

Clarendon Care Group Limited

Myford House Nursing & Residential 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

Myford House is a care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 57 people.

Myford House delivers care across two floors, with bedrooms and communal spaces on each floor. People have access to en-suite toilets and adapted bathrooms. There is a hairdressing salon and access to outside space.

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

Risks to people's safety were not always considered. We observed a few incidents which had the potential to cause harm. The provider took immediate action to ensure people were safe.

Staff were not always deployed in the most effective way. On the first day of inspection there was a lack of co-ordination around staff's knowledge of the people they were allocated to support. Staff did not always have enough time to spend with people and there were a high number of people being cared for in bed.

The provider was not able to demonstrate effective governance of the service. Some audits had not been completed and the provider was not aware of external reports written about the service.

The provider had not completed a recent infection control audit and we found areas of the building needed a deep clean.

People received their medicine on time. However, we did find missing signatures on some of the documentation. People had personal evacuation plans in case of an emergency.

Lessons learnt exercises were completed however the new management team were not aware of all previously reported concerns. We ensured they received this information in order to complete the required investigations.

The provider was open and honest about the issues in the service and the new management team had plans to address each issue. Staff told us they were feeling confident about the changes being made.

The provider applied their duty of candour following an incident although one relative told us they would have liked additional information.

The management team were increasing their level of engagement with people, their families and the staff team. Daily meetings ensured there was improved communication across the service.

The service worked in partnership with others and was actively engaging external agencies.

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 good (published 13 March 2019).

Why we inspected

We received concerns in relation to the management of people's safety. 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 service. 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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

The provider was aware of the improvements needed and acted to mitigate the risk of harm.

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.

Enforcement

We have identified breaches in relation to the safe care and treatment of people, the staffing and the overall governance of the service at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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 ●

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.

Inspection team

Day one of the inspection was carried out by one inspector and an inspection manager. Day two was carried out by one inspector.

Service and service type

Myford House 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 the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The previous registered manager had deregistered with us in October 2019. A new manager had been in post since the beginning of February 2020. They were in the process of applying to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before 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. 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 spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including two operations managers, the manager, nursing staff, care workers and the maintenance person.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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 met with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We continued to seek clarification from the provider to validate evidence found. We also reviewed feedback the provider shared with us following a number of internal investigations they had carried out. We discussed our findings with the local authority.

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 good. At this inspection this key question has deteriorated to requires improvement. 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 to people's safety had not always been considered and staff did not always have access to up to date information.
- We observed two incidents of moving and handling practice which had the potential to cause injury to one person. On each occasion we reported our observation to the operations manager who intervened. Following our inspection, we were advised a reassessment of the persons moving and handling needs had been arranged, and significant changes were advised. The need for this person to be reassessed had not been identified before our inspection.
- When walking around the home we observed one person, who was prescribed high risk medicine, had spat their tablets out on their bedroom floor. We alerted a member of the care staff who told us that the person can sometimes do this. We checked the persons care file and found no reference to the person doing this in either their risk assessments or care plan. This put the person at risk of not having their prescribed medicine. Medical advise was sought for this person on the day due to them being unwell.
- At the last inspection we found the guidance for the management of medicine given via a gastric tube needed to be more detailed. At this inspection we found the guidance had been improved. However, we identified some missing signatures on the records which confirmed the gastric tube was being cared for in line with the guidance provided. We discussed this with the nursing staff who gave reassurance the required care was being delivered. On the second day of inspection we saw the recording had improved.

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.

- Fire risks within the building had been assessed and regular checks to ensure fire safety were carried out. Each person had an emergency evacuation plan.
- We checked the medicine administration records for people given their medicine orally and found no missing signatures.
- Medicine was kept secure in the medicine room at the correct temperature.

Staffing and recruitment

- The provider had recently experienced a turnover of staff which had impacted on the service. New staff had been recruited but a number were yet to begin their employment.
- On the first day of inspection there was high agency usage and a lack of co-ordination regarding the skills of the team. We found the provider did not have the structure in place to offer reassurance that staff were

being deployed to safely meet people's needs. One staff member told us, "It is getting better but everyone is still getting used to the new management team."

- We observed instances where people were being supported by staff who did not know people's individual needs. For example, we saw one person being offered and refusing a hot drink on three separate occasions. We read in this person's care plan that they preferred cold drinks. Due to the person's limited communication skills they were unable to tell staff of their preference and relied on staff knowing what they needed to prevent the risk of dehydration.
- Staff did not always have enough time to spend with people. There was a high number of people being cared for in their bed. We confirmed several people made this choice however we found instances where staff and family members felt people could be encouraged to get up. People said it would be good to spend more time with staff. One person told us, "Staff do come and check on me, but they don't always have time to sit with me."

