

Lifetimecare Uk Ltd

Mewsbrook House

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mewsbrook House is a 'care home'. It is registered to provide care and accommodation, including nursing care, for up to 50 people and there were 48 people living at the home when we inspected. The service was providing care for a wide range of care needs including older persons, dementia, mental health, substance misuse and physical disabilities.

People's experience of using this service:

Throughout our inspection we saw the service was not always clean, unpleasant odours were present in some areas of the service. We saw that the service was not well maintained, there were areas in need of repair and redecoration. Failure to ensure the premises are properly maintained is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were quality assurance systems in place and audits had identify most of the areas in need of attention. However, these audits did not have any actions or timescales to resolve the issues identified. This is an area in need of improvement.

We spent time with people during our visit and received positive feedback from people living in the service. Staff demonstrated empathy and cared for people they supported. People said they were happy with their care. People were cared for by kind staff who ensured that people received the care they needed and wanted. People told us that the staff were, "A bit of fun. We can have a bit of banter and we can make a joke".

The management and staff created a caring environment and we observed good relationships between people and all grades of staff. Staff at all levels were approachable and keen to talk about their work. People appeared at ease with staff and staff told us they enjoyed working at the service. Staff told us they felt well supported by the registered manager and each other. The service was safe, with systems and processes which ensured that any concerns were reported to appropriate authorities without delay.

Rating at last inspection:

At our last comprehensive inspection in February 2017 (Report published on 22 March 2017) we rated the service good. We carried out a focused inspection in August 2018 (Report published on 18 December 2018) following information of concern. The focused inspection inspected the service against two of the five key questions we ask about services; is the service safe and well-led. We rated the service requires improvement.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Mewsbrook 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. 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:

One inspector and an inspection manager undertook this inspection.

Service and service type:

Mewsbrook House 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. Mewsbrook House registered to provide nursing and personal care and support for up to 50 older persons with nursing needs. At the time of our inspection there were 48 people living at the service.

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 comprehensive inspection took place on 30 September 2019. The visit was unannounced, which meant the provider and staff were not aware that we were coming.

What we did before the inspection:

Prior to the inspection the provider completed a 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 took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection:

We spoke with three people living at the service about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, the head of care and care workers. We also made observations in the communal areas.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, records of accidents, incidents and complaints and audits and quality assurance reports were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We were sent additional quality assurance records, staff rotas and training data that we requested, to corroborate our judgements of the service.

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 this key question was rated requires improvement. At this inspection this key question has remained requires improvement. This meant there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to assess, consistently record and mitigate risks to people's health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements, so they were no longer in breach of this regulation. However other concerns were identified.

- The premises were safe but were not well maintained or well presented. Throughout our visit we saw that various areas of the service needed repair and redecoration. This included areas of peeling / removed wall paper and chipped paintwork. The registered manager had identified the majority of these issues as in need of attention but was not able to tell us when they would be resolved. Further areas in need of maintenance were identified during our inspection that had not been recorded in the provider's audits. This included the handle hanging off a cupboard door in the hallway.
- People were protected from the risks of infection, however the home was not always clean and well maintained, for example unpleasant odours were present in certain areas of the home throughout the inspection.
- This was discussed with the registered manager who was aware that the environment was in need of some attention.

The provider had failed to ensure the premises were properly maintained. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people were assessed on admission to the service and regularly updated. Where risks had been identified these had been assessed and actions were in place to mitigate them. Staff provided support in a way which minimised risk for people. For example, people's risk of falls had been assessed. We saw that hoists, wheelchairs and walking frames were used to help people move around safely where required. We observed staff provided safe care to people when they assisted them to mobilise.
- Records were maintained of accidents and incidents that took place at the service. Such events were audited. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.
- Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw that aprons and gloves were used appropriately throughout the inspection visit.
- Staff understood the importance of food safety, including hygiene, when preparing and handling food. Relevant staff had completed food hygiene training.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment practices. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements, so they were no longer in breach of the regulation.

- There were enough staff to provide a consistent service for people. Staff were available to provide assistance and care to people. Staff supported people in a relaxed manner and spent time with them. People did not long wait when they required assistance. They told us, "[The staff] are always about".
- Staff told us they were happy with the staffing levels and said, "There's enough staff".
- People were protected by the recruitment processes in place and followed. These made sure, as far as possible, that people were protected from staff being employed who were not suitable. For example, checks were made to ensure staff were of good character and suitable for their role. Staff files included the required recruitment information. Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC).

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and people felt safe. They told us they felt safe and, "It's a good place."
- The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area.
- Staff told us they had attended training in adult safeguarding. This gave staff the knowledge and confidence to identify safeguarding concerns.

