

The Mews Care Limited

The Mews

Inspection report

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Date of inspection visit:
01 September 2021

Date of publication:
05 October 2021

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

The Mews is a residential care home which provides personal care and support to younger adults with learning disabilities, autistic spectrum disorder or physical disabilities. At the time of our inspection eight people were using the service.

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

People were supported by enough suitably trained staff who had been recruited safely.

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

People's care plans and risk assessments reflected their needs and preferences and staff were knowledgeable about the level of support people required.

People were supported to maintain hobbies, try new interests and to access voluntary work.

People were supported to prepare meals and drinks and to follow a healthy diet.

Medicines were stored and administered safely. People were supported to take their medicines where needed. People were supported to access to health and social care professionals when needed.

People, staff and relatives said the registered manager was approachable and felt they would be able to raise any issues.

Quality monitoring systems were in place to check people received high quality care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of all of the key questions the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported in the least restrictive way possible to make choices and received care and support that was person centred and promoted independence and dignity.

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

Rating at last inspection

The last rating for this service was good (published 15 March 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The 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?

Good ●

Is the service safe?

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

The 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.

Inspection team

The inspection was carried out by one inspector and one medicines inspector.

Service and service type

This service is a care home without nursing. 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. The provider was not asked to complete 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke

with four carers, the registered manager and the area manager.

We reviewed a range of records. This included four people's care plans, daily records and medication administration records (MAR) We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and other evidence provided by the manager to support the inspection. We also spoke with three relatives.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and their relatives told us the service was safe. One person said, "I'm safe here, the carers know how to help me when I get upset." A relative said, "The service is excellent, [family member's name] is very safe there, and when we all go out is [family member's name] is always asking to go back as they enjoy it so much."
- Care plans and risk assessments were in place and were person centred. They contained detailed guidance for staff to follow to provide individualised support, to keep people safe and to promote independence.
- Staff knew people well and were knowledgeable about people who displayed distressed behaviours. Communication and behaviour plans were in place for staff to help manage people's behaviour to keep them safe. Staff told us about the training they received, one staff member said, "We do have lots of training, especially around monitoring people's behaviour. We had some training from the learning disability team about how to look out for triggers that could make people anxious or upset."

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding and whistleblowing processes and were knowledgeable about what to do to protect people from harm or abuse. Staff told us they would raise any concerns immediately. One staff member said, "If we saw anything was unsafe, we'd tell the manager or the safeguarding team."
- The registered manager understood their responsibilities to report any safeguarding concerns to the local authority.

Staffing and recruitment

- During the inspection we saw that there were enough staff to support people. Staff told us they felt there were enough staff to keep people safe and to support people to do things they enjoyed.
- Safe recruitment procedures were followed to ensure staff were suitable to work with vulnerable adults.

Using medicines safely

- Peoples' medicines were managed safely, and administration records indicated people received their medicines as prescribed.
- Staff were trained to administer medicines and regularly had their competency assessed to make sure they were managing people's medicines in a safe way.
- Staff were knowledgeable about the signs that a person may need 'as required' medicines if they were unable to request them. Protocols for these medicines were in place.
- A medical professional had recently provided feedback during an audit, "I have worked with this home for

nearly four years now and have always found the team to be very pleasant and helpful. They are always very attentive to the residents and they have done well on my medication audits."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infection
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager reviewed any accidents and incidents to look for any trends to reduce the chance of reoccurrence and used these as a chance to learn. The registered manager told us, "Sometimes things go wrong despite everything we have in place here, but we just have to learn from them to see if we can change anything to help stop it happening again."

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were carried out for people with involvement from relatives before they moved into the service to ensure the service could meet their needs.
- Care plans and risk assessments contained people's likes/dislikes, what choices they could make for themselves and what support was needed.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction when they were new to the service and had ongoing training. One staff member said, "We go get a lot of training, and we refresh it yearly. We do E-learning but also have face to face."
- Staff told us they felt supported and had regular supervisions with the registered manager where they could discuss any concerns or training needs.

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

- People were supported to maintain a healthy diet. Care plans contained information regarding any risks or guidance from health specialists for staff to follow. One staff member told us, "Some people need support to eat, we cut up food into bite-size pieces or we remind the person to eat slowly to avoid choking or eating too quickly."
- Where able, people were involved in making decisions about their food and drink. People were supported to make their own drinks and meals as part of improving independent living skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support when it was needed. One person said, "I don't have to wait, the staff are here all the time and they help me to do what I want to do."
- Where people required access to healthcare services this was arranged in a timely way. People had been seen by their GP or other relevant professionals and care plans were updated following these visits. Where one person's mobility had deteriorated this was highlighted to appropriate professionals to identify the reason and find a solution which was ongoing at the time of the inspection.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed and where people that lacked capacity to make some decisions, they were supported to make decisions in their best interests.
- One person told us, "I always talk to the staff about things, we decide stuff together."

