

HC-One Oval Limited

Ringway Mews Care Home

Inspection report

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Date of inspection visit:
16 September 2019
17 September 2019

Date of publication:
17 October 2019

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

Ringway Mews is a care home providing personal and nursing care to 146 people aged 65 and over at the time of the inspection. The service can support up to 150 people and has five single level units, with each unit being able to support up to 30 people. All rooms are single occupancy with shared toilets and bathrooms.

Three units provide general nursing care, one supports people with dementia nursing needs and one is a residential dementia unit.

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

People and relatives were positive about the care and support they received at Ringway Mews. They said the staff were kind and caring and treated them with respect. Staff knew people and their needs and explained how they maintained people's privacy and independence.

Staff were also positive about working at Ringway Mews. They received the training and support required to carry out their roles. Staff also told us that training opportunities had improved since HC-One had started to manage the home in 2017. Staff were safely recruited.

People's needs were assessed. Care plans and risk assessment provided guidance on how these identified needs were to be met. All plans were reviewed and current.

People received their medicines as prescribed. We have made a recommendation about the management of some medicines.

People were supported to maintain their health and nutrition. People's weights were monitored, and fortified foods offered to those at risk of losing weight.

The service worked with medical professionals to meet people's health needs. Two medical professionals said the staff followed all instructions they were given. However, the nursing home team said, that whilst there were no specific concerns, they felt the home relied on them a lot and instructions were not always followed.

There were sufficient staff on duty to meet people's needs. A hostess was employed on each unit to support people with their meals. An activity officer was employed on each unit. A regular plan of activities was in place. When people were nursed in bed 1:1 activities were arranged in people's rooms instead of group activities.

The quality assurance system was robust, with action plans in place where issues were identified. Incidents and accidents were recorded and reviewed by the unit managers and the deputy and registered managers.

The home was visibly clean. Equipment was checked, maintained and serviced in line with regulations and guidelines.

An end of life care plan was available to record people's advanced wishes for the end of their life. We found that most had not been completed. Unit managers told us many families did not want to discuss their relatives end of life.

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.

People's cultural needs were recorded and were being met. A range of culturally appropriate meals were available. People's communication needs were recorded and provided clear guidance for the staff. Staff knew how people communicated their wishes and made decisions.

The service had a formal complaints procedure in place. Complaints had been responded to appropriately. People and relatives said they would speak directly to the staff and unit manager if they had any concerns.

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 requires improvement (published 18 October 2018) and there were two breaches of regulations. CQC issued two warning notices and met with the provider to follow up on the action we had told the provider to take.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Ringway Mews Care 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.

Inspection team

On the first day the inspection was carried out by four inspectors, a pharmacy inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Three inspectors returned on the second day.

Service and service type

Ringway Mews 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.

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 24 people who used the service and 10 relatives about their experience of the care provided. We spoke with 32 members of staff including the registered manager, deputy manager, nurses, care workers, activities co-ordinators and the chef. 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 19 people's care records and multiple medication records. We looked at ten 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection there were out of stock medicines on two units and medicines were not always safely managed. 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 had been made and the provider was no longer in breach of Regulation 12.

- The medicines ordering system had been reviewed since our last inspection and medicines were received in time for the new medicines cycle. The medicines administration records (MARs) for the last two medicine cycles showed there had not been any out of stock medicines.
- Thickeners were recorded when they had been added to people's drinks where they were at risk of choking. The guidelines from the speech and language team (SALT) were transcribed accurately, with two staff signing the record sheet to ensure they were correct. Topical creams were now stored in individual baskets for each person and care staff signed a record sheet when they had been applied. Clear body maps were used to show where the creams needed to be applied.
- People who needed to receive their medicines covertly had a care plan in place to confirm this. An appropriate medical professional had agreed this was in the person's best interest to ensure they received their prescribed medicines. The provider had recently changed pharmacist and had requested new instructions for how staff should give the prescribed medicines, for example, crushed in food or dissolved in a drink, but these had not been received. A further request was made during our inspection and the instructions were received shortly afterwards. Information from the home's previous pharmacist for giving the medicines covertly was still available in people's care files.
- People who required time specific medicines such as paracetamol, had the times of administration clearly recorded. Protocols for as required medicines were in place. These provided guidance to staff on when an as required medicine should be administered, including the signs and symptoms people who cannot communicate would have when they needed an as required medicine.
- Audits took place to ensure medicines were being recorded and administered as prescribed. The nurse on duty on each unit was responsible for auditing five people's medicines per day to ensure they were being administered as prescribed.
- One person's pain relief patch was re-applied to the same area too frequently which could cause skin irritation, although at the time of our inspection the person's skin was intact. Another person was sometimes asleep when they were due to have some of their medicines, but there was no evidence that this had been reviewed by the NHT or GP to ensure they received their medicines safely.