Using medicines safely

- Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines. The medicines storage was locked when not in use.
- Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. There were guidelines for the administration of medicines required as needed (PRN).
- There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.
- Staff told us that they had received in medicines handling which included observation of practice to ensure their competence. They said that they felt confident administering medicines.

Learning lessons when things go wrong

- Lessons were being learned. Accidents and incidents were being reviewed regularly to check for trends. Feedback from previous inspections had been considered and measures were being put in place to make improvements.

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

At our last inspection we found that people received an 'effective' service. At this inspection the service continued to be 'Good'. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were met by the design of the premises. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- People's rooms contained personal possessions to reflect their individual personalities. Their rooms were furnished in a way that people have asked for. People living at the home did not pass comment regarding the décor. All people we spoke with indicated they were happy with the home.

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

- People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured that the staff were able to meet people's needs. Care plans were kept under review and amended when changes occurred or if new information came to light.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- Staff demonstrated knowledge of people's needs. People received care and support from staff they knew and who knew how they liked things done.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively.
- New staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide care to people. Their progress was reviewed on a frequent basis by the registered manager. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Following induction staff entered onto an ongoing programme of training. They received regular training in subjects that were considered mandatory by the provider and best practice national guidance. Staff received regular training in topics including, fire, safeguarding and infection control. Staff told us the, "Training was good".

- Staff told us there was sufficient time within the working day to speak with the manager. During our visit we saw good communication between all staff. Staff told us that they were, "Well supported" and they had regular supervisions (one to one meetings) with their line manager.

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

- People were supported to eat a range of food and drinks of their choice, appropriate to their needs. We saw that staff regularly offered to make people tea and coffee.
- People had a choice of meals. Food was available to meet peoples' diverse needs. People told us they liked the food. Comments included, "The Caesar salad was lovely" "I like the scrambled egg for breakfast" and "The risotto was very good."
- People's food and fluid intake was monitored when necessary and plans in place if people regularly did not meet their targets. People's weight was also monitored to ensure they remained healthy.

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

- The manager said the service had good links with external professionals. This was confirmed by a visiting healthcare professional who told us, "They [staff] always call if they need help and advice" and, "Staff respond to instructions".
- The service worked with a wide range of professionals including general practitioners, to ensure people lived comfortably at the service. They experienced good healthcare outcomes and were supported by staff to access services as they needed them.

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

- Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed.
- People's health conditions were well managed, and staff supported people to access healthcare services. This included established links with the admission avoidance team and nurse practitioner.
- Staff knew people well and care records contained details of multi professional's visits and care plans were updated when advice and guidance was given. A visiting healthcare professional told us, "They ring if they need help" and "They know people well".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- All staff we spoke with had a good working knowledge on DoLS and mental capacity. Staff understood what capacity meant and were aware of people who struggled to make decisions.
- Decision-specific mental capacity assessments were carried out and decisions in people's best interests were recorded.
- During our visit we observed that people made their own decisions and staff respected their choices. We

saw staff involved people. We saw staff seeking people's agreement before supporting them and then waiting for a response before acting.

- We saw that the service was working within the principles of the MCA. DoLS referrals were made if there were restrictions on people, for example if it was deemed in people's best interests to stay at the home. We saw that any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

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

At our last inspection we found that people received a 'caring' service. At this inspection the service continued to be 'Good'. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were well treated, they told us, "Staff are lovely".
- The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff had a detailed knowledge of people's equality and diversity needs. Staff spoke with confidence and demonstrated a clear non-judgemental approach to people's lifestyle choices.
- Throughout our visit staff interacted with people in a warm and friendly manner. We saw many caring interactions. For example, during lunch some people needed to be supported with their meals. This was done with patience and staff spoke with people being supported.

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

- Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. One person told us, "I'm free to do as I please".
- Staff focused their attention on providing support to people. We saw people smiling, chatting and choosing to spend time with the people at the service. People told us that staff are, "Really nice and kind" and, "They really do their best".
- We saw people's care was not rushed. This meant staff could spend time with people. Staff gave eye contact when talking to people. They spent time listening and explained what they were doing and offered reassurance.
- Staff always made sure people were happy and had everything they needed. For example, we saw a member of staff go and find a person's spectacles so that they could participate in the planned activity.

Respecting and promoting people's privacy, dignity and independence

- Staff chatted with people who enjoyed their company. Staff said that it was a happy place to work and that all the staff were caring and were able to meet the needs of people.
- People were happy. They told us it's a, "Nice place, [Staff] are great". People's independence was promoted. One person told us, "I can go if I want to".
- We saw staff making sure people's privacy and dignity needs were understood and always respected. For example, we saw that staff knocked on people's doors and asked for permission to go in.
- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's gender identity and sexual orientation.