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received support from staff that were kind and caring. One person said, "The staff know me really well, they are all caring and help me with lots of things."
- Relatives told us that staff were kind, caring and wanted the best for their family members. One relative said, "For example, a relative told us, "Staff are excellent, they are very caring and know all the residents extremely well, you can tell they want what's best for them."
- Staff were able to tell us about people's preferences and what was important to them. One staff member said, "We use what people and relatives tell us and what we learn over the time we are supporting people to try to understand their needs better and that way we know we are giving them the support they want."

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

- People told us they were involved in decisions around their care planning. One person told us, "I sit with [managers name] and we do my care plan together, it's mine so I say what is in it. We talk through all my folders and decide what's going to go in them"
- Relatives told us that staff involved their family members in decisions. One relative said, "The staff always ask what they want to do, and because they know them so well, they can suggest things they usually like and then help them choose other things."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to maintain their independence. One staff member said, "Some people need more support than others, we use what we know about them and assess their ability at the time. We also encourage them to do things for themselves wherever possible."
- We saw how staff supported people in a dignified way. When people were displaying distressed behaviours staff discreetly offered support to help ease their anxieties.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff knew them well and their preferences were respected.
- Relatives we spoke to told us the care their family member received was personalised to them. One relative said, "[Family member's] care plan is full of information about them and it gets reviewed if anything changes."
- People were supported to enjoy activities and access work opportunities.

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.

- We observed staff being patient when talking to people and following the guidance in the care plans to ensure people could understand them. One staff member said, "Some people can't cope with too many choices, or loud voices so we ensure we talk to them in a way that they prefer to help them understand and keep their anxiety to a minimum."
- Information was provided to people in their preferred format. For example, some people preferred pictures to help them communicate their needs. Staff told us they helped some people read their health appointment information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do the things they wanted to do. This included daily living skills, shopping, keeping pets and work opportunities. One person told us they had wanted to look after animals. They said, "I wanted to [description of animal care] so I told [registered manager] and then the staff helped me to do it. I worked out everything I needed to do with [registered manager]. I got upset when [things didn't go to plan] but staff helped me with that, so we tried again and now I have [name of animals] and they are my best friends."
- People were supported to access work opportunities, with one person working at a local day centre. They told us, "I like it, I make the tea and help out and we play bingo." Another person told us, "I go to a day centre and I do woodwork and look after an allotment."
- People were supported to keep in touch with relatives and friends. Relatives told us that during COVID-19 restrictions they were unable to see their family members but were able to keep in touch. One relative said, "Even through Covid-19 they made sure we were kept informed and had regular video calls."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a concern or complaint if they needed to. One person said, "If I had any problems, I'd tell the staff or [registered manager] and they'd sort it out."
- There was a complaints policy in place, including easy read and pictorial versions. There had been no complaints raised at the time of the inspection.
- Relatives told us they would just speak to the registered manager if they were concerned but had the details of how to do this given to them when their family members had entered the service.

End of life care and support

- At the time of inspection, the service was not supporting anyone who required end of life support. The registered manager said this is something they have tried to discuss with some people but with limited success.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives described the registered manager as supportive and found the service to be well-led. One person told us, "[registered manager] is great, the best manager ever, they do help me with lots of things." A relative said, "It's managed very well, the manager knows them all so well and has a good relationship with everyone."
- The area manager visits the service regularly to monitor the quality of the service. It was apparent from our observations that they knew people well and people felt at ease around them, as did the staff.

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

- The registered manager understood their responsibility to let people know when something went wrong with a person's care.
- The registered manager reported incidents that were legally required to the relevant agencies and to the CQC.
- The last inspection rating was displayed in the service and on the providers website.

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

- The registered manager and staff understood their roles and spoke about being committed to getting the best outcomes for the people they supported. One staff member said, "I like how person centred it is here, we're like a family. We all want what's best for people and work together to support them to have a good life."
- There were quality assurance systems in place to monitor the service and drive improvements. Where issues were identified actions were put in place to address these such as supervisions with staff or making changes to processes where needed.
- During the area manager visits to the service the registered manager audits are checked, actions created if needed and followed up during the next visit. The area manager also took this time to speak to people and staff to check in with them.

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

- People and their relatives were asked for their opinion of the quality of the service. One person said, "We sit

with staff and say if we're happy or not, and [registered manager] asks us as well." One relative told us, "We do get invited to meetings, they keep us well informed and ask our opinions."

- Staff told us they felt supported on a day to day basis and had regular supervisions and meetings. One staff member said, "We get a lot of support here, from each other and the manager and area manager."

Working in partnership with others

- The registered manager shared with us feedback received via email from health and social care professionals following recent visits. One professional said, "[Registered manager] and the team show a high level of care and compassion to all the residents and I have never had any causes for concern. I feel [registered manager] and the staff offer the residents of The Mews a high level of care and have a great rapport with their clients and it is always a pleasure to visit." And an advocate said, "The registered manager and staff members have facilitated open contact for all residents to communicate with their representative via phone, video and where possible in person to express their open and honest views, feeling and opinions of their placement. Staff have been highly professional throughout this period with supporting their clients to access advocacy services."