Herrington Mews Ltd

The Mews 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 responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Mews Care Home is a residential care home providing personal and nursing care to up to 47 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 39 people using the service.

People's experience of using this service and what we found
A new provider had only recently taken over the home 6 weeks prior to this inspection. People, relatives and staff gave positive feedback about the care provided at The Mews Care Home. However, they raised some concerns about staffing levels, staff turnover and high use of agency staff. We have made a recommendation about this. Relatives also felt communication and management approach could be improved.

The provider had not implemented recommendations from a recent IPC review to ensure handwashing posters were displayed in all shower rooms. Some staff did not use face masks correctly. This was addressed immediately.

Improvements were needed to ensure the environment remained safe and secure. Some areas with restricted access, such as the sluice were not locked. This was despite signs indicating they should be.

Medicines were not always managed safely. Some medicines were not stored appropriately as the treatment room was not fit for purpose. The previous provider was aware of this but action to date had been ineffective. Guidance was not always available to ensure people received 'when required' medicines consistently.

Safeguarding concerns, incidents and accidents were logged and investigated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice.

The complaint log suggested previous complaints had been investigated and closed. However, investigation reports were not available for 4 of the 7 complaints logged.

Prior to the new provider taking over 6 weeks earlier, quality assurance checks were not completed consistently. This meant some issues had not been addressed in a timely way. People, relatives and staff were also not fully engaged with what was happening at the service. Meetings were infrequent and no formal consultation had been done. There was also no evidence the previous provider analysed information to learn lessons and improve the service. The new provider had acted to address these issues. They had conducted an in-depth review of the service and implemented a detailed action plan.

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 16 December 2019).

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 COVID-19 and other infection outbreaks effectively.

The inspection was prompted due to a COVID-19 outbreak and to check improvements had been made following a previous unsatisfactory IPC inspection. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe; responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mews Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Mews 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 Health and Social Care Act 2008.

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
One inspector carried out this inspection.

Service and service type
The Mews Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Mews Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been employed and intended to register.

Notice of inspection
This inspection was unannounced.

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 who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with 8 people and 9 relatives using the service. We also spoke with the regional manager, operations support manager and the manager. We received additional feedback via email from 2 relatives and 4 care staff. We reviewed a range of documents related to the safety and management of the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely

● Medicines were not managed safely. Medicines in the upstairs treatment room were not stored appropriately. The treatment had no windows or ventilation. The temperature consistently exceeded the maximum recommended of 25 degrees, often it was 30 degrees. A portable fan had been put into the room. This did not effectively reduce the temperature to an acceptable level.

● Staff did not consistently check the temperature of the treatments rooms and medicines fridge. There were gaps in the temperature records where no temperature had been recorded.

● Guidance for staff on when to give people 'when required' medicines lacked sufficient information. There was limited information about triggers or signs people who did not communicate verbally might require these medicines. Guidance was not available for all 'when required' medicines.

● Although medicines administration competency checks had been completed in October 2022, there was no evidence this had been done earlier.

The provider had not ensured medicines were stored safely. They had also not ensured staff had the correct skills, knowledge and information to administer medicines. 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.

● Records suggested people received their medicines when they were due.

Systems and processes to safeguard people from the risk of abuse

● The provider operated systems intended to help keep people safe from the risk of abuse. Most people and relatives felt the home was safe. Staff also confirmed this. One person said," It is nice, everything. Staff are nice and I feel safe." One relative commented, "[Family member] is definitely safe. The carers are worth their weight in gold and really care for the residents."

● Safeguarding concerns had been referred to the local authority to be investigated. The provider acted on recommendations to help ensure people were safe.

● Staff knew about the safeguarding and whistle blowing procedures and could raise concerns, if needed. One staff member commented, "I am very confident [to raise concerns]. I would whistle blow if my concerns were not acted upon."

Assessing risk, safety monitoring and management

● Improvements were required to ensure risks were managed effectively. Some restricted areas, such as the sluice, were not secure. This was despite signs stating these areas should remain locked.

