Herrington Mews Ltd

The Mews Care Home

Inspection report

South Burn Terrace
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Tyne and Wear
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28 April 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Mews Care Home has been a care home for many years. In November 2015 a new provider purchased the home and registered with the Care Quality Commission to operate it. This was the first inspection of The Mews Care Home since the new provider was registered.

This inspection took place over two days. The first visit on 27 April 2016 was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 28 April 2016.

The Mews Care Home is registered to provide up to 46 places for people who require nursing or personal care, some of whom may be living with dementia. There were 44 people living at the home during this inspection, and the remaining two places had been booked.

The home had a registered manager who had been in this role for over four years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives said the home was a safe place to live. One person said, "They make me feel I'm well looked after. If I need something I call them and they come quickly." A relative commented, "It's very safe and comfortable." Staff had training in keeping people safe and how to report concerns.

The provider carried out checks to make sure only suitable staff were employed. The provider calculated staffing levels from the number of people with different needs, for example living with dementia. At the time of this visit the staffing levels and skill mix throughout the day and night was suitable to meet people's needs, although two new people were going to move to the home so staffing levels would be reviewed.

People and relatives we spoke with felt staff had the right skills to provide the right support. One person commented, "They're very good and know exactly what they're doing." A relative told us, "[My family member] is getting the care they need here." Staff said they felt well trained, motivated and supported in their role.

People told us the meals were good and they were "well-fed". A relative also commented, "My [family member] enjoys the meals very much and he's getting well-fed which is good for his health."

People were supported to get health services when they needed these. There were good working relationships between staff and care professionals. One healthcare professional told us, "The staff take their responsibilities seriously." Another told us, "I am frequently touched by the manner in which they care for the patients."

People described the staff as caring and kind. One person said, "The girls are very nice, very accommodating." Another person told us, "They are all very helpful, and very friendly."

There was a friendly, warm atmosphere in the home. One relative told us, "I noticed it had a warm vibe about it as soon as I came to look around."

Care professionals also commented positively on the kindness and consideration shown towards people. One health care professional told us, "It's definitely a caring place – the staff are lovely towards people."

People received personalised care from staff who knew them well. People's care was planned to make sure they got the right support to meet their specific needs. Health care professionals told us staff were "knowledgeable" about people. Information about people's needs was up to date, detailed and individualised.

People told us there were "plenty" of activities and entertainment to take part in if they wanted. The activities programme was displayed in large pictures and in writing in the hallway for people and visitors to see. People also had the chance to go out to shops and other local places.

People, relatives and staff said the takeover by the new provider had gone well. They said the home was well managed and they had been asked for their views about what could improve the service. The provider had thorough checks for monitoring the quality and safety of the service.

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.

People and relatives said the home was a safe place to live.

Staff understood how to protect people from risk of harm.

Medicines were managed in a safe way.

Is the service effective?

Good

The service was effective.

Staff had training and support to be competent in their roles.

People felt their needs were met and were positive about the assistance they received from staff.

People were supported to eat and drink enough.

The service made sure people had good access to health care services whenever these were needed.

Is the service caring?

Good

The service was caring.

People felt staff were friendly, helpful and caring.

Staff treated people with dignity and respected their privacy.

People were encouraged to make their own choices about how and where they spent their day.

Is the service responsive?

Good

The service was responsive.

People's care records included clear information for staff to make sure each person's specific needs were met.

There was a range of activities for people to take part in, either

individually or in groups, to meet their social care needs.

People had information about how to make a complaint or raise a concern.

Is the service well-led?

Good

The service was well led.

People and staff felt the registered manager was experienced and approachable.

People and relatives were asked for their views about the service and these were acted upon.

The provider had thorough systems for checking the quality and safety of the service.

The Mews Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days. The first visit on 27 April 2016 was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 28 April 2016. The inspection was carried out by one adult social care inspector.

Before our inspection we reviewed the information we held about the service, including the notifications of incidents that the provider had sent us since the last inspection. We contacted the commissioners from the local authority and clinical commissioning group (CCG), a safeguarding officer and the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted health and social care professionals who visit the service, including a GP, social workers and a podiatrist. None of these organisations had any concerns about the service.

During the inspection we spoke with ten people living at the home and five relatives. We also spoke with the registered manager, the Head of Care, two nurses, a senior care worker, three care workers, an activity staff member, a housekeeping staff member and a member of catering staff. We observed care and support in the communal areas and looked around the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of four people, the recruitment records of three staff members, training records and quality monitoring reports.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also joined people for a lunchtime meal to help us understand how well people were cared for.