People were supported by sufficient numbers of staff, but 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.

- 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. A recent recruitment drive had increased the number of permanent staff with a few vacancies remaining.
- On the second day of inspection a new agency checklist had been introduced to verify the training agency staff had received. For example, moving and handling training. We observed this being used with an agency worker who had not previously been to the service.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse as the reporting procedures within the home had become disjointed. Members of the public had been in contact with the commission a number of times preceding this inspection, to raise a concern. Several had stated they were uncertain of whom to speak with.
- During the inspection process we found no evidence of abuse and were reassured that action was being taken to improve communication between members of the public and the new management team.
- Staff told us they felt people were safe and would always report something if they were worried. Most relatives told us they felt reassured by the recent improvements and were feeling more confident. One relative told us, "A few months ago I was worried, but things have gotten much better."

Preventing and controlling infection

- The provider had not completed a recent infection control audit to ensure compliance with current national guidance. We found areas of the building in need of deep cleaning. For example, handrails, bedside tables and the flooring in certain areas were sticky. Also, bed bumpers in one room were compromised.
- The provider confirmed an infection control audit was scheduled to be completed and co-ordinated additional cleaning across the property. On the second day of inspection we observed improvements had been made.
- People were protected from the risk of cross infection by staff who wore personal and protective equipment when carrying out personal care i.e. gloves and aprons.
- Regular maintenance was carried out at the property in line with infection control risk assessments. For example, unused water outlets were flushed on a regular basis to prevent legionella growth.

Learning lessons when things go wrong

- The provider had systems and processes to review accident and incident forms and any concerns raised. However not all the recent incidents and concerns had been brought to the attention of the new

management team. We shared the information we held, and the operations manager commenced a number of investigations and implemented lessons learnt.

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.

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

- The provider was not able to demonstrate continuous monitoring of the quality of care people received. In the past few months several complaints had been raised with both the local authority and the care quality commission which suggested the care was not always to the standard expected.
- Gaps in the auditing process were identified indicating a lack of oversight which had impacted on the service. For example, infection control audits had not been completed and there were areas of the building in need of a deep clean.
- The new management team were not aware of a recent Healthwatch report (published November 2019) and had therefore not been able to progress the recommendations. We provided the management team with a copy and on the second day of inspection saw the report was being displayed and actions highlighted.
- This is the seventh consecutive time the home has been rated as requires improvement in well-led. This showed that the provider's systems to monitor and ensure continuous improvements were ineffective.

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.

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

- The provider and the management team were very open about the concerns in the service and the work needed to remedy the situation.
- The management team shared both their immediate and longer-term plans for the service which included training and development plans for the staff team to ensure all felt included and empowered to fulfil their role.
- Staff told us they felt they had been through a difficult period but felt confident about the changes being made. One staff member told us, "Some of the previous staff weren't committed but I think everyone here now wants Myford to be the best."

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 understood and acted on their duty of candour and did inform people when something went wrong. However, the cause of what went wrong was not always clear. One relative told us, "I still do not know how the injury to my [relative] was caused. However, they did ring and tell me an injury had been sustained."

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

- Several of the concerns we had received prior to the inspection mentioned the changeover in management had impacted on their ability to know who to speak with. The provider acknowledged there had been a period of unsettledness but could demonstrate meetings were now being held with people, their families and the staff team. We spoke with one relative following a meeting they had with the management team. They told us, "We are happy with the way things are going and feel listened to."
- Daily meetings were held in the service with department leads. We observed information being shared and priorities being set for the day. Everyone at the meeting was given the opportunity to contribute and any actions they identified were documented.

Working in partnership with others

- The service was observed engaging with and arranging meetings with external agencies to improve the outcomes for people. The new manager explained to us, "We have identified a break down in relationships with wider professionals, especially from the community health teams. We will build those relationships back up again as people and the staff need their input."
- Hospital avoidance training had been carried out to support partnership work with the local hospital.

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 Risks to people's safety were not always considered. Incidents were observed which had the potential to cause harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The deployment of staff was not always effective.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Continuous monitoring of the service had not been maintained. Gaps in the auditing process were identified and this is the seventh consecutive inspection where well led has been rated as requires improvement.

The enforcement action we took:

Warning notice issued to the nominated individual.