

Able Care (Menwinnion) Limited

Menwinnion Country House

Inspection report

AbleCare (Menwinnion) Limited
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Menwinnion Country House is a residential care home providing personal care to 36 people aged 65 and over at the time of the inspection. The service can support up to 40 people in one adapted building.

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

Staff had not been provided with appropriate guidance and training on how to support people whose behaviour could be challenging. Information about possible triggers had been identified by some staff but not included in people's care plans. Some staff were fearful of supporting one person and had begun to use inappropriate language to describe the person. This exposed the person to an increased risk of harm.

Staff did not understand local safeguarding procedures and had not received training updates in this topic. Medicines were not safely managed. People had not always received their medicines as prescribed and the service did not have appropriate systems in place detailing when 'as required' medicines should be used.

People's capacity had not always been appropriately assessed following the principles of the Mental Capacity Act 2005 (MCA). Information about people's capacity to make decisions had been assessed once but these assessments had not been update or reviewed when their needs changed.

People were highly complimentary of the service's food menus and staff had a good understanding of people's nutritional needs and preferences.

The provider had not taken action to make improvements and address the issues identified at our last inspection in relation to the management of medicines, behaviour that challenges other people and systems for assessing people's capacity to make decisions and choices. Issues previously identified in relation to recruitment practices had been resolved and all necessary pre employment checks had been completed.

There was a lack of stable leadership at the service as there had been three changes of manager since our last inspection. The new acting manager had been appointed six weeks prior to the inspection as a deputy manager. They had subsequently agreed to take on the role of acting manager following the previous manager resignation.

The provider's quality assurance processes had identified that the service was not providing good quality care but had failed to drive improvements in the service's overall performance.

People felt well cared for and were complimentary of the staff team and the quality of support they received. Feedback from relatives was also positive and comments received included, "I feel safe and comfortable. If I need anything they do their very best, nothing is too much trouble" and "Home is first class. Treatment is wonderful".

Rating at last inspection

The last rating for this service was requires improvement (published 23 October 2019). At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 02 September 2019 breaches of legal requirements were found.

We undertook this focused inspection to check that improvements had been made and to confirm they now met legal requirements. This inspection was focused on the key questions of Safe, Effective and Well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to how risks to people are managed, people's mental capacity, staff training and skills, and governance.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Menwinnion Country House

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 site visits was completed by two inspectors. An Expert by Experience supported the inspection by making video and telephone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

A new acting manager had been appointed 6 weeks prior to the inspection. The provider's intention was for the acting manager to apply for registration once their probationary period was completed. Registered managers alongside providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with two people briefly and had more extensive conversations with four members of staff, the acting manager, and the provider's Head of care and Area manager. We also spoke with a nurse who was visiting the service.

We reviewed a range of records. Including seven people's care records, medication records, staff recruitment documentation and the service's training matrix. We also reviewed a range of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke via video link or telephone with eight people who used the service and five relatives. We also reviewed the various documents we had requested during the site visit and completed an analysis of the service's rotas and staffing levels.



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;

At our last inspection we found staff did not have the guidance or skills necessary to meet people's needs. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found limited action had been taken to address these issues and the service remained in breach of regulation 12.

- Previously we found staff were "wary" about supporting one person who regularly exhibited behaviours that challenged others. This issue had not been resolved and some staff were now fearful of supporting one person. Staff comments to inspectors about this person included, "[Person's name] can be a beast".
- Where there was a risk people could exhibit behaviours that were challenging to others this had been identified in people's care plans. However, staff had not been provided with guidance on how to respond to or manage these behaviours. Some told us of possible triggers for these behaviours, but this information was not included in the person's care plan. This placed people at further risk of not receiving the correct support for their needs.
- Staff had not received training on how to support people to manage their anxiety and did not currently have the skills necessary to support people whose behaviour may be challenging to others. The service had requested support from professionals on how to meet this person's needs but limited additional guidance or support had been provided.