We recommend the provider considers current guidance for the application of medicinal patches and reviewing medicines if they can not be administered as prescribed.

Assessing risk, safety monitoring and management

- The risks people may face had been assessed and guidance provided for the staff on how these known risks were to be managed.
- Where people may refuse support or become agitated, information was provided on the techniques that had previously been effective in encouraging people to accept assistance.
- The secure gardens for each household were well maintained and secure. People were able to sit outside if they wanted to. A gardening contractor was now employed to maintain all the gardens at Ringway Mews.
- Premises safety was regularly monitored by qualified professionals. Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives reported feeling safe living at Ringway Mews. One person said, "The carers make me feel safe, well and secure every day" and a relative told us, "Indeed my relative is safe here, no question."
- Staff understood safeguarding, how to report any concerns and felt able to raise any issues with either the unit manager or escalate to the deputy or registered managers as required.
- Staff had completed safeguarding training.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents for wider learning and to reduce the risk of the same accident or incident occurring again.
- Incidents and accidents were recorded and reviewed by the unit manager. They were logged on to a computerised system and could not be closed off until they had been reviewed by the registered or deputy manager and where applicable, actions put into place to reduce the risk of a re-occurrence.
- Trends in accidents and incidents were monitored, for example, if a person was falling more regularly. Equipment, such as sensors and crash mats were put into place and referrals to the falls team or GP were made for a review of their medicines and support.

Staffing and recruitment

- People and relatives told us they thought there were sufficient staff on duty to meet people's needs. One person said, "There's lots of staff." Relatives said, "Staff are always coming around to check on my wife" and "You don't miss staff, someone is always roaming about." Our observations during the inspection confirmed this. The majority of staff felt there were enough staff on duty, although they could be busy at times, especially when there was not a hostess on duty.
- Hostesses were employed to serve food and assist people with their meals. Activity co-ordinators and domestic staff also helped over meal times. People therefore received the support they needed at mealtimes as there were additional staff available to support them.
- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- Regular agency staff were used to cover shifts when required. The service was in the process of recruiting additional staff to reduce the amount of agency staff needed.

Preventing and controlling infection

- Ringway Mews was visibly clean throughout.
- Regular audits on the cleanliness of the home were in place. Housekeeping staff followed cleaning schedules and were dedicated to particular units.

- Personal protective equipment such as aprons and gloves were available throughout the home.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they received. They said the training had improved since the provider had changed to HC-One. One member of staff said, "We do a lot of e-learning training; more than before, it's good."
- Staff received an appropriate induction and were assigned a buddy to support them throughout their induction period. Staff shadowed other members of staff prior to working on the rota and were required to complete the induction process before the end of their probationary period. The induction worked in line with the Care Certificate.
- Staff received training appropriate to their job role. The majority of the training was delivered via e-learning and currently 90% of staff were up to date with their training. Moving and handling and first aid training was delivered face to face and nurse clinical training, for example in catheter care, stoma care and PEG feeding was delivered by external qualified medical staff.
- Staff were encouraged to complete a recognised health and social care course. A new role of nursing assistant was being introduced, with five members of the care staff currently being trained in this role. This role included administering medicines and reviewing care plans.
- Staff received regular supervision and appraisal. The registered and deputy manager were responsible for the supervision of senior staff and cascaded information to heads of department during their supervision. Care staff said they had regular supervision meetings with their unit manager or nursing staff. Staff had a minimum of four supervisions a year.

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

- A pre-admission assessment of people's needs was completed, to ensure the home was able to meet the person's needs. Where appropriate this included the person's views, family views and input from relevant professionals involved in the person's care and support.
- A further assessment was completed on the day people moved to the home, providing staff with brief details of people's needs. Full care plans were then written.

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

- People's nutritional and dietary needs were being met. People said they enjoyed the food and there was a choice of meals available. We were told, "Meal times are good, and you always get a choice" and "We have night bites, I like bean on toast for supper" and "If I don't like what's on the menu, I ask for sandwich or salad."
- Where required, people were supported to eat their meals in a timely way. People's different dietary needs were catered for, for example one person needed a gluten free diet.

- People had a choice of meals. Breakfast was served as and when people got up. The lunchtime meal had been changed to a lighter meal, with the main meal being in the evening. This encouraged people to eat more as they were not full from breakfast when it came to lunchtime if they had got up later.
- Eating and drinking care plans were in place and reviewed each month. People's weights were monitored, and referrals made to dieticians and the speech and language team where people were at risk of losing weight. People's food and fluid intake was recorded if they were at risk of losing weight.

