

Pressbeau Limited

New Meppershall Care Home

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

New Meppershall Care Home is a residential care home providing personal and nursing care to people aged 65 years and over. At the time of inspection 65 people were living at the service.

New Meppershall Care Home is split over two adapted buildings and two floors. One building is designed to support people living with dementia, and the second building supports people who require personal and/or nursing care. Each building and floor have access to outside garden space and each bedroom has ensuite facilities. The service can support up to 81 people.

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

Risks associated with care and support for people had not always been fully assessed and associated risk reducing guidance was not available to staff. People and their relatives told us they had not always been involved in the care planning process.

Staff had not received training in diabetes care, or end of life care, and staff competency was not being effectively monitored to ensure people received safe and effective care. We were therefore not assured that staff training reflected and addressed the health and care needs of all the people using the service.

Medication management processes were not always safe, and effective reviews were not always requested in response to health changes or missed medicines. People and their relatives told us they did not always know who to speak to at the care home and shared that communication could, at times, be variable.

We were largely assured of infection control processes in place. Areas which required review and action took place promptly at the time of our visit.

The providers quality assurance and governance systems had not identified our findings and did not always drive continuous improvements and developments.

Despite this, people said they felt safe and relatives told us staff were caring. People told us care staff were responsive to their day to day requests and they were happy at the home. People told us the food at the care home was good, choice was available, and drinks were provided. Staff spoke with people in a personalised and dignified manner.

A new manager had been recruited and had begun the registration process with the care quality commission (CQC). The provider continued to deliver additional management support to the service. Staff were recruited safely and in line with the providers policy. Staff told us communication methods were available within the service and they felt able to raise concerns.

The provider had procedures in place to review accidents and incidents and relatives told us these would be

communicated with them. Healthcare professionals spoken to shared that in their experience, staff were responsive to their advice, and followed their referral processes.

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 (inspection undertaken 9 July 2019, inspection report published 27 September 2019). There were two breaches of regulation. The provider completed an action plan following this comprehensive inspection to show us what they would do and by when to improve.

On 1 December 2020 we completed a targeted inspection to ensure the service had made the necessary improvements (inspection report published 18 December 2020.) The targeted inspection looked only at specific areas relating to the breaches and therefore a new rating was not generated. We found that improvements had been made at the December 2020 inspection and the provider was no longer in breach of those regulations.

Why we inspected

We received concerns relating to risk management at the care home regarding meeting people's nutrition and hydration needs, pressure area care and the clinical identification and response to deteriorating health. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the care home. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating 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 COVID-19 and other infection outbreaks effectively.

The overall rating for the care home has remained as requires improvement. This is based upon the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 ●

New Meppershall 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.

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

This inspection was carried out by two inspectors.

Service and service type

New Meppershall Care Home is a care home providing accommodation and nursing care to older adults who may be living with dementia or life limiting conditions. 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 the Care Quality Commission in place at the time of inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

The provider had appointed a new manager who had begun the process of registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had submitted their provider information return (PIR) prior to this inspection. 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 ten people who used the service and one relative about their experience of the care provided. We spoke with fifteen members of staff including the nominated individual, the manager, one employed registered nurse and one agency registered nurse, care team managers, carers, an activities co-ordinator, head house keeper, domestic and laundry staff, the head chef and administration staff.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records at the service. This included recruitment documentation for three staff, multiple medication records, accident and incident reports and the follow up action undertaken. We asked the provider to send us a range of records so that we could review these away from the care home. Records included care plans, risk assessments, medication records and staff training and supervision documentation. Additionally, we requested some policies, the provider's statement of purpose and other records relating to the management and oversight of the service.

After the inspection

Following the visit, the inspection continued, and we reviewed the records which were sent to us. We spoke with ten relatives and eight staff which included registered nurses, care team managers and carers. We held a virtual call with the manager, nominated individual and the chief executive officer. We spoke with one GP and one specialist nurse. We sought further clarification from the provider so we could confirm the accuracy of the records.