Good

Is the service safe?

Our findings

People and their relatives said the home was a safe place to live and they were very satisfied with the support they received from staff. One person said, "They make me feel I'm well looked after. If I need something I call them and they come quickly."

Another person told us, "It's very safe. It's so safe they watch me all the time to make sure I don't have a fall." A relative commented, "It's very safe and comfortable. The staff are so nice towards people. The building is not the most modern but it's comfortable and it's got a very happy atmosphere."

The health and social care professionals we spoke with felt the service was safe. One health care professional commented, "The friendly atmosphere doesn't seem to have changed [since the new provider took over]. It still feels 'safe' and I have no issues or concerns when I visit." A social care professional commented that the home had provided a 'safe haven' for a person who was at risk at home.

Staff were aware of their responsibilities to report any concerns about the safety of people or about poor care. The new provider's safeguarding policy and procedures had been read and signed by all staff. Safeguarding was also discussed in each staff member's supervision sessions so they were fully aware of the process. All the staff who worked at the home had previously attended safeguarding training and the new provider had on-line training for any future new staff members. There was a safeguarding poster on display that reminded staff and visitors how to report any concerns.

There had been one safeguarding matter since the new provider registered. This was appropriately investigated and reported to all relevant agencies. The safeguarding team had no further concerns and the person who raised the concern was satisfied with the actions taken.

Risks to people's safety and health were appropriately assessed, managed and reviewed. These included, for example, risks to individual people in relation to falls, mobility equipment, nutrition and skin care. The registered manager carried out a monthly analysis of accidents and incidents to check for any trends. The analysis also included a check of whether people's falls risk assessment needed to be reviewed and whether they had been referred to their GP and the falls clinic. The registered manager also carried out similar monthly analyses of people's weight and pressure care needs. This meant risks were identified and kept under review to keep people safe.

Staff told us, and records confirmed, the home's maintenance member of staff carried out health and safety checks around the premises, including fire safety and hot water temperature checks. It was good practice that the home had a 'grab file' for any staff member to use in the event of an emergency in the home. The grab file included details of what to do and who to contact in the event of a flood, fire or staff absence. It also included the personal evacuation plans for each person who lived there.

The accommodation for people was clean and comfortable. However there were some decorative shortfalls to bathrooms and toilets which were in need of attention. Although these shortfalls did not present a health

and safety risk to people or staff, they did not promote the dignity of the people who used the service. For example, shower rooms had two cracked tiles and wall surfaces were scuffed. At the time of this inspection a new assisted bath was being fitted on the ground floor. A staff member told us, "The owners are making improvement to the building but we desperately need the showers done."

The provider had begun to make improvements to the premises. The entrance hallway and corridor had been redecorated, new armchairs had been purchased and a bathroom was being upgraded. The Head of Care, who represented the new provider, was aware of the decorative shortfalls that had been inherited and confirmed that a refurbishment plan was being developed.

All the people we spoke with felt their care needs were being met and felt there were sufficient staff to support them. One person told us, "Staff come whenever I buzz and they come quick enough day or night." A relative commented, "There's always plenty of staff around. You can always find them." One visitor felt that there were not enough staff, although they felt staff did work hard.

The provider had a dependency tool that calculated the number of staff required to meet people's nursing, dementia or personal needs. At the time of this visit there were eight care staff on duty including one nurse, two senior care workers and five care workers. The dependency tool was also based on the number of people living there, which was about to increase by two more people. According to the dependency tool, staffing would increase by one care worker when the new people moved to the home.

Staff felt there were enough staff to meet needs although there were times when this was more challenging. For instance one staff member commented, "It's very busy. The senior and nurse have to spend so much time of medicines, reviews and visiting professionals that there's really only six staff available on the floor." Another staff commented, "Staffing has stayed the same since the new owner. It can be rushed in the mornings and after tea because everyone needs support at those times and some people need two staff with hoisting. But it's safe in terms of managing people's needs."

There were also housekeeping staff on duty from 8am until 6pm. This was a big building to keep clean and some areas were harder to manage because of the wear and tear, for example in bathrooms. However the premises were clean and people and relatives felt housekeeping staff did a very good job. For instance one person commented, "They always keep it clean. " Another person said, "They're always cleaning it." One person also described the laundry service as "top class". Relatives said occasionally laundry items, such as socks, went missing but they felt this did not detract from the "very good care" that their family members received.

The registered manager described staff turnover as low, and there had been few changes to staff since the change in provider. The recruitment records for four staff members showed that recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

The provider carried out monthly checks to make sure that nursing staff were registered with the Nursing and Midwifery Council (NMC). This helped to make sure people received care and treatment from nursing staff who were required to meet national standards and abide by professional code of conduct.

