CareQuality Commission

MTCARE Property Limited

Meavy View Retirement Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service

Meavy View Retirement Home is a residential care home providing personal care to 18 people at the time of the inspection. The service can support up to 32 people in one adapted building.

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

People told us they felt safe and were happy with the care provided. The environment was clean in all areas seen. Staff were caring and we observed some positive interactions between staff and residents. Most relatives had no concerns about the service and they told us they had received updates about their family members during the covid pandemic.
There were sufficient numbers of staff on duty and they responded to people's needs in a timely manner. However, there were concerns about security at the service as several people had managed to leave the premises. There were concerns that the service was not raising safeguarding concerns appropriately and there was little evidence of learning lessons from incidents that had occurred, to minimise the risk of them happening again.

We found maintenance issues within the home and although there were sufficient supplies of personal protective equipment, we found some issues around infection control that had not been addressed effectively.

People told us the registered manager was very supportive and well liked. Although audits were taking place, they were not robust enough to pick up the issues we found on inspection. The provider had little oversight of the management of the service and there was no evidence of any provider audits taking place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.
The last rating for this service was good (published 11 May 2018) At this inspection we found the service had deteriorated to requires improvement.

Why we inspected
This inspection was prompted in part due to concerns received. A decision was made for us to inspect and to examine any risks to people's health and safety. This report only covers our findings in relation to the key questions Safe and Well-Led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to coronavirus and other infection outbreaks effectively.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has deteriorated to requires improvement.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified two breaches in relation to Regulation 12 Safe Care and Treatment and Regulation 17 good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up
The overall rating for this service is requires improvement. We will meet with the provider following this report being published. In addition, we will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led? The service was not well-led. Details are in our well-led findings below	**Requires Improvement**

Care Quality Commission

Meavy View Retirement Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Meavy View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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. Together with the provider, the registered manager is legally responsible for
how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us 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.

During the inspection
We spoke with five people who lived in the home and spoke with six relatives over the telephone. We spoke with the manager and provider and contacted six staff members over the telephone.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to the recruitment of staff. We also looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to confirm evidence found. We looked at records sent to us following the inspection.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong, Assessing risk, safety monitoring and management

- Security at the home was not safe. There had been incidents where vulnerable residents had left the building several times unaccompanied which put their safety at risk. No harm occurred. At the rear of the property we found the property was still unsecured, and nothing had been done to protect vulnerable people from leaving the service. Following on from inspection we received evidence that the fencing had been secured.
- Staff confirmed that they had received safeguarding adults training and were able to describe how they would protect people from abuse and keep them safe. However, we received concerns from the local authority that safeguarding procedures were not being followed. These concerns are currently being investigated by the local authority. Whilst reviewing records, we noted that a serious incident had not been safeguarded or reported to the Care Quality Commission. This meant that the individual could have been at an increased risk of self-harm.
- There was no evidence seen to suggest that lessons had been learned, from incidents arising at the service. Where individuals had encountered falls resulting in serious injury, measures were not always put in place to mitigate the risk and prevent this from happening again.
- One individual at the home was not appropriately placed and had put themselves at severe risk attempting to escape from the home. Hourly checks were put in place and a window restrictor which had been broken by the individual was repaired. The individual was also moved to a downstairs room. Staff at the service were not trained to support this person effectively, in relation to their mental health. We raised our concerns around this directly with the provider and explained the importance of ensuring that they can meet people's needs safely prior to admission.
- We identified that hot water was not working properly in a downstairs toilet room. The provider assured us that this would be actioned. Prior to the inspection we had received concerns that there had been issues with hot water and heating. Staff confirmed that there were issues in some bedrooms, which meant they were placing themselves at risk transporting hot water around the building.

We found no evidence that people had been harmed however, we were not assured that the provider was doing all that is reasonably practicable to mitigate any such risks. This placed people at risk of harm. This was a breach of Regulation 12, (1) (2) (b) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we saw a log of accidents and incidents there was a lack of analysis and actions taken. This had already been picked up during a recent audit by the local authority.
- People we spoke with told us they felt safe in the home and were satisfied with the care provided. One

person told us, "I'm very happy here. I am very well looked after." The majority of the relatives we spoke with had no concerns and one family member was full of praise for how her relative had progressed since moving into the home.

Assessing risk, safety monitoring and management
● The staff room and the bathroom in the basement area were unusable due to being cluttered with old mattresses and equipment. We addressed this with the registered manager as an immediate fire hazard concern. The provider responded by moving the equipment during the inspection.
● Essential safety checks on equipment had taken place. However, we had been made aware that the lift had been out of order previously for an extended period of time, which had caused difficulties for people within the home.
● We were advised that new window restrictors were fitted, following an incident. However, we found one room did not have a window restrictor in place and wardrobes were not secured. We also found a store cupboard with a broken lock. We discussed this with the provider who agreed to action this.
● The business continuity plan had not been reviewed in light of the pandemic. This was updated following on from our inspection.
● People had personal evacuation plans in place and staff could explain the action they would take to protect people in the event of fire. The training record confirmed staff had undertaken fire training to ensure their knowledge was up to date.
● Care plans and risk assessments were in place and it was clear that the registered manager had worked hard to improve these since the last inspection.