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 remained the same. This meant 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; Using medicines safely

- Risks associated with care and support for people had not always been fully assessed. There was limited guidance in place for staff to follow which placed people at increased risk of harm.
- We were not assured the healthcare needs of people were always safely assessed nor acted upon which had placed people at risk of harm. Staff had not received training in diabetes care and were reactive in their approach opposed to proactive. One person told us they had not been assisted with a low sugar diet and this had impacted on their wellbeing. Staff told us they were unaware of low sugar dietary options and diabetic choices were unclear. A health review had not been sought for someone with reoccurring low blood sugars where medication had been omitted. The documented guidance for staff was minimal and did not promote personalised safe care for people.
- People were at risk of dehydration. The hydration needs of people had not always been assessed. Fluid intake targets for people were not always available to guide staff, and responsive action was not documented following low intake recordings.
- People's records did not always reflect their assessed needs in relation to safe food consistencies. One person had three different food consistencies documented within a two-day timeframe and an unsuitable consistency was noted within two people's nutritional records which had placed them at risk of choking.
- Medication administration records (MAR) were not always accurate and this had not been identified by staff. Staff were administering insulin for one person using a blood sugar record which did not detail a legible prescription, nor did the amount correspond with the prescribed dose on the MAR. The provider evidenced the correct dose of medication had been administered, however, this highlighted concerns surrounding administration practice and record keeping.
- We were not assured that prescribed items were always being used solely for the individual they belonged to. Prescribed thickening powder for one person had been intended to be used for another person at the time of our visit. We were assured that those people had been prescribed the same product, however, this did not evidence safe practice when amounts prescribed were tailored to the individual's needs.
- Anticipatory medications (medications which may be required to alleviate certain symptoms at the end of life) and PRN medications (medications prescribed on a when required basis) were not always detailed within people's care plans. This meant limited guidance was available to staff to allow them to safely support the health needs of people.
- We became aware of a medical device concern and staff competency was not being effectively monitored to ensure people received safe care. Nurses told us that competency assessments had not always taken place following formal theory training and we were therefore not assured that the practical observation and review of training took place in a safe way.

We found systems were either not in place or robust enough to demonstrate how safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately throughout the inspection process and told us the care and risk assessment reviews for identified people took place. The individual with reoccurring low blood sugars received a specialist review. We were aware that the provider intended to review care plans and risk assessments for all people to ensure they were personalised to the individual and provided guidance to staff to promote safety and health. The provider told us that the COVID-19 pandemic had impacted on their usual practice relating to training and records and these areas would be reviewed.

- Despite our concerns relating to risk management people told us they felt safe. One person's family told us, "I feel [family member] is very safe and well looked after, since being at the home they are eating and drinking now". Another relative told us, "Overall, we are reasonably happy. [Family member] is safe and well looked after and that is the biggest thing to ask for".
- People appeared comfortable in their surroundings and care staff were responsive to their day to day requests. One person told us that staff supported them with their mobility and described how they felt safe with the encouragement provided.
- Medication was appropriately stored, and physical amounts reviewed were reflective of stock balances. A care team manager explained their understanding of specific considerations surrounding one person's medicines. Another care team manager evidenced a personalised approach with communication to ensure an informed decision could be made by a person relating to their medication.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed swing bins were in four areas instead of pedal bins which meant handsfree operation did not always take place. We found not all areas of the environment were included on the cleaning schedule which led to debris being present. A chair with significant wear and damage, and other equipment, was found at the end of a corridor which did not allow for ease of effective cleaning. A clinical waste bag was tied to a domestic trolley which was not enclosed which may have posed as an infection risk. The provider took immediate action to rectify these findings at the time of our inspection.
- 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment

- Staff were recruited safely; the required employment checks were completed, and ongoing recruitment reviews took place in line with the provider's policy.
- We found staffing levels were sufficient, and we did not observe that people had to wait for long periods on the day of our visit. The provider utilised a dependency tool which assisted them to calculate their staffing ratio based upon the needs of people. We reviewed the rota and dependency tool and saw that

agency staff where utilised as required.

