. Where people had mobility aids, we saw these were placed in reach of people and they were able to move around the home unrestricted.

Staff had a good understanding of how to protect people and recognised where they may be at risk of harm. Where concerns had been identified, we saw staff had made referrals to the local authority and liaised with the local safeguarding team to ensure any incident could be investigated. One member of staff told us, "We have done the training and we know when we are worried about anything then we must report it. It's important to us all that people are looked after properly."

Steps had been taken to prevent and control infection, including ensuring that good standards of hygiene were maintained in the home. The home was clean and checks were made in all areas of the home to identify whether acceptable standards were maintained, equipment was safe to use, mattresses were suitable for use and areas were clean. The staff recognised the importance of preventing cross infection. We saw that staff wore clean uniforms, had access to antibacterial soap and regularly washed their hands and used available gels.

When new staff started working in the service, the registered manager checked staff were of good character, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Requires Improvement

Is the service effective?

Our findings

On our last inspection we saw where people lacked capacity; it was not always clear how specific decisions about capacity had been made. We made a recommendation that the provider sought advice on best practice, to assess people's capacity in relation to specific decisions for people living at the home. On this inspection we found improvements had not been made.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. On our last inspection we identified that capacity assessments had been completed, although these were not for individual decisions but covered all aspects of care. The registered manager agreed that these were not decision specific and needed to be reviewed to evidence whether people lacked capacity to make each particular decision. We saw improvements had not been made. Only one capacity assessment had been completed which covered all decisions the person may need to make about their care, including future potential decisions. For example, it was recorded whether the person lacked capacity to make future decisions about any medical or dental care they may need. The assessments had not been reviewed which meant decisions may still be made on behalf of people who may have the capacity to decide how they want to receive aspects of their care.

On our last inspection we identified that where people had an authorised DoLS the registered manager had not identified when these had expired. On this inspection we saw that staff now knew about the details of any order including when this expired, to ensure action could be taken to ensure this restriction remained lawful. Where any restrictions had been identified, the registered manager understood their role to ensure applications to lawfully deprive people of their liberty had been made.

People were offered different food, drinks and snacks throughout the day. Staff encouraged people to drink and where this needed to be monitored, we saw each drink was recorded and reviewed to ensure people had sufficient fluids to keep well. The tables were well presented and people had a range of crockery and cutlery to support them to remain independent. At meal times, meals were served individually and people were asked about the different foods they wanted. One person told us, "The food is marvellous and there's always something to eat all day. They are very good at offering us lots of healthy food like fruit too."

However, where concerns had been identified that people needed support to ensure they received their drinks and food safely, advice had not been sought from the speech and language therapist or a dietician.

We saw one person had a blended meal provided at lunch time although they only needed their meals cut up small. One member of staff told us, "We do it like this because they don't eat much at lunch time and we wanted to make sure they ate enough." The care records stated they needed encouragement to eat and had difficulty chewing their food and food should be cut small. The registered manager had not identified that further support may be needed to ensure the person's health and well being. Other people had diabetes and staff were not always clear whether people should have all foods, for example, jam with their rice pudding. After seeking advice, one member of staff told us, "They are able to have this, but only in moderation." We spoke with the registered manager about our concerns, to ensure people were referred to specialists, to manage their dietary needs and maintain their health and welfare.

When new staff started working in the service they worked alongside experienced members of staff whilst getting to know people and learning about how people wanted to be supported; many of the staff had worked in the home for a long period of time. New staff received an induction and were provided with the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "It's good that you have the chance to get to know people before you have to work on your own. The staff are really friendly and go through everything with you." Where new staff were waiting to receive training to help them to safely move people and use any equipment in the home, they continued to work alongside trained staff. One member of staff told us, "We get checked to make sure we are using everything the right way. We don't take the lead until we have had the training so we know we are using the equipment safely."

All shared environmental facilities were on the ground floor and there were three lounges and one dining room. People liked the home and were happy with the environmental standards and told us it felt 'homely'. There was a lift for people to access the first floor and people were able to access all parts of the home. One person told us, "I think it's marvellous here. I've been really impressed and the views are just magnificent."

People received the help they needed to see their doctor, dentist and opticians. One person told us, "The doctor here is very good. If you need them then the staff just make the call for you. They don't mess around." Another person said, "The staff are always asking me if I'm feeling alright. I know if I don't I can see the doctor and I always ask them to let my family know which they do."

Requires Improvement

Is the service caring?

Our findings

Staff were not always responsive to people's needs or communicated and interacted in a way that was positive and meaningful to them. Interaction with people tended to focus when people needed support and was task led. When staff had their break, they spent time in the lounge but there was limited interaction with people and staff had a drink but did not offer one for other people. On one occasion we saw one person try to pick up and take the drink but they were not offered one. At the shift change over, the staff from both shifts sat in the lounge. They sat together in silence watching the television and there was no conversation with people until they left to say goodbye. We also saw that people were sometimes moved in their wheelchair without any consultation and aprons were removed at lunch time without speaking with people.

Staff often but did not always protect people's dignity and privacy. For example, due to the location and layout of the ground floor bathroom, when people were assisted back into their wheelchair, the hoist was moved into the corridor as there was more room for staff to provide assistance safely. We saw that where people wore a skirt or dress, staff had not considered how they protect people's dignity as their underwear was visible to any person that may be passing.

We also saw staff understood people and were kind and caring. Staff knew people well and we saw them talk about significant past events and heard them talk to people about their family and how they were. Staff knew people's preferences. For example, whether people liked milk or sugar in their drinks, and what they like to eat. People were dressed in different styles and we saw some people carried a handbag and were able to keep important personal items with them. Staff recognised the importance of these and offered to take them with them when they moved around the home.

