

Clarendon Care Group Limited

Myford House Nursing & Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Myford House Nursing and Residential Home is a nursing home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 57 people.

Myford House provides accommodation across two floors. The home is divided in to various units and at the time of inspection they were only using two of the units. On each floor people had access to communal areas where they could socialise with others living in the home.

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

Governance systems were in place and being used effectively, these included monitoring visits from the provider.

Risks to people's safety had been assessed and people were protected from the risk of harm.

People received their medicine as prescribed and were supported by sufficient numbers of staff, who had been trained to provide safe care and support.

The provider could demonstrate they learnt and shared lessons when things went wrong. They had prepared the home to manage the risks associated with the current pandemic. Infection, prevention and control measures were in place.

The service worked in partnership with other agencies to improve outcomes for people. The atmosphere in the home was positive and people were engaged.

The provider understood their duty of candour.

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 requires improvement (published 21 April 2020) there were multiple breaches of regulation. Following the last inspection, we issued a warning notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 outlining the improvements we needed to see.

Why we inspected

We carried out an unannounced focussed inspection of this service on 11 February 2020. Breaches of legal requirements were found. The provider was issued with a warning notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider produced an action plan outlining how they would improve.

We undertook this focused inspection to check they had met the warning notice, followed their action plan and to confirm 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 requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Myford House 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 ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Myford House Nursing & Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Part of the inspection focussed on whether the provider had met the requirements of a Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection a warning notice was issued as we were concerned the provider had continually been rated requires improvement for seven consecutive inspections due to the governance systems not being robust.

As part of this inspection we also 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

This inspection was carried out by two inspectors.

Service and service type

Myford House Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection the provider had been asked to supply evidence of the governance systems in place. The senior operational management team sent copies of various audits. We used them to formulate our plan alongside feedback received from the local authority and various professionals who work with the service. 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.

During the inspection

We worked with the activities co-ordinator to facilitate conversations with five people who used the service. We spoke with 11 members of staff including the provider, registered manager, nurse, care workers and the maintenance person.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We liaised with two professionals who visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection we found risks to people's safety were not always considered. We found no evidence of people being harmed. However, we observed incidents where there was the potential for harm to occur. 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 there had been enough improvement and the service were no longer in breach.

- At the last inspection people were not always supported safely and not all staff could demonstrate how to meet people's needs in a safe manner. At this inspection we observed people were being supported safely and staff demonstrated a good understanding of people's needs.
- We spoke with professionals who visited the service on a regular basis to gather feedback on people's care. One professional told us, "I continue to observe improved clinical practice and nursing care and, as a result improved patient outcome."
- The provider could demonstrate staff were competent in the tasks they undertook. For example, we observed safe moving and handling practice.
- People received their medicine as prescribed. Medicine records were up to date and we saw that staff now stayed with people while they took their medicine. This meant staff could be sure people had taken their medicine and record if it had been discarded.

Staffing and recruitment

At the last inspection we found the deployment of staff was not always effective. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been enough improvement and the service were no longer in breach.

- At the last inspection we observed poor deployment of staff and raised concerns that some staff did not know the people they were supporting. At this inspection we observed staff working as a team and found staff to be knowledgeable about the people they supported. One staff member told us, "In the past there was a lot of agency staff, but we are now fully staffed, and the team work really well together."
- We observed there was sufficient staff on duty to attend to people's needs in a timely manner. People were not rushed, and staff had time to talk with them.
- Staff were recruited following the application of robust recruitment procedures. People's character,

qualification and background were all checked prior to a position being offered. We noted one new staff member who was going through the recruitment process had not supplied their full employment history, as they submitted a CV. The administrator acted immediately, and an updated CV was supplied by the staff member before the end of our site visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Myford House. One person said, "We are safe here, staff are lovely, and they listen to us all."
- Staff received training in recognising and reporting abuse and knew who to contact if they had a concern.

Preventing and controlling infection

- 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 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 that the provider was promoting safety through the layout and hygiene practices of the premises.

We recommended the provider assessed the unoccupied units within the home to ensure the environment was up to standard before opening them up to new admissions. This was because we did not assess these areas as part of this inspection.

Learning lessons when things go wrong

- We reviewed the monthly analysis of accidents, incidents and adverse events completed since the last inspection. We found the provider had reviewed them each month and documented the changes made as a result of their analysis.
- The provider spotted patterns and trends and adjusted people's care plans when a need was identified. For example, one person had been issued with bedrails to help keep them safe at night. However, following an incident where the person tried to climb over them, an alternative plan had been put in place to keep the person safe.

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 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; Continuous learning and improving care

At the last inspection the governance systems in place were not always effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice outlining the improvements we needed to see. This was because we had raised concerns about the governance systems across seven consecutive inspections.

We found enough improvement had been made at this inspection and the provider was no longer in breach and the warning notice had been met.

- At the last inspection the provider was not able to demonstrate continual monitoring of the quality of the care provided. Since then the provider had increased and improved on their governance systems and this had a positive impact on the quality of care people receive.
- Audits and checks were carried out and actions needed were highlighted and acted upon. The registered manager and their staff team completed a number of audits on a monthly basis. These included health and safety, care planning and medicine. The provider also completed a monitoring visit and shared their findings with the team. This meant the provider had good oversight of what was happening in the home and any areas where additional resources were required.
- Staff told us the home had improved and they could report and raise issues whenever needed. When raised, actions were taken by management in a timelier manner.
- The home had taken on recommendations from professionals and this had greatly improved the outcomes for people. For example, paperwork created by local health teams had been adopted which ensured the home was working in line with agreed best practice.

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

- The atmosphere in the home was positive, the team were observed working well together and ensuring people's needs were met.
- Professionals working with the service all reported positive improvements. They described the registered manager as approachable and open to discussions about what was needed to improve care for people.

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 was aware of and acted on their duty of candour. The provider demonstrated an openness when things went wrong and shared information with relevant stakeholders when required.

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

- We observed people engaged in discussions with the staff team throughout our visit. People's views were sourced on numerous different subjects from meal choices and activities to what music should be played. People's personal preferences and relationships led a number of those discussions. For example, people were asked who they wanted to sit near in communal areas. This showed us people were being listened to and they were able to direct their day as much as possible.
- We saw a number of people's families had recently recorded feedback about the service on a popular care home website. The comments were complimentary of the home and the level of engagement with the family.
- Staff also reported improvements with the overall level of engagement. One staff member told us, "The home has improved a lot since the last inspection especially in relation to communication between the nurses and care staff." Another staff member confirmed they have regular handovers; team meetings and supervisions so are kept up to date with what is happening.

Working in partnership with others

- The service had built up positive relationships with a number of different agencies and worked in partnership with them to improve the quality of care people received.
- One professional reported, "Myford staff have worked really hard to establish professional relationships and building on partnership working with clinical community services to improve patient quality of care."