- Staff told us their experience of staffing was variable and sometimes it felt like there was not enough staff to meet the needs of people. We shared this feedback with the provider at the time of our inspection for their knowledge and review.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had safeguarding systems in place and referrals had been made to the local authority where required.
- Staff received safeguarding training and shared their knowledge of the types of abuse they may encounter. Staff told us they were confident to approach the manager and provider with any concerns.
- The provider shared the outcome of investigations and audits with staff to ensure their understanding and to reduce the likelihood of future reoccurrence.
- Accidents and incidents were found to be recorded with follow up action taken. One relative told us "[family member] has fallen a couple of times, but I get called straight away – accidents happen". Another relative told us that they were impressed with the data systems at the service which led to a detailed draw of information which was used to inform a care review.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The findings of our inspection did not always evidence good outcomes for people. People's care needs had not always been assessed, care plans were not always found to be personalised, and risk reducing guidance for staff was limited. People, and their relatives were not always involved in the care planning process. End of life care plans did not always contain personalised information, nor did they always explore wishes for the future. Staff had not received end of life care training prior to our inspection.
- The provider had not ensured staff competency assessments were completed following formal training nor on a periodic basis. This meant the risks relating to health, safety and welfare of people had not been assessed, monitored nor mitigated.
- There were quality assurance and governance systems in place, but they had not identified our findings, nor did they always drive continuous improvement.
- People and their relatives were not always confident regarding who they should speak to if they had concerns. Relatives told us their understanding of visiting processes were not always clear and they had been unable to seek clarity from the provider. People told us care and nursing staff were available to talk to, but they did not always know who to discuss specific support needs with. Relatives were not aware of the new manager appointment and told us communication could be problematic when making telephone calls or requesting information and assistance.

We found systems were either not in place or robust enough to demonstrate the service was effectively managed, that training needs and competency of staff were reviewed and safe, and good communication systems were in place for people and relatives. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately throughout the inspection process and developed a staff photo sheet for people to have in their bedroom to ensure people know who they could speak to. The provider responded to training concerns and said they would review competency assessments and training to ensure staff are suitably trained and experienced to meet the needs of people. The provider said they would review their systems and processes to improve the communication experience for people and their relatives.

- The manager had been in post for approximately two weeks at the time of our visit and had begun the registration process with the CQC. The manager was not new to the service and had previously worked in a unit lead position. The provider and senior management team had provided interim management support at the service whilst recruitment had taken place, and it remained ongoing to support the induction of the new manager.
- The provider had not sought stakeholder feedback during the previous 12 months due to the COVID-19 pandemic. During this inspection we were told by two health professionals they found in their experience, staff had been responsive to their advice, and followed their referral processes. We were told staff turnover and the use of agency nurses could impact on communication and efficiency, however, they were aware of recent management changes at the service and hoped this would improve communication and consistency.
- Relatives spoken to said they were unaware of the providers quality assurance systems and said they had either not been approached to provide feedback, or this had not taken place for some time. The provider told us relatives were approached periodically throughout the year and we saw evidence of some relatives providing feedback prior to our inspection. The provider told us they planned to develop their systems with the implementation of online surveys in the future.
- The provider told us virtual staff meetings had taken place during the pandemic. Evidence relating to these meetings was not available, but staff confirmed effective communication systems were in place, and a meeting had taken place with external health professionals surrounding COVID-19 vaccinations.
- During the inspection, the provider became aware of shortfalls with the admission process which resulted in reduced communication with relatives. The provider responded at the time of inspection and introduced a new admission procedure checklist to use alongside their existing procedures.
- We saw many examples of positive engagement whilst at the service. One person and their relative were reminiscing with photos, and when the relative had left, staff continued this activity with the person. Other people were seen to be supported with reading and were participating in other activities.

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 their responsibilities in relation to the duty of candour.
- The provider told us that they were committed to being open and transparent with local agencies and systems were in place for the completion of statutory notifications.

Working in partnership with others

- Healthcare professionals told us that the referrals they received from New Meppershall Care Home were appropriate and the staff were responsive to advice given.
- Staff told us they had a good working relationship with visiting professionals, and they were aware of referral administration processes.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who used the service were not protected against the risks associated with diabetes and safe medication management. The hydration needs and safe food consistencies for people were not managed safely. Effective care planning had not taken place to reduce risk and did not include people and their relatives. Staff had not received training to meet the needs of people and staff competency had not been assessed. Regulation 12 (1) (2) (a) (b) (c) (e) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not effective in identifying, monitoring and improving quality and safety of care. Risks were not identified, managed safely nor were risk reducing measures evidenced in all cases. People and their relatives had not always been involved in the care planning process. Staff training and competency was not found to be reflective of people's needs and communication systems were not always effective for people and their relatives. Regulation 17 (1) (2) (a) (b) (c)