Preventing and controlling infection
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were somewhat assured the provider was preventing visitors from catching and spreading infections. We noted that measures on entering the premises, to prevent the spread of infection could be improved further. Although PPE was available, there was no system in place to check temperatures and complete track and trace information for visitors. We received evidence that this had been implemented following on from inspection.
● On arrival, we conducted a full tour of the premises with the registered manager. We saw the home was clean in all areas. We requested a copy of the infection control policy and noted that it had not been updated, in relation to Covid 19. This was updated following our inspection.
● There were sufficient supplies of personal protective equipment (PPE). However, one staff member was not wearing a mask appropriately. This was contrary to the latest government guidance on the use of PPE in care homes. The registered manager gave assurances this situation would be addressed. There was no designated area for staff to don and doff PPE. This was raised with the registered manager who again agreed to ensure that this was addressed.
● We noted that bins within the service were not pedal operated. We discussed this with the registered manager who explained that the provider had ordered the wrong bins and had reordered the correct type. Confirmation that this had been actioned was seen during the inspection.

Using medicines safely

● People received their medicines safely. Medicine Administration Record Charts (MAR) were completed appropriately. We found one discrepancy where one bottle of liquid medication had not been dated when opened. Medication audits needed to be more robust and this had already been identified by the local authority.
● We noted the medication fridge was not in an appropriate place and that the medication trolley was left in the dining room for long periods of time and was not secured to the wall. We raised this with the provider who advised that he would address these issues.
● We noted medicine competency checks were not always in place. We were advised that this issue had already been raised during a recent local authority visit. We were assured by the registered manager that these were in the process of being completed as a matter of urgency.

Staffing and recruitment
● The service had a consistent staff team, many of whom had worked at the service for a considerable length of time. We had no concerns around the staff and found them to be caring and conscientious.
● Staffing levels were appropriate at the time of the inspection. The home was calm, and staff attended to people's needs promptly. However, concerns were raised that there were plans to reduce the staffing levels further, due to falling occupancy levels. We discussed this with the provider, and we recommend the provider seeks and implements best practice guidance on the deployment of staff.
●The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home. We found some minor shortfalls that the registered manager addressed following inspection.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

● We found significant issues with the management of risk within the home. The provider did not have a clear understanding of regulatory requirements and risks and had not been proactive in ensuring preventative measures were in place in response to incidents and maintenance issues. The service did not have a maintenance man to support with repairs and although the security at the back of the building was eventually secured, it was not addressed in a timely manner.
●There was little oversight of the service from the provider perspective and provider audits were not taking place.
●The registered manager did not always ensure safeguarding procedures were followed and notifications regarding serious incidents were not always reported to the appropriate authorities. Internal investigations and actions following serious incidents were not routinely taking place.
● Infection control procedures were not as robust as they could be and infection control policies had not been updated with regard to the covid 19 pandemic.
● We found some shortfalls in quality monitoring systems. Although accidents and incidents had been recorded there was no analysis to determine patterns and reduce the risks of incidents happening again. Audits were taking place but they were not robust enough to pick up the issues that we found on inspection.

The provider had failed to operate effective systems to assess, monitor and manage the quality and safety of the service. This a breach of Regulation 17(1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities)
Regulations 2014.

● Staff understood their individual responsibilities and the registered manager supported the staff team effectively. Staff were full of praise for her and recognised that she had a difficult role to fulfil. One staff told us, "The registered manager is brilliant, but she doesn't always get listened too." Another staff member told us, "What can I say! She's a superstar the best manager ever! She very understanding." It was clear from speaking with both staff and relatives that many of the issues that were impacting on the service were at provider level.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people;
●The registered manager ensured the culture of the service was caring. It was clear she knew the individuals very well and people felt comfortable approaching her for support and reassurance. Care plans were person centred and we saw evidence of "This is me," documentation in files.
● Although the home had a welcoming feel, some areas of the home were cluttered and the communal areas and people's bedrooms were in need of decoration. Some staff had volunteered to help spruce up the home as they wanted to improve the surroundings for the people that lived there. The registered manager had worked hard to support the staff team during the pandemic and had bought them gifts personally to thank them for their hard work. The registered manager had not always felt supported by the provider. We discussed the importance of supporting the registered manager effectively and ensuring she had the authority to authorise agency staff in the event of staffing shortages. The provider gave us reassurance around this and agreed to support the registered manager in any way they could.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Staff engagement was achieved through team meetings and handovers at each shift change. Staff told us they felt well supported and we saw evidence of some supervisions taking place.
●People liked the registered manager, and this was evident in their interactions with her. Relatives told us, "The manager is wonderful, I can't fault her, to be honest I hate her having a day off."
● People told us they were happy living in the home. One person said, "The food could be better, it's clean and we are well looked after. We can't grumble, we can't have everything." Another person said, "I am safe here and I am happy." People's views were sought informally through daily discussions and we saw evidence of some satisfaction surveys. We saw numerous thank you cards displayed within the home, thanking the staff for their kindness.
● Relatives confirmed they had been kept up to date during the pandemic. One relative said, "Its been okay given the lockdown, she's very happy and I've spoken to her a few times. We do talk over the phone, we have had facetime as well."
● The registered manager had worked hard on updating the care planning records, which took account of people's equality characteristics.
●The service worked in partnership with a variety of other agencies. These included GP's , social workers and district nurses. This helped to ensure that people had support from appropriate services.

Continuous learning and improving care, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
●There was no evidence seen of ongoing analysis and evaluation to demonstrate continuous learning and lessons learned.
●The registered manager told us she understood the duty of candour and the need for openness and honesty when things went wrong within the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not doing all that is reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and manage the quality and safety of the service