● Although the provider assessed potential risks, risk assessments required more detailed information about the measures needed to keep people. The new provider had identified this as an area for improvement.
● Improvements had been made to improve the fire procedures in the home. This was completed following a recent Fire Service inspection.
● Personal emergency evacuation plans had been written. These contained brief information about people's evacuation needs and would benefit from additional information being added.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment
● There were usually enough staff on duty to meet people's needs. However, the staff deployed were inconsistent due to a high usage of agency staff.
● People and relatives gave negative feedback about staffing levels. They commented, "There are not enough staff. Some are okay, there have been some changes. Only a handful have been there since [family member] went in. They change quite frequently" and "The staff are really nice. There are constant shortages, they are run off their feet."
● Staff also raised concerns about staffing in the home. One staff member told us, "Staffing levels are an issue, using to many agency workers who don't know the service users, It [staff deployment] also needs to be arranged better on the floors."
● Staffing levels had not been monitored consistently to ensure they remained at a suitable level. The new provider acted to address this.

We recommend the provider consider current guidance on monitoring staffing levels and recruitment and takes action to update their practice accordingly to ensure a consistent staff team are deployed.

● New staff were recruited safely.

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 supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were somewhat assured that the provider was using PPE effectively and safely. Not all staff wore face masks correctly.
● We were assured that the provider was responding effectively to risks and signs of infection.
● 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.
● The provider followed Government guidance for visiting in care homes. There were currently no restrictions in place.

Learning lessons when things go wrong
● The provider did not have effective systems to ensure lessons were learnt. The monthly incident report did not include an analysis to identify learning and areas for improvement. The new provider was introducing a 'root cause analysis' process to address this.
● Individual incidents and accidents had been logged and investigated.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- People's care had not been planned in line with their individual needs and preferences. Care plans lacked detailed information about the support people needed to meet their needs.
- Some people had specific health conditions, such as diabetes. Although care plans were in place, they lacked sufficient information about how people should be supported to manage these conditions safely.
- Improvements were needed to ensure people were supported to maintain relationships and participate in meaningful activities. As part of the last staff survey only 2 staff said they saw meaningful activities taking place with 12 saying this only happened sometimes. One relative said, "There are no activities, I've never seen any. When the Jubilee was on yes, but not daily. The activities person left. [Family member] sits in the chair and sleeps. I'd like [family member] to have more activity and involvement to keep their mind going, give them things to do."
- The new provider had already identified these as areas for improvement and they were incorporated into the overall action plan for the home.
- People had the opportunity to discuss their future care needs. These were written into their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the requirements of the Accessible Information Standard. People's communication needs had been assessed and care plans described the support they needed with communication.
- Information was available in different formats depending on people's needs.

Improving care quality in response to complaints or concerns

- The complaints process was not always effective in ensuring improvements were made to people's care. There was no information to show complaints were analysed and areas for improvement identified.
- The complaints log identified 7 complaints had been made during 2022, however investigation records were only available for 3 of these.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes 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

- Management did not ensure a good quality service was provided and did not use learning to improve care. There was no evidence findings from safeguarding and complaint investigations were used as learning to improve people's experience.
- The quality assurance systems lacked structure and audits were not done consistently. Previous action plans had not been followed up to ensure risks were managed. The most recent medicines audit, dated July 2022, received the provider's lowest score. There was no evidence available to show this audit had been followed up to check improvements had been made.
- Relatives and staff gave mixed feedback about management of the home. One relative told us, "There have been a number of managers in place and for short periods of time, each promising to do better and improve, to no avail. Which has resulted in a number a good staff leaving the business due to poor management." One staff member commented, "We have lost a lot of really good carers in the past year due to management and it's a shame because these were all good carers who went out here way every day."
- The provider had failed to take decisive action to ensure medicines in the upstairs treatment room were stored safely.

The provider lacked effective systems to monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Since taking over the new provider had completed a full review of the service and developed a comprehensive action plan. However, this had only recently been implemented and it was too early to assess progress.
- The manager was intending to register with the CQC to become the registered manager of the home. Statutory notifications for significant events had been submitted appropriately.

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

- The provider had not effectively engaged with people, relatives and staff to gather their views and improve

the service. Meetings to seek feedback and share information were infrequent. There had been no meetings for clinical staff since January 2022. There had also only been two resident's and relatives' meetings during 2022.

● There was no on-going consultation with people and relatives. The provider told us questionnaires were sent to relatives in early 2022 but none were returned. Staff completed questionnaires but there was no evidence that action had been taken to address issues identified.

The provider did not effectively involve and engage with people, relatives and staff to ensure their views heard and lessons learnt. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Working in partnership with others

● The new provider was committed to working with commissioners and other health services to work towards promoting good outcomes for people.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured medicines were stored safely. They had not determined staff had the correct skills and knowledge to administer medicines. This placed people at risk of harm. Regulation 12(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider lacked effective systems to monitor and improve the quality and safety of the service. Regulation 17(1)(2)