

Mr & Mrs P C Kadchha

# Noss Mayo Residential Home

## Inspection report

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Date of inspection visit:  
20 October 2020

Date of publication:  
30 July 2021

## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Noss Mayo Residential Home is a residential care home providing personal and nursing care to 12 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

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

There were significant shortfalls in organisational governance. The provider had a quality control policy in place. However, the policy did not describe who was responsible for undertaking audits to ensure regulatory compliance. There was insufficient detail regarding monitoring timeframes and quality assurance processes which increased the risk to people's safety and welfare.

There was a lack of quality assurance processes in place to monitor the quality of the service and address shortfalls. For example, several audits were either not in place or not comprehensive enough to identify all environmental and health and safety issues that the inspectors identified during the site visit.

People did not always receive their prescribed medicines or topical medicines. Alternative methods of administration and contact with healthcare professionals had not taken place, which put people at increased risk of health deterioration.

Staff were consistently not wearing the correct PPE in line with government guidelines. Service users were at increased risk of contracting infection by the provider's failure to ensure the correct Personal Protective Equipment (PPE) were being worn by all staff.

Some staff had not received some of the training identified as mandatory by the provider.

Notifications about significant events that had happened in the service had not been submitted to CQC, as required in law.

Staff were positive about their experience of working in the service. Most people and their relatives also provided positive feedback on the caring, friendly nature of staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (February 2019)

### Why we inspected

We received concerns about a number of issues including the management of people's care, the safety of staff deployment and infection control measures. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

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 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 Inadequate. This is based on the findings at this inspection.

#### 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 have identified breaches of regulations in relation to the registered provider's assessment and management of potential risks to people's safety, the deployment of staffing and organisational governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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.

#### Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### **Is the service well-led?**

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Noss Mayo Residential 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

Our inspection was conducted by two inspectors.

#### Service and service type

Noss Mayo Residential Home 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

The inspection was announced on the day of inspection prior to entering the service.

#### What we did before the inspection

We reviewed information we had received about the service. This included information shared with us by

other organisations including the local authority adult safeguarding team. We also reviewed notifications submitted by the registered provider. Notifications are events which happened in the service that the provider is required to tell us about.

During the inspection

We spoke with the registered provider, registered manager, six staff members; six current service users or their relatives.

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

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- During our inspection we found the provider had failed to properly assess and mitigate a wide range of potential risks to people's safety and welfare in areas including care planning, medicines management, core training and organisational learning.
- We found some people's care plans and risk assessments had been reviewed. However, we identified shortfalls in the process for care planning and risk assessments. For example, a person had assessed risk relating to skin and pressure damage. We found no risk assessments or care plans in place, meaning staff did not have adequate guidance in place to support people. This increased the risk to people's safety and welfare.
- We found no evidence of organisational learning. At the time of the inspection the local authority had investigated a poor practice concern relating to poor standards of care. The case involved concerns relating to risk management, care planning, recording of information, poor communication and unsafe staffing deployment. The outcome was partially substantiated with recommendations made. However, there was no evidence an action plan had been formulated by the provider based on the concerns raised. This demonstrated that the provider did not always learn lessons when things go wrong.

Using medicines safely

- People did not always receive their prescribed medicines or topical medicines. We found instances of people not receiving their prescribed medicines for prolonged periods of time. There was no evidence to indicate alternative methods of administration had been considered. We also found in one record no contact had been made with a healthcare professional to resolve this issue.
- We examined further MARs and found instances when no entry had been made to show that a medicine had been administered or where the medicine should be administered as prescribed. The failure to recognise and resolve issues with medicines administration put people at increased risk of not receiving their medicines as prescribed. This meant service users health needs were not effectively managed which placed them at increased risk of health deterioration.
- The provider failed to follow their own medication procedure. We found topical creams left out on a working radiator. This can compromise the effectiveness of the medicines. Additionally, some people within the home lacked capacity which meant they were at risk of using the creams in a way other than intended, placing them at risk of harm. The provider failed to establish an effective system to monitor and mitigate risks relating to the administration and storage of medicines for service users.

Preventing and controlling infection

- National guidance on the use of PPE and infection prevention and control during a pandemic was not followed. The provider failed to ensure the correct PPE was being worn by all staff. Staff were consistently

not wearing the correct PPE in line with government guidelines. The registered manager initially told us some staff were not wearing masks. During the site inspection we found all staff to be wearing masks not in line with current government guidelines. This placed people and staff at increased risk of contracting an infection.

- We reviewed the Infection Control Policy dated June 2019 and there was no evidence this policy had been reviewed or updated in relation to the COVID-19 pandemic. We also reviewed the COVID-19 policy (undated) and the provider failed to identify and use the correct PPE in line with government guidance and ensure risk assessments in relation to the correct use of masks had been carried out.
- Several areas of the environment were damaged which posed a risk of infection and compromised the effectiveness of cleaning. Equipment in the lounge was badly damaged and unfit for purpose. We found rusted equipment and damaged flooring in a bathroom. This bathroom was frequently used by most service users and was also used by a health professional on the day of inspection to redress pressure wounds. This posed a significant risk of harm due to poor environmental safety and impact on effectiveness of cleaning.
- We were assured that the provider was accessing testing for people using the service and staff. We have also signposted the provider to resources to develop their approach.