The lack of training and guidance for staff on how to manage behaviours that could be challenging to others, exposed people to risk of harm. This contributed to the repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks in relation to pressure area care had been appropriately assessed and staff provided with clear instructions on the actions they must take to protect people from these risks.
- Personal emergency evacuation plans (PEEPs) were available and detailed the level of support each person would require in the event of an emergency evacuation.

Systems and processes to safeguard people from the risk of abuse

- Staff did not understand how to report safeguarding concerns outside the service and training in local safeguarding procedures had not been regularly refreshed or updated.

The failure to ensure staff understood safeguarding procedures exposed people to the risk of harm. This contributed to the repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were happy living in the service and relatives were confident people were safe. Their comments included, "I feel safe and comfortable. If I need anything they do their very best. Nothing is too much trouble" and "I feel [My relative] is safe in the home. [My relative] has severe dementia and used to have nasty falls. Since living here, they have done well with physical safety and the staff are very caring and responsive. [My relative] has never been looked after better."

Using medicines safely

At our previous inspection Medicines were not managed safely. This contributed to the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this issue had not been addressed and the service remained in breach of the part of regulation 12.

- Systems in place for the management of medicines had not been improved following our previous inspection. People did not consistently receive their medicines as prescribed and Medicines Administration Records (MARs) were not always completed according to best practice.
- Staff training in medicines management had not been updated and staff competency in relation to medicines management had not been assessed.
- Medication audits were ineffective, and errors had not been identified and resolved. The service did not have appropriate systems detailing when as 'required medicines' should be used; and risk in relation to the self-administration and management of medicines had not been appropriately assessed.

Medicines were not managed safely. This contributed to the repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored appropriately and there were appropriate procedures in place for the management of medication that require stricter controls. People told us, "My medicines are always available" and "My medicines are always there. Always given to me in my room."

Learning lessons when things go wrong

- Where accidents and incidents had occurred they had been appropriately documented and recorded. Analysis had been completed to identify trends or patterns and guidance sought from professionals where appropriate. However, where incident of behaviour that challenged others had occurred people's care plans had not been updated to provide staff with guidance on how these incidents should be managed.

Preventing and controlling infection

- Staff had a good understanding of current infection control guidance developed in response to the Covid-19 pandemic. Surgical masks were being correctly used throughout the service and appropriate systems had been developed to facilitate safe visiting by relatives. People told us, "Staff always wear masks and aprons. They wash their hands every time they come in and out of my room" and "There is a first class arrangement. Visits involve going downstairs to the conservatory. I have to wear a mask. The home stick to guidelines". While relatives' comments included, "I feel [my relative] is safe because there have been no incidents of Covid in the home. They follow specific guidelines [with] strict isolation after outside visits. [They are] very particular with visitors".
- Regular Covid testing was underway for people, staff and where appropriate relatives.
- The service was clean and people told us, "The home is spotlessly clean" and "I see a cleaner going round

every day." Cleaning was underway throughout the inspection. However, there were no systems in place to record that regular cleaning of high contact areas had been completed.

- Staff had received covid specific training on infection control and the use of personal protective equipment to manage transmission risks. However only a small number of staff had completed training updates on infection control practices. This issue will be discussed further in the effective section of this report.

Staffing and recruitment

At our last inspection we found staff had not always been recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and necessary pre-employment checks had been completed. The service was no longer in breach of regulation 19.

- Staff had been safely recruited. All necessary checks including disclosure and barring service checks (DBS) had been completed before new staff were permitted to work with vulnerable adults.
- People and their relatives felt there were consistently enough staff available to meet people's needs. Comment received included, "There seem to be enough staff, even at weekends", "When I ring my buzzer they come quickly" and "Always enough carers, even at night."
- The service's rotas for the month prior to the inspection were reviewed. These records showed planned staffing levels had been regularly been achieved. Where staffing levels were lower than planned this was normally as a result of staff sickness but had not resulted in people's needs not being met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found staff did not fully understand the Mental Capacity Act and this may have impacted on people's human rights. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had not been taken to address these issues and the service remained in breach of regulation 11.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Each person's capacity to make decisions had been assessed once and recorded in their care plan. These capacity assessments were not decision specific and had not been updated or reviewed when people's needs changed.
- DoLS application had been made for some people who staff would prevent from leaving the service to ensure their safety. However, there were no records available of associated capacity assessments or best interest decision making.
- Staff and managers had not completed recent training in DoLS or the MCA and did not have a clear understanding of this legislation. During our inspection we found DoLS applications had been made for individuals identified as having full capacity. In addition, staff told us they would discourage and prevent one person, who had recently become increasingly confused, from leaving the service. No recent capacity