People said they got their correct medicines and at the right time. The medicines system had not changed under the new provider. As soon as people moved to the home staff contacted their GP to confirm their

medicines and set up arrangements for getting their prescriptions to the home. People's care records also showed their medicines were regularly reviewed with their GP.

People's medication administration records (MARs) were well maintained. A current photograph of each person was attached to their MARs to ensure there were no mistakes of identity when administering medicines. There were clear protocols in place for people who had 'as required' and homely medicines. For medicines with a choice of dose, the records showed how much medicine the person had been given at each dose. The medicines records were completed in the right way which meant the home staff could confirm that people's medicines were being given as prescribed.

Nurses and senior staff checked daily to make sure the medicines were stored at the safe ambient temperature. They also carried out spot checks of medicines records and weekly stock counts of medicines that could be liable to misuse (called controlled drugs) The provider's compliance officer carried out in-depth medicines audits to make sure the people's medicines were being managed in a safe way.

Good

Is the service effective?

Our findings

People and relatives told us staff were "very good" at their jobs and they had confidence in their competence to care for people. One person commented, "They're very good and know exactly what they're doing." A relative told us, "[My family member] is getting the care they need here."

Staff said they felt well trained, motivated and supported in their role. One staff commented, "The deputy manager is very good at arranging training for us. I would do any training offered if it made me better at my job." Records confirmed they received necessary training in health and safety matters, such as first aid, fire safety, food hygiene and infection control. Care staff had achieved, or were working towards, a care qualification such as a diploma in health and social care. The activities co-ordinator had a qualification in activities for people living with dementia.

Nurses had training in relevant nursing areas such as infection prevention, tissue viability and catheterisation. Nurses and care staff also had training in people's specific needs, such as Huntingdon's disease and dysphagia (swallowing problems). Catering staff had completed satisfactory training in food safety and nutrition.

Staff told us, and records confirmed, they had supervision sessions with either the registered manager, deputy manager or a nurse. All staff also had an annual appraisal with their supervisor. The new provider had introduced a supervision record that included key aspects of staff member's development including training needs, policies and procedures, safeguarding and whistleblowing and standards of care.

Staff had also had training in the Mental Capacity Act 2005 (MCA) which 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's care records identified where they could make decisions, or where they needed support from other people, including advocates, for more complex decisions. We saw records of a 'best interest' assessment that involved relevant care professionals as well as home staff.

We did notice that one person was using a lapstrap across their wheelchair, although only when being transported around the home, but there was no capacity assessment about this. The registered manager agreed that this safety equipment was potentially restrictive so would arrange for a capacity assessment to record whether the person had capacity to consent to it or if not a best interests decision would be made.

Throughout this visit there were many examples where staff were overheard ensuring they had a person's

permission before carrying out any support tasks. For example, when offering people their medicines, before supporting them with their mobility, and before offering assistance with eating and drinking. In this way each person's consent was sought and awaited before providing care.

There were 15 people living with dementia at the home, which was more than had ever previously been accommodated. However there were no specific design features to support people's orientation around the home. For example there were no different coloured doors for people to recognise different rooms. Some doors did not have names or pictures to help people find their own bedrooms. The registered manager and Head of Care agreed and stated there were plans to redecorate the home in a way that would support people living with dementia.

People told us the meals were good and they were "well-fed". One person said, "The meals are alright and the night staff even bring you a cup of tea in bed at suppertime." A relative commented, "My [family member] enjoys the meals very much and he's getting well-fed which is good for his health."

There were dining rooms on both floors and some people preferred to dine in their own room. We joined people for a lunchtime meal. There was a sociable atmosphere in the main dining room. People were offered a choice of main meals, and these were served to individual preference which staff were clearly familiar with. For example one person did not like gravy and staff made sure that this was not included in their meal. Some people needed physical support at mealtimes and they told us they got help if they needed it. During the lunchtime meal we saw staff were supportive and engaged with people, encouraging them to enjoy their meal.

Two people required support with PEG feeds (where food is passed through a tube directly into the stomach) and staff were trained in managing this. A monthly audit was carried out about people's nutritional health. This included any changes to people's weight since their admission to the home, whether their GP had been made aware of any significant weight loss, whether they were on food supplements, their body mass index (BMI) and a check of their nutritional care plan. This meant the staff regularly reviewed people's individual nutritional well-being.