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

- The two dementia units had memory boxes outside people's rooms. Other units had hand made name card on the bedroom doors. This would help people locate their own rooms independently.
- Toilets and bathrooms had dementia signage and were painted in a different colour to other doors to help them stand out.
- All units had fully adaptive bathrooms and accessible showers.

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

- People's health needs were being met. Their needs were identified in their care plans, for example skin care. Specific medical conditions were identified, and guidance provided for staff to follow, for example supporting people with their diabetes.
- The majority of care plans included an oral health care plan and staff had received training in oral care. We discussed this with the registered manager who said that they would ensure all care plans included an oral health assessment.
- The home worked closely with the nursing home team (NHT), who made weekly visits to the four nursing units and district nurses. If a person became unwell a 'reactive' visit by the NHT was requested. Feedback from the NHT and other medical professionals was generally positive. However, the NHT told us that sometimes they felt the staff relied on the NHT for small issues when they should be able to do these themselves.
- One medical professional told us, "They are good here; they refer people when they need to, and they follow our guidelines. I've no concerns about skin integrity." However, feedback from the NHT was not as positive, saying that staff did not always complete the observations, for example blood pressure, requested. Although they did add that they had no specific concerns with any of the four units the NHT visited.

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.

- The service was working within the principles of the MCA.
- Care records contained capacity assessments and records of best interest meetings for a variety of

decisions, for example living at Ringway Mews, the use of bedrails and taking people's photographs for use in their care files. Best interest meetings included family members and other professionals as appropriate.

- Where people had been assessed as lacking the capacity to make decisions DoLS applications had been made. These were monitored by the registered manager so that re-applications could be made prior to the DoLS expiry date. Outstanding referrals for authorisations were regularly chased.

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 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 and their relatives were positive about the staff teams supporting them. People said, "Can I say a special thank you to you and your wonderful staff team for the attention I have received, you are wonderful" and "Compassion and care, that's all staff showed me since I came here." A relative said "A couple of words to describe staff; care, compassion and respect."
- We observed and heard positive interactions between people and members of staff across all five units throughout our inspection. However, we saw one occasion where a person was leant over in their wheelchair and staff did not offer support in a timely manner. We raised this with the unit manager and the person was immediately assisted.
- People's likes and dislikes were recorded in their care files. A brief life history was also obtained. Staff knew people and their preferences.
- People's cultural and religious needs were recorded in their care files and culturally appropriate meals could be provided. Representatives from local churches visited the home to talk and pray with people if they wanted to.
- Staff received training for equality and diversity as part of their induction.

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

- People's care plans included information about people's communication needs and how they made day to day choices. Staff knew how to communicate with different people and described how for some people they would show them things, for example two items of clothes to wear or plates of what the options were for the meal, so they could indicate which one they wanted.
- Relatives told us they had been involved in agreeing and reviewing their relative's care plans.
- Relatives also told us that they were kept informed of any changes for their relative. One person said, "They (the staff) listen to what I say and always try and help" and relatives told us, "We attend all review meeting, so I am familiar with her care plans" and "I have had no problems here and communication is first class."

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they maintained people's privacy and dignity when providing personal support, including explaining to people what they were doing throughout the support. A relative said, "I am grateful that they will always take my wife to her own room if they have to give personal care."
- People and relatives told us they were treated with respect. One person said, "There is nothing I can say about staff that's negative, they listen, and they treat you like a human."

- People's care plans provided information on what people were able to do for themselves. We observed staff encouraging people to be independent, for example when eating or walking.

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 requires improvement. At this inspection this key question has now improved to good. 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

- Care plans were in place which identified people's needs and provided guidance for staff in the support people needed to meet these identified needs. Care plans were reviewed each month.
- Care plans for the 'step down beds' on Wellington unit were now comprehensive and were regularly reviewed. Step down beds are where people are discharged from hospital, so their needs can be assessed in a care setting. Their social worker would then use this assessment to establish a care package and they would then move out of the unit. At the last inspection these care plans had been too brief, even though some people had lived on the unit for several months.
- A daily file was used to record the support provided, including personal support, re-positioning and food and fluids consumed. Daily notes were written, however on some units the entries were usually made in the early afternoon and then again in the early hours of the morning. Therefore, notes were not recorded for the latter part of the day shift. On other units two entries per shift were made covering the entire shift.
- There was a handover on each unit between every shift. The handover was completed in a private area and ensured any changes in people's health and wellbeing was communicated to the staff team. The handover also confirmed any appointments or visitors expected.
- Handovers between each shift were effective. Staff said they received clear information about people's needs when they moved to the service and if their needs changed.

