

HC-One Limited

Daneside Mews

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

Daneside Mews is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service can support up to 34 people. It accommodates people in one purpose-built building.

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

People had not always been consistently protected from abuse. The reporting of a safeguarding incident had been delayed due to a lack of staff knowledge of reporting procedures and training in safeguarding. This had now been addressed at the time of our site visit with the procedure being reinforced through supervision and new reporting protocols.

Shortcomings in medication management, falls risk assessments and completion of other quality assurance documents had been identified by provider's audits. A new plan of action had been agreed between the registered manager and the registered provider to ensure compliance. Although no-one had been harmed, people were potentially at risk of harm.

The premises were clean and hygienic, and measures taken to minimise the risk to people of becoming Covid-19 positive were in place. There were sufficient, appropriately recruited staff to support service users. Service users were relaxed and comfortable with the support they received. No concerns of people's personal safety were raised by relatives.

The registered provider had systems in place to check the quality of the care being provided. An external system of regular auditing by the quality director was in place and recent audits had identified some shortcomings in the internal quality assurance systems used by the registered manager. Some of these concerns were ongoing. As a result, the service was not consistently well led.

Systems were in place to gain the views of both people who used the service and their families. Relatives confirmed they were asked for their views and considered the service to be well run and the registered manager supportive and attentive.

The service always notified us of significant incidents within the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected

We received concerns in relation to reporting safeguarding concerns and falls risk assessments. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We also 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 that the service can respond to coronavirus and other infection outbreaks effectively.

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 changed from Good to Requires Improvement. This is based on the findings at this inspection.

We found no evidence during this inspection people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The registered provider had taken steps to address these initial concerns.

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

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Daneside Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

Daneside Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We contacted five relatives about their experience of the care provided. We spoke to eight staff including the registered manager, quality area director, senior care assistant, care assistant, housekeepers and administration staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We made arrangements for additional documents to be sent by the registered manager so they could be viewed remotely. These documents related to training, staff rotas, quality audits and fire detection testing.



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 now 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 people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place; however, these had not always been effective. On one occasion staff had not been clear about how the reporting process worked.
- It was identified not all staff knew how to make a safeguarding referral and not all had received recent safeguarding training.
- The registered provider had now put in place actions to address this through a new reporting protocol and staff supervision.
- At the time of our visit, the registered provider had introduced improved communications with on-call managers, safeguarding procedures had been discussed with all staff in their supervision, updated safeguarding training had been provided and the message that staff could report safeguarding concerns at any time has been reinforced.
- People living at the service appeared to be relaxed and comfortable with the staff team and a relative commented, "I have no concerns about [Name's] safety at the home"

Using medicines safely

- An audit covering all aspects of quality was undertaken by a representative of the registered provider. This had taken place before and during our visit to the service. These audits were carried out regularly.
- This audit had identified some shortcomings in medicines management that had been identified. A plan of action had been devised to remedy any shortcomings.
- We found that all medicines were securely stored and systems were in place recording the receipt and disposal of medication.
- Staff received training in medication administration and were assessed as competent.
- Protocols for "when required" medicines (known as PRN) were in place demonstrating that steps to reduce any distress people experienced were used before medical intervention.

Assessing risk, safety monitoring and management

- Assessments relating to those who were at high risk of falling were in place. These had recently been reviewed and changed in response to a safeguarding incident and the registered provider's audit, carried out prior to and during our visit.
- The falls audit had identified there were concerns about how thorough and timely evaluations of risk assessments had been in recent months. All assessments had been reviewed and re-written with the aim to mitigate the risk of falls.
- Other risk assessments were in place relating to people's nutrition and susceptibility to pressure areas.

These were up to date and had been evaluated.

Learning lessons when things go wrong

- Systems were in place to reflect on practice issues but were not consistently used.
- These included meetings designed to address issues immediately, identify good practice and minimise re-occurrence. Although there was evidence of regular meetings, issues with medication, for example, were not always identified or actioned.
- A plan of action had been devised to ensure more consistently use of reflective practice.
- Such reflective practice had been undertaken following a fire drill evacuation in November 2020. Subsequent fire drills were more effective as a result of this.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. As part of ensuring the safe entry of visitors to the service, the protocol in place outlined the need to take their temperature. We were not offered that opportunity and reinforced a consistent approach to be used by the registered manager.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- Staff were recruited safely, and all necessary checks were completed before starting work at Daneside Mews
- Staffing levels were appropriate to the needs of people living at the home.
- We observed staff were always visible and available to support people.

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 now 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; 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; Continuous learning and improving care.

- The registered provider had developed a robust quality audit system aiming to achieve positive outcomes for service users.
- Over recent months, this audit had identified some areas of practice requiring further action. These had not always been completed by the registered manager. These related to medication, care plans, risk assessments and other aspects of quality assurance which had not been actioned. Some records also were identified as inaccurate. While no service users were harmed as a result; the inconsistent use of quality tools available, placed people at risk of receiving an inconsistently well-led service.
- Governance at registered provider level had been effective as it had identified a plan of action for improvement.
- Policies and procedures were in place to promote a consistent approach to services delivered to people.
- The service always notified CQC of significant incidents.

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

- Service users appeared relaxed and comfortable with the staff team. Staff were observed delivering care in a dignified and friendly manner.
- As part of their daily routines, some service users walked around the building and at times entered the registered managers office. The registered manager took time to talk with the person and to assist them in a patient and dignified manner.
- Comments received from relatives included, " During these difficult times, the staff and management at Daneside mews have really surpassed themselves." and "they make people happy and have tried to keep things as normal as possible".
- Staff told us "I have been supported by my manager during the pandemic; she goes above and beyond" and "I find the manager approachable".
- The registered provider had complied with their legal requirement to display the latest CQC rating of the service within the home and on their website.

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

characteristics

- The registered manager conducted a daily walkaround of the building to check on quality issues. As part of this process, the views of service users were sought to enable them to be involved in this process. Any issues identified through these conversation were actioned immediately.
- One relative commented "We were sent a questionnaire to complete regarding the home which enabled us to comment on the quality of care provided" and, "[the manager] is always open to suggestions regarding [name's] care and maintaining optimum mental health".
- Questionnaires had been recently sent out to relatives and friends invited them to comment on the care provided.

Working in partnership with others

- The registered provider continued to work with other agencies such as the local authority, social workers, health professionals and the local authority safeguarding team.
- The registered provider had fostered positive working relationships with other agencies and continued to liaise with infection control services during the Covid-19 pandemic.
- Letters of support from local primary school children were displayed around the building.