People told us that staff acted quickly to help them access health care services when required. Care records included details of visits by a range of health and social care professionals including a tissue viability nurses, dietitians, a percutaneous endoscopic gastroscopy (PEG) nurse, speech and language therapist, social workers, continuing healthcare assessors, physiotherapists, palliative care team, occupational therapist, podiatrist and chiropodist.

A local GP visited the home every week to check people's health care needs. This helped to ensure people received timely support with any changes in their health, which could also help to prevent some admissions to hospital. The home was involved in a Health Care Initiative pilot where new 'passport' files about a person's well-being and needs went with them if they had to attend hospital. The 'passports' were then sent back with them from hospital with any relevant updates such as a change in medicines or a do not attempt resuscitation assessments.

The social and healthcare professionals we spoke to said they had good working relationships with the staff and management of the home. Healthcare professional said staff sought their advice when appropriate and always acted on this. One healthcare professional told us, "The staff take their responsibilities seriously."

Good

Is the service caring?

Our findings

People and relatives made many positive comments about the caring and kind staff. One person said, "The girls are very nice, very accommodating." Another person told us, "They are all very helpful, and very friendly."

Relatives commented, "The staff are all very caring." A health care professional commented, "Staff always seem to me as being caring and motivated."

There was a friendly, warm atmosphere in the home and people and visitors told us this was usual. Staff went about their work cheerfully and frequently stopped to have a chat with people and check they were alright. One relative told us, "I noticed it had a warm vibe about it as soon as I came to look around. Staff are lovely with [my family member]." A care professional told us, "It is a friendly care home and I have always been made welcome by all staff."

Care professionals also commented positively on the kindness and consideration shown towards people. One health care professional told us, "It's definitely a caring place – the staff are lovely towards people." Another health care professional said, "I am frequently touched by the manner in which they care for the patients."

In discussions people and visitors praised the staff for their dedication to their roles. For example one person commented, "Some of the staff even pop in to see us on their days off." Another person told us, "They're all very helpful and the cleaners are nice girls." Another person described how they had rung their call bell through the night because they did not feel well. They told us, "The nurse came straightaway. When I told her I was cold she got me a blanket and made sure I was alright. All the nurses are lovely."

Staff told us they enjoyed their jobs and got satisfaction from supporting the people who lived there. For example, one staff member commented, "There is no change to how committed we are to the residents. It wouldn't matter who owned it, we come to work because we care about the residents."

People were supported in an unhurried way that promoted their dignity and respect. A staff member commented, "The residents come first. We all take time to have a few minutes chat with people, especially about their old days. If any staff starts to slack off, the senior always brings them back in line. It's all about the residents."

People were encouraged to make their own decisions and to remain as independent as possible. For example, some people had chosen to have a key to their bedroom door and made good use of this. People chose to spend time in different parts of the home and several people enjoyed sitting in the entrance hallway socialising with visitors. Other people preferred spending time in the privacy of their own room. One relative commented, "There's a very sociable atmosphere in the home but people can have peace and quiet in their own rooms. Staff are always popping in to make sure [my family member] is ok."

There was information for people about local advocacy services. This was on display in the hallway for people and visitors to see.

Good

Is the service responsive?

Our findings

People told us they were involved in decisions about their care, and care records showed how they had been consulted. Some people would not be able to be involved due to their limited capacity, but care records showed they were encouraged to make choices about their daily routines. Relatives also said they felt informed and involved in discussing their family member's care.

People had care plans that set out their individual needs and how they required assistance. These included, for example, communication, eating, personal hygiene and health needs. The care plans were detailed and provided guidance for staff about how to support each person with their specific needs. A care professional told us, "I have always found staff to be approachable and knowledgeable regarding service users. Care plans have always been up to date and well presented. Information is detailed and personalised to the resident."

In discussions staff were able to describe each person's abilities as well as their care needs. Care professionals also confirmed this. A social care worker told us, "Staff are well aware of a person's identified needs and how to manage them appropriately." Another care professional described the staff as "pro-active" in seeking advice and support to meet any change in people's needs.

The new provider had introduced a new care plan format to records the specific needs and instructions for staff about how to meet those needs. At the time of this inspection the information from previous care plans was being transferred to the new care plans, and this was also an opportunity for staff to fully review the information they had about each person. We looked at a mix of old and new care records. The new care plans set out people's specific needs and gave clear guidance to staff about how to support each person in the right way that met their preferences.

Staff said they were pleased with the new care plan style and felt this was much clearer and easier to follow. One staff member said, "The paperwork has changed for the better. It's more straightforward." Another staff member commented, "The new care plans are different but it means we've been able to make them person-centred."