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

- Each unit had their own activities co-ordinator in post. There was a planned itinerary of activities for each day, including one to one time with people who stayed in their rooms.
- The home had recently acquired their own mini bus and were planning more frequent trips out for people. One person said, "We now have a mini bus, I have to remember to book for a trip to Blackpool early because I use a wheelchair."
- A relative commented, "Staff are doing a great job with activities; they raised money and bought flowers, everybody liked being outside planting them."

Meeting people's communication needs

Since 2016 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.

- Records contained information about people's communication needs and staff understood people's non-verbal communication and responded appropriately.
- The registered manager gave an example of how one staff member was hard of hearing. They used a vibrating pager and hearing loop to assist with their communication.
- The provider was able to provide information in large print format if required.

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to within appropriate timescales. A complaint tracker was in place to assist in the monitoring of complaints and to ensure they were escalated appropriately, for example to more senior managers or to external organisations if required.
- Outcomes of the complaints were shared with the complainant and the staff team if appropriate and a copy of the response letter was kept on file.
- People and relatives said they were encouraged to raise any concerns directly with the staff. They said these were listened to and sorted out. One relative said, "They have got to give the home five stars for informing and engaging with everyone the way they do."

End of life care and support

- Ringway Mews had been validated for the use of the Six Steps end of life framework in December 2018. The Six Steps is a recognised programme for improving end of life care.
- End of life support plans were in place, which contained brief information about people's end of life wishes, for example if they wanted any religious involvement. However; we were told that many people and families did not want to discuss their end of life care.
- Specific end of life care plans were developed to meet people's needs as they neared the end of their life. Anticipatory medicines were prescribed to manage any pain they may have.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection there had been no action plan in place to remedy issues identified in the medicine's audits. The unkempt nature of the gardens had not been addressed in a timely way. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- Regular audits for medicines, care plans, health and safety, falls, weight and skin integrity were completed. Where concerns were highlighted action plans were in place to remedy the identified issue. Additional monitoring was put in place where required and concerns were reported promptly to the appropriate professional for further guidance and support.
- Audits of care plans involved the 'Resident of the day', where one person was holistically reviewed to ensure the care plans reflected the person's needs, meals were served to the persons requirements, health and wellbeing was monitored. Any actions from the audit are identified and completed in a timely manner.
- Clinical review meetings were held to review falls, weight loss, skin integrity and infections across the home.
- The registered manager submitted monthly reports through the provider's computer system, which was accessible by the regional managers providing them with oversight of the service. The regional manager visited the service on a regular basis.
- It was clear from our inspection that the registered and deputy managers had a close, professional working relationship. Both had clear lines of responsibility and knew what each other was doing. They both felt supported by each other and by the provider's regional management team.

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

- The staff we spoke with felt well supported by the registered and deputy manager. All staff told us, they could raise any concerns with the management team and they would be acted upon and listened to.
- The registered and deputy managers were visible on each unit. They completed a daily walkaround each morning to be updated on any changes and talk with the unit managers and 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 notified the CQC appropriately of any accidents and incidents at the service. All complaints were responded to within the timescales set in the providers policy.

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

- People living at the home and their relatives were involved in monthly meetings with the management team to ensure information was shared and maintain open lines of communication.
- Staff attended bi-monthly staff meetings and clinical meetings for nursing staff were held to review falls, skin integrity, weight management and any infectious illnesses. Where concerns were highlighted, risk assessments were reviewed, and measures put into place to manage these risks.
- A daily 11.30am flash meeting was held with all heads of departments, including the chefs and housekeepers. The meeting discussed any concerns about nutrition and weight loss, people who maybe unwell and highlighted any feedback and need to know information.

Continuous learning and improving care; Working in partnership with others

- Feedback on the service had been requested from people and their families. This was overwhelmingly positive, with 100% of 35 respondents saying the staff were kind. The responses were due to be audited and an action plan put together to ensure the home could improve on the responses.
- Staff were encouraged to undertake additional qualifications in health and social care to enhance their knowledge. Staff who struggled with learning were given additional support to progress.
- The management team undertook daily walk arounds of the home to ensure they remained visible to people and staff. They also made night visits at to the home, one member of staff said, "We see the [Registered manager name] and the deputy manager occasionally, they do night checks at 3am or so."
- The service worked with medical professionals, community services and local authority social workers. Information was shared appropriately where required.