Systems were either not in place or not robust enough to demonstrate safety and that risks were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- When we spoke to staff, they appeared to have an understanding of safeguarding, however we found some staff had not received their safeguarding training which could increase the risk of not identifying and reporting any concerns.
- Following issues highlighted to the provider by healthcare professionals in relation to people's safe care and treatment, we looked at documentation including staff meetings, however safeguarding or the concerns raised by the health professionals was not discussed. This demonstrated a failure to understand the importance of safeguarding vulnerable adults.
- Staff were aware of the whistle blowing policy. This allows staff to raise concerns anonymously when they have concerns about anything, they feel is not right.

Staffing and recruitment

- The provider failed to appropriately assess people's needs and deploy adequate staffing. Prior to our inspection we reviewed information held about the service and found there were concerns and issues raised about safe staffing levels. During the inspection we looked at rotas and the service staffing calculator. We found service users were not receiving the level of care detailed in their care plans due to staffing levels.
- We identified staffing levels at night were not adequate. For example; two service users required regular repositioning according to instruction set out in health professional care plans. The staffing levels did not reflect the instruction, this meant people were at risk of avoidable harm due to there not being enough staff to meet their needs.
- The provider could not demonstrate how they were assured that a suitable number of staff were deployed to meet service users' needs. We were informed by the registered manager the staffing calculator had not been updated for over one year. The provider failed to keep accurate and detailed records of the needs of the people using the service so the staffing calculator, even if updated, would not reflect the current level of need, which put people at risk of harm.
- The provider failed to ensure staff were adequately trained to meet the needs of people using the service. We reviewed training records and found evidence only one staff member had completed specific pressure

area care training. We also identified several staff who had no record of completing moving and handling training. This meant that people were at risk of harm from untrained staff performing tasks they are not assessed as competent to complete. .

Staff were not deployed sufficiently in order to meet service users' needs and assess and mitigate known risks to services users. This was a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We looked at the way in which the registered persons had recruited staff and records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the staff concerned did not have criminal convictions.

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; 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.

- There were a lack of effective quality assurance processes in place to monitor the quality of the service and address shortfalls identified at inspection. We requested documents regarding how quality oversight was monitored and were informed by the provider no formal audits had taken place; only informal conversations had been undertaken which were not documented. The provider failed to monitor and mitigate risk relating to health, safety and welfare of people using the service.
- Systems to monitor, check and audit quality were not effective. The provider had a policy relating to quality control, however this did not describe a clear scheme of delegation for undertaking audits to ensure regulatory compliance and service quality and improvement. It gave no clear procedure of timeframes or who was responsible for the quality assurance.
- The provider had not ensured infection prevention and control measures were effective. The registered manager had not identified and addressed the issue of staff not wearing PPE correctly at the time of the occurrence. There was no clear evidence of regular checks being carried out by the provider or registered manager despite the Commission highlighting issues previously. This failure to take swift action, exposed service users and staff to an increased risk of infection.
- There was not always evidence audits such as medicines, infection control, safe staffing, environment, health and safety, care planning and risk assessments were being carried out by the provider or registered manager. During our inspection we found issues in all of these areas, which had not been identified prior to inspection. The failure to ensure these audits were undertaken, significantly restricted the provider's ability to identify risks and shortfalls and exposed service users to the avoidable risk of harm and poor quality care. We found evidence of kitchen, bedroom and laundry audits in place, however these were not comprehensive enough to identify all environmental and health and safety issues found on inspection. This lack of oversight put people and staff at risk of environmental and health and safety factors.
- In March 2020 the provider failed to notify the Commission of a police incident. In June 2020 and September 2020, the provider also failed to notify us of serious injuries. We raised this failure to notify with the registered manager. She told us "I didn't realise I needed to inform you [the Commission]". We also discussed this with the registered provider, who was not aware of what to inform the Commission of.

The provider had failed to assess and monitor the quality of the service and take action to address a wide range of potential risks to people's safety and well-being. This was a breach of Regulation 17 (Good

governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a system in place to obtain the views of people using the service by sending out an annual survey.
- People we spoke to as part of our inspection were generally positive about their experience of using the service. For example, one person told us, "It's very nice and very comfortable... yes, I feel safe". A relative told us, "The staff are fine, have no problems at all... If there were any problems I would talk to the [registered manager]"
- The provider maintained a range of professional contacts with other organisations including GP's, community nurses and therapists. However, these had not always been positive contact as mentioned in the issues raised from the poor practice concern.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to demonstrate effective systems and processes in place to identifying, mitigating and monitoring risks associated to peoples health and safety. This placed people at risk of harm.</p> <p><b>The enforcement action we took:</b> Notice of Proposal to impose conditions.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective systems and processes to monitor the quality of the service, and failed to ascertain full oversight of the service.</p> <p><b>The enforcement action we took:</b> Notice of Proposal to Impose Conditions.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure a sufficient number of suitably skilled staff were deployed in the service to meet the assessed need of people.</p> <p><b>The enforcement action we took:</b> Notice of Proposal to impose conditions.</p>