People told us there were sufficient activities and entertainment to take part in if they wanted. For example one person commented, "There's enough to do. I'm going to see the singer after lunch then getting my hair done." Another person said, "There's plenty of things going on if you want to join in. I also like going in the garden – they keep it lovely and it's a nice place to sit."

There were activities provided every morning and afternoon and the activities programme was displayed in large pictures and in written form in the hallway for people and visitors to see. The home employed an enthusiastic member of activities staff who arranged group activities such as bingo, karaoke, pamper sessions, floor games, balloon volleyball, films and reminiscence sessions. The new provider had plans to introduce evening social events at least once a month.

The activities co-ordinator also spent time with people who were bedfast in individual activities such as reading newspapers and manicures. The relative of a person who had recently moved to the home told us, "[My family member] hasn't joined in activities yet, they prefer their own company. But the activities staff is looking at what they used to do to see if she can find something that they might like to start up again."

The activities co-ordinator tried to encourage community involvement in the home such as local entertainers and church services. The local library also had a book-lending scheme at the home. She arranged for people to go out to community resources such shops and church, and five people had recently been to a local Easter market. Age UK used an area of the home to provide a social day care service for older people from the local community. Although this was not for the use by people who lived here, the two services did share some entertainment and social events.

People had written information about how to make a complaint and this was also displayed in the reception area for visitors. The information included details of contact telephone numbers, including advocacy services, and the timescales for looking at complaints.

People and relatives said they found the registered manager approachable and would feel comfortable about discussing issues with her. One relative commented that they had raised an informal concern about staffing levels. They told us, "I can say what I think to any of the staff or the bosses."

There had been one complaint received since the new provider was registered. There were detailed records of the nature of the concern, the investigation and the other agencies involved in looking into this. The registered manager wrote to the complainant with the outcome. The registered manager told us that any complaints were audited monthly. This was to make sure that any outcomes or actions had been completed, and also to analyse them for any trends.

Good

Is the service well-led?

Our findings

People told us the home was well managed and they had not had any concerns since the new provider took over. People had been invited to a consultation with the new provider and had subsequently been asked for their views of how things were going at resident/relatives' meetings and in a survey. The minutes of the most recent resident/relatives' meeting in March 2016 showed that people and their families had remarked that the changeover of provider had gone smoothly.

People's views about the service were sought and acted upon. For example, in a recent food quality survey carried out by the new provider and the results were analysed and put on display in the hallway for people to see. The survey showed that two-thirds of people had said they were not offered fruit often enough. This had been addressed immediately and fresh fruit was now served from the drinks trolley each day.

The new provider had also used a survey of relatives to gain their views of what could be improved at the service. Ten relatives had completed these and the results were analysed and publicised. Relatives had said the staff were "friendly and helpful" and the home was clean. However relatives had commented that people wanted the choice of baths and showers (and this was being addressed at the time of the inspection).

Care professionals had also been surveyed by the new provider. Four care professionals had responded and made many positive comments about the staff knowledge of people's care needs and communication with other professionals. Care professionals had suggested the redecoration of the building as an area for improvement and this had begun to be addressed by the new provider.

People, relatives and care professionals told us the service was well run. A care professional told us the home was "appropriately managed and [registered manager] is knowledgeable about all residents and staff". Staff said they respected the registered manager. One staff member told us, "The manager keeps the staff right."

People, relatives and staff other visitors told us the culture in the home was warm, friendly and sociable. One staff member commented, "We get good comments off people and their families and that makes the job worthwhile. As long as residents are happy, I'm happy."

Staff told us and records confirmed that they had opportunities to give their views about the service. Meetings had been held with the registered manager, senior staff and staff team to discuss the organisational standards that were expected by the new provider.

The provider had a robust quality assurance system to monitor the safety and quality of the care service provided to the people who lived there. The provider employed a compliance officer who carried out thorough audits of the care service. These included, for example, audits of medicines management, care records and the catering arrangements. The audits included a score and rating, and any actions for improvements were recorded and re-checked at the next audit.

The registered manager and designated staff carried out regular checks of health and safety, food safety, cleanliness and infection control and moving and assisting equipment. Staff also carried out monthly reviews of risk assessments for bed rails, choking and pressure care.

Monthly audits of accidents, incidents, weights and skin integrity were forwarded to the provider's Head of Care so they were kept informed about the management of any significant care needs. The Head of Care visited the home regularly to carry out checks and to provide supervision and support for the registered manager. This meant the provider continuously monitored the service to make sure it was safe and to plan any improvements.