People were supported to maintain their independence and the support they received was flexible to their needs. One person told us, "I can still look after myself. I feel safer as the staff are around if I need them but I can still sort myself out." Personal care was completed in private and before staff entered people's bedrooms, they knocked on the door before entering. People could spend time in their room so that they had privacy when they wanted it.

The staff were concerned about people's comfort and examples included staff repositioning people's cushions to make sure they were comfortable in their chairs and they checked that people were feeling warm enough. When supporting people to eat at meal times or when they had a snack, they sat next to them and spoke with people explaining what the meal was and checking they were happy.

People were supported to maintain important relationships with their friends and families. Visitors were welcome whenever they liked. One person told us, "It was lovely this weekend, there were lots of visitors for Mothering Sunday; it's lovely to see all the flowers today. My family can visit at any time, they don't have to ask." Another person told us, "I seem to have someone pop around most days. I thought I wouldn't see people as much when I moved here, but that's not the case. I like to see people in my room and that's not a problem and the staff always make sure they are offered a drink."

Requires Improvement

Is the service responsive?

Our findings

The information obtained before people moved into the home focused on how people wanted to be supported with their personal care and well being; there was limited information to explore people's individual and diverse support needs. Where information was recorded, we saw their care had not been organised to enable their needs to be met. For example, we saw one person had requested assistance to practice their faith as it was an important part of their life. This had not been arranged. The registered manager had explored how this could be facilitated but told us they had been unable to find a person to visit the home. We saw this person's care had been reviewed as part of their annual review with a representative from the local authority; they had identified that provision to support them to practice their faith had not been accommodated and following the review, no further action had been taken by the registered manager to facilitate this.

People had mixed views about how they were supported to engage in activities that interested them. People told us singers and entertainers visited them and we saw that some people had appointments with the hairdressers; however, we saw there was little stimulation for other people who did not have an appointment. Staff told us they were responsible for organising any activity although there were no activities on the day of our inspection and we saw people generally sat watching the television. One person told us, "It depends what day it is whether there's anything to do. Most of us are quite happy just watching the television. I'm not really interested in doing that much." One other person told us, "I prefer to spend time in my room. I have the newspaper delivered, so read through that. I tend to go out later and talk to some of the other people here." There were limited opportunities for people to be involved with activities outside of the home. One person told us, "If I want anything, then the staff will go to the shop for me; I don't have anyone to take me out."

People had a support plan which included information about how they wanted to receive any personal care. People told us they were involved with any care review and the staff asked them how they were and whether they wanted anything changing. The support plan included a brief 'typical day' for people which included information about what people liked and disliked and how they liked to spend their time. One member of staff told us, "This is really useful, especially for new staff so they have quick information about what people want without having to go through all the records." Where significant changes were made with people's care, the staff explained that this was discussed at the shift handover to ensure they had all the information they needed to provide care for people.

People knew how to make complaints and who to go to if they had concerns. One person told us, "The staff are very good at listening. I'm sure if I had a problem they would listen." There was a complaint system in place and we saw the provider considered the circumstances of any formal complaint before providing a response. Where people had raised any general concerns, these were not recorded to demonstrate how the provider and staff had responded to make improvements.

Requires Improvement

Is the service well-led?

Our findings

On our last inspection we identified that improvements were needed as quality audits had not been carried out to ensure the necessary improvements within the service were made and how medicines were audited. We found on this inspection improvements had not been made, and further improvements were still needed.

On our last inspection we found that an accurate record of the number of the medicines received and stored was not maintained. This meant it was not possible to determine that people received their medicines as prescribed. At this inspection medicine management systems were still not effective and records of medicines stored in the home were incomplete. Information to ensure people received their medicines as required was not always available and concerns were identified that staff were making decisions whether people had prescribed medicines. We also found that health care referrals had not been made where it had been identified that people needed support to maintain a suitable diet or how they were supported to eat. Improvements had not been made with how individual capacity assessments were completed to ensure any decision made was decision and time specific. We identified concerns with how staff respected people's privacy and dignity and provided opportunities for people to be involved with activities that interested them and met their diverse needs. The registered manager had not worked with other agencies and had not considered how the service needed to improve; systems were not in place to ensure the service was suitably assessed, concerns identified and improvements made.

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

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on three consecutive inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services. We will also be meeting with the provider to review what changes will be made to ensure improvements will be made.

There were no formal meetings organised to enable people to comment on the service or receive feedback about any developments. The registered manager previously met with people individually to speak with them about the service and ask whether they had any concerns but this no longer happened. People had been asked to comment on the quality of the service, and the annual review was currently being completed. A survey had been sent to people and their relatives to ask whether they were satisfied with the level of personal care, whether they were satisfied with how staff spoke with them and received information about their rights and wellbeing. The manager explained that when the surveys were returned they would be

analysed and reviewed. We will review this on our next inspection.

People knew who the registered manager was and they told us that they were approachable. Staff told us that they were supported and were clear about the expectations of their roles. Staff enjoyed their roles and were proud of the work they carried out. Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns. One member of staff told us, "The manager has been here a long time and knows people really well. They want to get it right and make sure people are safe and I know they would do the right thing."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17(2)(a)(b) Systems and processes had not been established to assess and monitor the service to bring about improvements to the quality and safety of the services provided. Regulation 17(3) The registered person must send within 28 days, a written report setting how, and to the extent which, the service is being assessed and monitored and risks are mitigated to improve the quality and safety of the service; as the requirements of Regulation 17(2)(a)(b).