assessment had been completed for this individual and no DoLS application submitted to the local authority for approval.

The failure to follow the principles of the MCA meant people's human rights were not appropriately protected. This was an ongoing breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us consent was sought before care was provided and records showed people had been supported to make day to day decision about how their care was provided.

Staff support: induction, training, skills and experience

- As previously mentioned in the safe section of this report staff, training in relation to safeguarding adults and medication management had not been regularly updated and staff were unclear on how to report safeguarding concerns outside the service.
- We reviewed the service's training matrix and found staff training had not been regularly updated to ensure they had the skills necessary to meet people's needs. The training matrix showed that; no staff had in date first aid training; only 21 % of staff had completed health and safety training; only 36% had completed infection control or manual handling training; and only 40% of staff had completed fire safety training. This placed people at risk of not receiving the correct support for their needs.
- Staff were aware their training had not been updated and their comments included, "My training was up to date when I came. Probably needs updating. Would be nice to have a refresher in moving and handling as rules can change."

The failure to regularly refresh and update staff skills meant they were not suitably qualified and competent. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers recognised that staff training needs had not been met and were making arrangements for additional training updates to be provided. Online training was now being planned and the first courses were due to take place in the coming weeks.
- Staff had received regular supervision and annual performance appraisals.

Adapting service, design, decoration to meet people's needs

- The service was well maintained, and appropriate equipment was available to support people's mobility needs.
- Care records showed people had been regularly supported to bathe and adapted bathroom facilities were available for people who required support to mobilise.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had appropriate systems in place to assess and identify people's specific needs before they moved into the service. This helped ensure the service was able to meet people's expectations.
- Staff knew people well. They encouraged and supported people to make decisions and choices throughout the inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives were consistently highly complimentary of the quality and range of food and drinks offered in the service. Menu choices and vegetarian options were available at all meals and people told us, "Food is very good. All very nice. There is a vegetarian choice and they know that I am a vegetarian", "Food is out of this world. Gorgeous. There is a choice – a veggie option. If we have fish you can have it

boiled or battered or a salad" and "Food is beautiful. There is a choice of practically anything. I can have a snack if I like. A choice of drink. I have coffee the way I want it."

- Kitchen staff had a good understanding of people's individual nutritional needs. Menus were discussed during residents' meetings and people were able to request specific meals they particularly enjoyed.
- Risk in relation to weight loss and nutrition had been identified and staff provided effective encouragement and support during mealtimes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed the service worked effectively with health professionals and people were routinely supported to access health services. People told us, "The GP is called in when needed. No problems they keep me informed" and "I visit the hospital regularly at the moment. It is organised by the home."

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 deteriorated to inadequate. 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.

At our last inspection we found the providers systems and processes had not been effective in identifying and making required improvements to the quality of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- As detailed in the safe and effective sections of this report the provider had failed to take action to resolve the breaches of the regulations 11 (Consent) and 12 (Safe Care and Treatment) identified during our September 2019 inspection. This meant people's human rights had not been protected.
- The provider had not ensured the Mental Capacity Act was fully understood by staff. People's capacity to make decisions had not been appropriately assessed. Applications to deprive people of their liberty to ensure their safety and provide care, had been made for people assessed as having full capacity to make choices.
- The provider had not addressed and resolved issues identified at the previous inspection in relation to the quality of guidance available to staff on how to support people who's behaviour could be challenging.
- The provider had not ensured staff training was regularly updated and this meant staff did not have the skills necessary to meet people's needs. The staff teams lack of knowledge of first aid, safeguarding procedures and medicines management exposed people to risk of harm.
- Care records designed to provided managers with an overview of the support people had received had not been consistently or accurately completed.
- The provider had quality assurance procedures in place that had identified issues with the service's performance in September 2020. Further audits due in October and November had not been completed as senior managers had identified that the issues raised in the September audit had not been resolved. This meant any further areas for improvement had not been identified and showed processes to drive improvement were ineffective.
- This is the second consecutive inspection at which the service has failed to achieve an overall rating of good and the third consecutive inspection where well led has been rated requires improvement or inadequate.

