

Mavesyn Ridware Residential Home Limited

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Inspection report

Mavesyn Ridware House
Church Lane
Rugeley
Staffordshire
WS15 3RB

Tel: 01543490585

Date of inspection visit:

16 April 2019

26 April 2019

Date of publication:

03 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Mavesyn Ridware 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. At the time of the inspection there were 18 people using the service.

There were enough staff to support people with specific tasks but not for activities or one to one time with staff.

Staff were not consistently following risk management plans. Staff were recruited safely, and staff received training to be effective in their role and felt supported.

People had their risks assessed and planned for. People received their prescribed medicines and measures and protocols had been put in place for people who needed 'as required' medicines.

People were protected as staff understood their safeguarding responsibilities and followed infection control procedures.

Lessons had been learned when things had gone wrong. People were supported to access other health professionals when they needed them.

People were involved in decisions about their care and supported to be as independent as possible.

People and relatives knew how to complain and felt able to; action was taken following a complaint.

People were supported to put end of their life plans in place that contained personalised detail. We have recommended the provider assesses the layout or design of the dining room.

The service met the characteristics of Requires Improvement in most areas. More information is in the full report.

Rating at last inspection:

At the last inspection, the service was rated Requires Improvement overall (report published 03 May 2018) With a breach of Regulation 17. At the last three inspections we have asked the provider to make improvements.

Why we inspected:

This was a routine inspection planned on the previous rating.

Follow up:

We will continue to monitor the service and check improvements have been made at our next inspection.

For more details, please see the full report which is on the CQC 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 consistently safe	Requires Improvement ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was not consistently caring	Requires Improvement ●
Is the service responsive? The service was not always responsive.	Requires Improvement ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

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Detailed findings

Background to this inspection

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector 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:

Mavesyn Ridware 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. At the time of the inspection there were 18 people using the service.

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.

The inspection was unannounced.

What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory

notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns and deaths. We also sought feedback from commissioners of the service and looked at information we had received from the local safeguarding adults' team. We spoke with six people and three relatives. We also spoke with four staff members, the deputy manager and the registered manager. We viewed the care records of six people, medicine administration records, staff recruitment files and audits conducted by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection we found staff were not always available in communal areas of the home and people were not always able to call for support if they needed it. At this inspection we found that improvements still needed to be made in this area.
- People's risks were assessed and planned for and staff knew how to reduce people's risks. We saw referrals to speech and language therapists and the local falls team had been arranged following staff identifying changes in needs.
- Staff were able to tell us about people's identified risks and how these were managed. However, staff did not always follow risk assessments. For example, we saw one person required assistance and was unable to summon it as the call bell was not in reach. We also saw that some people had not had the brakes applied on their wheelchairs which increased their risk of falls if they had tried to stand.
- We informed the registered manager who immediately addressed the issues. The registered manager told us they would try a new way of monitoring the communal areas by ensuring one staff member was available in the lounge where people with more complex needs spent their time. This will be reviewed at the next inspection.
- The registered manager also held a meeting with all staff to reiterate the importance of checking equipment was in place to ensure people's safety. On the second day of inspection, we saw the call bell was accessible, and all wheelchairs had the brakes applied.

Staffing and recruitment

- People told us staff were not always available to them. One person told us, "The staff are very kind, but it can be a long time before we see anyone in here." And a relative said, "We are concerned as a family that [relative] sits in this lounge and the staff don't come in often enough to check on everyone."
- We assessed the timeliness of staff responding to call bells and checked the provider's call bell monitoring system. We found people were not waiting excessive times for a response to their call bells, however staff did appear rushed and had little time for social interaction with people. We spoke with staff who told us they felt there were enough staff to keep people safe. A staff member told us, "Sometimes it's busy, sometimes it's quiet but I think there are enough of us."
- Systems were in place to recruit staff suitable to work with the people who lived at the home. We saw that Disclosure and Barring Service (DBS) checks were undertaken.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns.
- There were systems in place to protect people from abuse and we saw these worked effectively.

- The registered manager understood their responsibilities in protecting people from abuse and avoidable harm. Concerns and allegations were acted upon to protect people from harm and referrals were made to the local safeguarding adults' authority when required.

Using medicines safely

- At the last inspection, we found that people's medicines were not always safely managed. At this inspection we found improvements had been made.
- At the last inspection we could not be sure people had received their medicines as prescribed because some stock balances did not match what was recorded on the MAR (medication Administration Record) sheets. Some people were prescribed 'as required' (PRN) medicines. Not all of these medicines had protocols or guidance available to staff to ensure people consistently received these medicines as intended.
- At this inspection we found that PRN protocols were now in place for staff to follow and gave clear guidance of how people who were unable to communicate their needs would display they were in pain and may require PRN pain relief. We checked a sample of medicines against MAR charts and found stock levels matched what was recorded.

Preventing and controlling infection

- All areas of the home and equipment looked clean and hygienic, and we saw that cleaning schedules were in place.
- Staff understood the importance of infection control and we observed them following safe practices such as using personal protective equipment (PPE) and hand washing when required.

Learning lessons when things go wrong

- Lessons had been learned since the last inspection and a number of improvements had been made.
- Accidents and incidents were analysed, and changes were made when things went wrong. For example, one person had experienced numerous falls so the registered manager contacted health professionals to assess the person. Changes were made to the person's risk assessment and care plan. As a result of the assessment the person had not fallen as frequently.