Is the service responsive?

Our findings

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

At our last inspection we found that people received a 'responsive' service. At this inspection the service continued to be 'Good'. This meant that 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

- People received personalised care that was responsive to their individual needs. Staff were able to tell us detailed information about people's current needs as well as their backgrounds. Staff were able to talk about people's likes, dislikes and people important to them without referring to the care plan documentation.
- We saw staff provided responsive and personalised care. We saw staff respected people's known wishes and preferred routines and choices. Staff held meaningful and enjoyable conversations with people as they knew about their lives and interests.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.
- People told us they had plenty of things to do; this had included days out, games, entertainment and crafts. People told us they, "Went out regularly". One person told us, "They [staff] get me a taxi if I need one so I can go out". We saw photographs of recent days out; some art and craft activities people had been involved in recently and a musical entertainer visited during our inspection.
- People were supported to maintain relationships with people that mattered to them and to avoid social isolation. One person told us, "I've got friends here. [Name] is adorable".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and details of any needs were recorded. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice.

Improving care quality in response to complaints or concerns

- People told us they could complain should they have need to. One person told us, "Staff are kind they listen." Details of how to make a complaint or give feedback was on display.
- Records showed any issues that had been raised were recorded, investigated and outcomes discussed with people to ensure issues were resolved to their satisfaction. There was an open and transparent approach to resolving issues for people. This helped to ensure improvements to people's quality of care were made whenever possible.

End of life care and support

- At the time of this inspection the service was not supporting anyone with end of life care. However, people's preferences were sought as part of the assessment process and when appropriate.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained 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

At our last inspection the registered manager and provider were not managing conflicts of interest and lacked transparency, and there were failures in monitoring the safety and quality of the care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. New systems were in place to monitor the service and previous feedback had largely been acted upon, however further improvements are required.

- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were aware of their responsibilities under the legislation and had ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe.
- The registered manager had effective oversight of the service. They were able to provide in-depth information regarding the service without referring to documentation. This demonstrated a thorough knowledge and understanding of the service.
- People and visitors spoke highly of the management and staff at the service. One person told us, "I can be really difficult... I've not given them a chance. I should really because they are really nice and kind." Other comments included, "It's a good place", and "I like it".

Continuous learning and improving care

- Quality assurance systems monitored the quality of service. A maintenance and environment audit identified need for repairs and redecoration but did not have any actions or timescales to resolve the issues identified. Further areas in need of maintenance were identified during our inspection that had not been identified by the providers audits. This included areas of peeling / removed wall paper and chipped paintwork.
- This was discussed with the provider who told us the environment was the way it was because they were providing care to people with complex needs. Whilst this is the case, we expect the environment to be kept to a good standard.
- Staff told us the management were, "Slow to act" if faults in equipment were identified and they felt the premises were in a, "Poor state". They said, "The only problem is the décor. It needs attention. It's not good" and "The home is not well maintained; the environment is poor". Staff also told us they felt, "Embarrassed"

to show visitors around the service.

- Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns.

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

- There was a management structure in the service which provided clear lines of responsibility and accountability. A senior member of staff told us that they had a "Great team".
- The registered manager ensured they maintained their knowledge and skills in their roles and were aware of their legal responsibilities. People knew who the registered manager was and held them in high regard. Records confirmed that staff discussed staff practices within supervision and at staff meetings. Staff told us, "[Manager] is excellent, really supportive".
- The service had a positive culture that was open and friendly. Staff at all levels were approachable and keen to talk about their work. People were at ease with staff and staff told us they enjoyed working at the service. They said, "It's a fabulous place to work, I love it". Staff demonstrated a strong level of commitment and dedication to the service.

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

- People, relatives and staff were asked for their opinion of the service. This was through direct conversation with staff, as part of structured reviews or in the form of annual surveys.
- The registered manager had an 'open door' approach and had set aside a specific time each week where people could, "Have a chat". The registered manager told us this informal verbal feedback meeting, 'Time for tea' had proved a beneficial way of gaining people's views. People spoke highly of their care and felt the service was well-led.
- People and staff described the management of the service as open and approachable. There were regular meetings, which meant they could share their views about the running of the service.
- Staff told us they had expressed concern regarding the environment in relation to maintenance and décor. They did not feel that action was being taken in response to their comments. They said, "Nothing has changed" and "They seem to listen, but don't do anything about it".

Working in partnership with others

- The registered manager worked well in partnership with external health and social care professionals to improve outcomes for people.
- The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were properly maintained.