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

- There was an ongoing lack of stable leadership at the service. At both of our previous two inspections there was not a registered manager post. At our last inspection there was a new manager in post who had become

registered. They had subsequently resigned and cancelled their registration in February 2020. A replacement manager had been employed but had also resigned. The current manager had been appointed to be the service's assistant manager approximately six weeks ago but had now taken on the acting manager role.

- The provider had failed to prevent this inconsistency of leadership from impacting on the service's performance. Staff told us, "We have had a lot of changes in management, every [new manager] makes some sort of changes and you need to get used to it" and "Morale is up and down. People don't know what's going on, change of management. We still work well together. Sometimes come in and it's a bit stressful."
- Senior managers and the new acting manager recognised significant improvements were necessary. They told us, "The service is not currently good", "There is just such a lot to catch up on but we will get there" and "We were generally aware of issues. Picked up in audits. Not a surprise but is a disappointment. It will be sorted".

The provider had again failed to operate effective systems and make necessary improvements to ensure compliance with the regulations. This is an ongoing breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The services manager's role was well defined and the providers senior managers were visiting the service regularly to provide additional support to the acting manager.

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

- There was a positive and caring culture in the service and staff generally spoke warmly of the people they cared for.
- People and relatives were consistently complimentary of the quality of care provided by staff. People told us, "I feel safe and comfortable. If I need anything they do their very best, nothing is too much trouble. At night time there are always enough carers. I get on well with the staff" and "All the staff seem happy. There is no tension. All my family think the home is a very good one".
- Although there had been a significant turnover of managers relatives were complementary of the providers leadership. They told us, "It is one of the best homes in the country" and "Home is first class. Treatment is wonderful. Staff lovely. The management is ideal. I am happy with everything. Value for money."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us they were encouraged to provide feedback and that action was taken in response to issues raised. They told us, "The home always encourages me to give feedback. There are cards to fill in. I have had nothing major to report", "Newsletters encourage feedback" and "I had a form and said how much I admired the way staff coped with Covid."
- The service regularly received compliments and positive feedback from relative. Recently received comments included, "Thank you so much for looking after [my relative] as you do – it means so much to [the] family knowing that [my relative] is being well looked after at this time" and "First may I thank you and all the staff who work so hard looking after everyone. I don't know everyone's name, but the cheerful smiles, kindness and gentle attention given to my [relative] is much appreciated".
- There were systems in place to ensure information about any changes in people's support needs was shared between staff shifts and team meetings had been held more regularly.
- The service worked effectively with partner organisations to ensure people's care and support needs were met.

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

- Relative told us they were kept well informed of changes in people's needs or of any incident or accident that had occurred. They felt staff were approachable, honest and caring.
- The acting manager, the provider's Head of care and Area manager took an open and honest approach throughout the inspection process. They had identified issues with the service's performance prior to the inspection and recognised action had not been taken to address and resolve previous breaches of the regulations.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's rights and freedoms were not adequately protected as staff did not fully understand the requirements of the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People had not received safe care a treatment as staff did not have appropriate guidance eon how to support people who's behaviour could challenge others, staff did not understand safeguarding procedure and medicines were not safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and make necessary improvements to ensure compliance with the regulations. This is an ongoing breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We imposed a condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were supported by staff who did not have the skills or competence to meet their needs. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We imposed a condition on the providers registration.