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

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

- At our last inspection, we saw that people's capacity to make specific decisions had not been assessed. At this inspection we found that people who did not have capacity to make decisions, were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the MCA was being followed and people's rights were protected.
- People were asked for their consent. One person said, "I say what I want or need and [Staff] always ask me before doing anything."
- People's needs were assessed, and care plans were in place reflecting their assessments.
- We saw that people and their relatives had been involved in developing their care plans. These included people's past life history, preferences and how people like to be supported by staff.
- Plans were reviewed and any changes to people's needs were considered. People, relatives and other professionals were involved in these reviews and people chose how often they preferred their plans to be reviewed.
- There was guidance from other professionals included in the plans for people where required.

Staff support: induction, training, skills and experience

- People told us staff were trained. One person said, "Well, they do seem to know what they're doing else they wouldn't be allowed to work."
- Staff told us, and records showed that they had received training and this was refreshed yearly.
- Staff told us they felt supported by the registered manager.

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

- People were offered a choice of food and drink. One person told us, "We get asked what we want, but if you change your mind you get offered something else."
- People who needed a modified diet or special equipment to help them eat were provided with this.
- We saw staff supporting people to eat and drink where needed. One staff member told us, "We support

people to eat if they can't manage this themselves to make sure they are eating enough."

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

*We saw at mealtimes that the dining room became a little crowded either through design or layout which made it difficult for people to get in and out and for staff to support people. This was mentioned to the registered manager. We recommend that the provider looks at this to ensure people are able to be supported during mealtimes.

- Each person had a picture on their door to enable them to recognise their room, and were able to personalise their bedrooms. We observed people had their own personal items in their bedrooms.
- The home appeared very clean and tidy throughout.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to support with their health and wellbeing.
- Staff were able to describe people's health needs and we saw plans were in place to support people with any health conditions.
- Referrals were made to health professionals where needed and the advice given was included in people's care plans and followed by staff.

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.

Requires improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People were not always supported by staff who had enough time to provide dignified care and engage in meaningful conversations. One person told us, "The staff are all very nice and mean well but they are just too busy."
- Care plans contained details of people's religious beliefs and we saw that people were supported to follow their faith if they chose to. When discussing people who may identify as lesbian, gay, transgender or bisexual (LGBT), the registered manager told us, "We always assess people prior to them being a resident and would ask about any relationships or preferences, but not everyone wants to discuss this." This meant the service had considered people's diverse needs.

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

- People were involved in decisions about their care. A relative said, "[Relative] can choose when to get up, and where to spend their time."
- Visitors were able to visit at any time and there were no restrictions. One person said, "My relative comes to see me and they are always made welcome."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff promoted people's independence. One relative told us, "The staff do seem to care and are quite respectful, encouraging her to do as much as possible for herself."
- Staff were respectful when they spoke to people. We saw staff knock doors and ensure people had their privacy maintained. Staff could give examples of how some people preferred to spend their time alone and this was respected. One person told us, "I like my own company, I get to watch what I want on tv and the girls [staff] pop in and check on me."

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection, we found that activities were basic. Staff and the registered manager told us that some activities were offered but people were not interested. At this inspection, we saw from people's daily records that a singer had visited, the local mobile library had been and we saw someone being taken out by their friends. The registered manager told us they had put in place an activity record book for staff to record what activities were being offered.
- People told us they wanted more stimulation and more to do. One person told us, "I am sick of watching TV but what am I supposed to do there is nothing else. I rely on my family to take me out - that relieves the boredom for a while". Another person told us, "I get very, very bored. Most of the time I sit and stare at the walls as there is no-one to talk to. The TV is always on but I can't follow what's on."
- We saw little interaction between people and staff outside of the provision of care related tasks with most stimulation being from the television in communal areas.

Improving care quality in response to complaints or concerns

- People told us they would speak with the staff if they had any concerns.
- A complaints procedure was in place and there was a suggestion box in the reception area of the home, with complaints forms that could be taken away.
- The manager told us they had received no complaints since our previous inspection and records confirmed this.

End of life care and support

- People had been given the opportunity to discuss end of life care and some people had completed an end of life care plan that was documented in their care plans.
- People's wishes had been considered in respect of do not resuscitate (DNACPR). Where this was their wish, or that of their legal representative, this was agreed with the relevant health care professional and was documented.

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.

- Management did not always support the delivery of quality, person-centred care and this had been the case for a prolonged period of time. Some regulations had not been met.
- At our previous three inspections we have rated Mavesyn Ridware as requires improvement (since March 2016). Despite some enforcement actions that we have taken prior to this inspection the provider had not made sufficient improvement to reach an overall 'good' rating.
- At the last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems in place were not effective at improving care. At this inspection, we found the service was still in breach of this regulation.
- Due to the providers consistent failure to address feedback regarding availability of staff, we cannot be assured that feedback would be acted on to improve staffing levels and the care provided to people.
- Audits we saw had identified where there were risks to people and we found improvements made had ensured people were safer at the time of this inspection.
- We saw the previous CQC inspection rating was displayed at the home. The provider does not currently have a website.
- The manager understood their responsibilities under their duty of candour.

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

- People who used the service were not always encouraged to provide regular feedback.
- The manager told us they felt individual conversations with people were more productive than residents' meetings, but these had not yet taken place.
- During our inspection, people told us what they wanted more stimulation and activities, and this information had been previously identified, but little or no action had been taken in this area to improve people's experiences.
 - Survey forms were sent to relatives and representatives last year, but the registered manager told us there had been little response. The manager told us this year's survey was being prepared to be sent out.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found that people did not always receive person centred care that reflected their needs in regard to activities.

Continuous learning and improving care; Working in partnership with others

- We found the provider had addressed safety issues identified by them and other professionals. The registered manager told us, and we saw that some improvements had recently been made in respect of

governance, but further improvements were need to ensure the service continuously improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been effective at identifying and improving the quality of the service.