

Valorum Care Limited

John Masefield House - Care Home with Nursing Physical Disabilities

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

John Masfield House - Care Home with Nursing Physical Disabilities is a residential care home providing personal and nursing care to 19 people at the time of the inspection.

John Masfield House - Care Home with Nursing Physical Disabilities accommodates up to 22 people in one adapted building. The service specialises in supporting people with a range of physical disabilities.

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

Improvements had been made to the management of the service. Effective systems had been introduced to enable the provider to monitor and improve the service. Feedback about the home manager and the improvements they had made were positive.

Communication had improved to ensure people, relatives and staff were kept informed of the progress the service was making and were involved.

There was a person-centred culture that put people at the centre of all the service did. This was promoted by the home manager and had a positive impact on staff morale. Staff felt valued and listened to.

Risk assessment processes had improved. Care plans contained detailed risk assessments and management plans which ensured people received safe care. Medicines were managed safely by trained, competent staff.

Systems had been introduced which ensure the safety of equipment and the environment. There was a refurbishment plan in place to improve the environment for people.

There were sufficient staff to meet people's needs and the provider continued to actively recruit to vacant posts.

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 inadequate (published 3 December 2020) and there were multiple breaches of regulation. We issued warning notices in relation to Regulation 12 (Safe care and treatment) and 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 regulations.

This service has been in Special Measures since 3 December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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 carried out an announced comprehensive inspection of this service on 22 October 2020. Breaches of legal requirements were found. The provider was issued with warning notices relating to safe care and treatment and good governance.

We undertook this focused inspection to check they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for John Masfield House - Care Home with Nursing Physical Disabilities on our website at www.cqc.org.uk.

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 ●

John Masefield House - Care Home with Nursing Physical Disabilities

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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

John Masefield House - Care Home with Nursing Physical Disabilities 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 did not have a manager registered with CQC. Being registered 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. The home manager was in the process of applying to register with CQC.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection to check the COVID-19 status of the home.

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 reviewed information sent by the provider relating to the management of the service and the management of risk. The Expert by Experience spoke with eight relatives about their experience of the care provided to their loved ones. We spoke with six members of the staff team. We used all of this information to plan our inspection.

During the inspection

We spoke with an additional six members of staff including the home manager, the area manager, the quality assurance manager, nurses and kitchen staff. We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at two staff files in relation to recruitment.

After the inspection

We spoke with three people via video link about their experience of the service provided. We requested additional information relating to the management of the service which was 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 inadequate. At this inspection this key question has improved to requires improvement. Improvements had been made. However we need to be sure that improvements are sustained over time.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks relating to people's health conditions had been assessed and there were plans in place to manage those risks. This included risks relating to Epilepsy, Cerebral Palsy and Diabetes.
- Most care plans had been reviewed and fully updated. Care plans included risk assessments relating to dietary needs, pressure care, moving and handling and falls. Where risks were identified there were management plans in place to ensure risks were minimised.
- The provider had worked with health professionals to ensure people had appropriate equipment in place to enable people to be supported safely and their care needs met.
- Systems to manage the health and safety of the environment had been reviewed and improved. The provider had introduced specialist maintenance companies to ensure the environment was safe.

Preventing and controlling infection

At our last inspection the provider had failed to ensure effective infection prevention and control procedures were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.

Using medicines safely

At our last inspection the provider had failed to ensure there were effective systems in place to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had implemented comprehensive audits to monitor the management of medicines. This included weekly and monthly audits which showed a high level of compliance.
- Nursing staff responsible for the administration of medicines had their competencies checked. One new member of the nursing team told us they had completed medicine management training and had been assessed undertaking medicine administration for two weeks until they were deemed competent to administer unsupervised.
- The provider had medicines policies and procedures in place which included actions to take in the event of medicines errors. Staff had a clear understanding of the policies and procedures.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure there were effective systems in place to monitor accidents and incidents in order to minimise the risks of reoccurrence. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented an electronic system for recording accidents and incidents. This enabled the home manager and provider to keep an overview of accidents and incidents to look for trends and patterns.
- Accident and incident records detailed what had happened and action taken as a result. This included the steps taken to minimise the risk of reoccurrence.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staff did not appear rushed and people's requests for support were responded to in a timely manner. However, some people told us staff took longer to answer call bells at night and at weekends. The home manager was arranging for a system to be installed that would enable call bell response times to be monitored in order to address these concerns.
- People and staff told us there were enough staff. Comments included; "There are enough staff and our own staff are fantastic" and "The number of agency [staff] has significantly reduced and if we have agency staff it's a regular team and we all gel together well."
- There were systems in place to support safe recruitment decisions. This included pre employment checks

to ensure staff were suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I do feel safe and my care needs are met."
- Relatives were confident people were safe. One relative told us, "My relative has safe care and has always been looked after well."
- Staff understood their responsibilities to identify and report concerns relating to harm and abuse. One member of staff told us, "If I had any safeguarding concerns I would report to the manager – or if needed to the head office or the local authority."

We could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 inadequate. At this inspection this key question has now improved to requires improvement. Leadership in the service had improved. However, we need to see these improvements sustained over time to provide consistent leadership.

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

At our last inspection the provider had failed to ensure there were effective systems in place to monitor and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented effective systems to monitor and improve the service. This included a range of audits that identified areas of improvement and action plans identifying how improvements would be made.
- Systems for monitoring accidents and incidents had improved. Records showed the home manager reviewed all accident and incident records to ensure appropriate action was taken and any learning used to minimise the risk of further incidents.
- People and relatives were positive about the changes made by the home manager and the provider. One relative told us, "The new manager is brilliant and needs all the support they can get. The new manager is a good communicator."
- Staff were positive about the improvements and the additional support they were receiving. A member of staff said, "The team gelled very well since the last inspection and we work so much better now. Manager is always working. I've seen the manager settling well in her role and the team growing strong with her." Staff were also positive about the provider management team supporting the home.
- The provider had made sufficient improvements to ensure they met their regulatory requirements.

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

At the previous inspection the provider had not ensured effective communication to enable feedback about the service to be shared and acted upon. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and relatives felt communication had improved and were confident the home manager would take action if there were concerns. One person told us, "[Home manager] is really, really brilliant. She knows what she has to do and is on top of it all. She is one of the best managers we have had and you can go to her with any problems or concerns." One relative said, "Their communication regarding COVID-19 has been handled fairly well in that they [management] attend the meetings and are open and honest."
- Staff morale had improved and there was a person-centred culture that put the needs of people at the forefront of all the service did. One member of staff told us, "Since [home manager] been in post things got much better, she is amazing, the best manager we had in two years, she made the most progress, she really cares about people and the staff alike, she puts everyone first."
- Regular meetings were held which enabled the manager to keep people, relatives and staff informed about the service and encouraged feedback. One relative told us, "We have monthly Zoom meetings (friends and family) with the manager and the management. They shared with us the CQC report and were very open."

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 provider and home manager understood their responsibilities relating to duty of candour. Relatives were confident the provider was open and honest and had communicated with them regarding the CQC rating following the previous inspection and relating to the COVID-19 outbreak.

Working in partnership with others

- The provider and home manager had worked closely with the local authority to make required improvements to ensure people were receiving safe care.
- There had been positive partnership working with public bodies and health professionals during the recent COVID-19 outbreak which ensured all current guidance was being followed.

We could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.