

Clarendon Care Group Limited

Myford House Nursing & Residential Home

Inspection report

Woodlands Lane
Horsehay
Telford
Shropshire
TF4 3QF

Tel: 01952503286

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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?	Requires Improvement ●

Summary of findings

Overall summary

Myford House is located in Telford, Shropshire. The service provides accommodation and personal care for up to 50 older people. On the day of our inspection, there were 31 people living in the home.

The inspection took place on 11 December 2018. The inspection was unannounced.

At our previous inspection on 26 and 27 October 2017, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the safe handling of medicines and good governance. At this inspection we found the provider was no longer in breach of regulations and that improvements had been made.

People were getting their medicine at the correct time and safe administering procedures were being followed. We observed staff were recording temperatures of the medicine room and fridge. However, there were inaccuracies with the results which had the potential to put people at risk. We also found that clearer instructions were needed for staff in relation to the administration of medicine via a gastric tube.

People were supported by sufficient staff who understood how to recognise and report safeguarding concerns. Staff felt well trained and supported.

Accident and incidents were investigated and records completed appropriately. Actions were put in place when required to reduce the likelihood of reoccurrence.

People had up to date care plans and all staff had access to the information via newly introduced technology.

People's nutritional needs were met and they had access to home cooked meals, drinks and snacks throughout the day.

People were supported to consent to their care. Applications to deprive people of their liberty had been made to the correct authorities.

People were treated with compassion and given time to discuss their concerns.

People's privacy and dignity was preserved.

People had access to a range of activities which their family members could join in if they wanted.

People's complaints were investigated and responded to in a timely manner.

People were supported by a manager who is registered with the Care Quality Commission.

The registered manager had governance systems in place which ensured issues were identified and acted upon. However, the issues around medicine storage had not been picked up although temperatures were being recorded.

The provider worked well with other agencies to support the practice in the home.

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 not always safe.

People received their medicine on time however clearer instructions are needed for people receiving their medicine via a gastric tube.

People were supported by sufficient staff.

Accidents and incidents were investigated and risks to people minimised.

Is the service effective?

Good ●

The service was effective

Care plans were up to date and accessible to staff.

People received sufficient food and drink to remain healthy.

People were supported by staff who had been trained to fulfil their role.

Is the service caring?

Good ●

The service was caring

People were treated with compassion and given time to discuss their concerns.

People's privacy and dignity was preserved.

Is the service responsive?

Good ●

The service was responsive

People received care personalised to their needs.

People had access to activities throughout the day

Peoples complaints were responded to in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Governance systems were in place but not all issues had been identified.

Staff were supervised on a regular basis.

The provider worked well with other agencies.

Myford House Nursing & Residential 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.

We undertook an unannounced inspection on 11 December 2018.

The inspection team consisted of two Inspectors, a pharmacist specialist, a specialist nurse, in older person's care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance it was residential care for people with dementia.

We looked at the information we held about the service and the provider. We reviewed the Provider Information Return (PIR) completed by the Registered manager. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. This information helped us to focus the inspection.

We asked the local authority if they had any information to share with us about the care provided by the service. 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 living at the home. We spoke with eight people who lived at the home and five relatives. We spoke with the Registered Manager; two nurses and six members of staff. We also spoke with the kitchen assistant and the maintenance person. We looked at four care plans and reviewed the new care planning system the home had in place. We looked at 12 people's medicine records, the clinic room temperature records, 'as required' medicine protocols and medicine

audits. We also looked at two staff recruitment files, staff training matrix, complaints, fire safety documentation and other records held in the service.

Is the service safe?

Our findings

At our previous inspection, we found the provider continued to be in Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns regarding the management and administration of people's medicine. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12. We consider the safety of the home to be good.

We looked at how medicines were managed by checking the Medicine Administration Record (MAR) charts for 12 people, speaking with staff and observing how medicines were administered to people. We found the administration records for the medicines could demonstrate people were getting their medicines at the times they needed them. People who required medicines to be administered before food were receiving these medicines at the appropriate time. We observed a member of the nursing staff supporting people to take their medicines. We saw it was completed with care and followed safe administration procedures. We found the administration of the topical treatments, such as creams, were recorded electronically by care staff following their administration. We found these records could demonstrate that topical treatments were being applied when people needed them, in accordance with the prescriber's instructions.

People who had been prescribed medicines on a when required basis had written plans in place. On the day of inspection, we found the nursing staff on duty were knowledgeable about the people they were looking after and the appropriateness of when to administer these when required medicines. We discussed with the provider the need to ensure information was sufficient for any new or agency nurses coming in to the service.

At the last inspection, we found the room where medicines were stored was repeatedly exceeding the maximum temperature for storing medicines safely. At this inspection an anomaly in the temperature readings was found when measured however with the processes in place to monitor the refrigeration there was no risk to the medicines stored inside. Discussions took place on how to manage the anomalies found.

We found where people had to have their medicines administered by disguising them in either food or drink the provider had ensured the process was carried out with their best interests in mind and had ensured all the necessary safeguards were in place for this process to be carried out safely.

People were safeguarded from abuse and harm by a staff team who had received training in the safeguarding of adults and understood their responsibilities. Staff also completed additional training in safeguarding children. The provider had displayed a poster listing the contact telephone number for anyone wanting to speak with the local authority safeguarding team and the provider had also introduced a whistleblowing hotline whereby staff had access to a director in the organisation. We saw that when concerns had arisen that the provider took appropriate action and engaged with the necessary authorities, as well as following their own disciplinary procedures. One staff member told us, "If I saw anything that looked like abuse, I would report it to the manager."

We saw that people had risk assessments in place that covered key areas of need and that the staff

handover document contained key risk reduction strategies. One example was noting when a person became fatigued that their fluid intake dropped or that another person may request a hoist when wanting to mobilise however it was recommended they used a stand aid. This detail ensured that staff remained mindful of the essential risks to safely support people during the day. We saw that the home has risk assessments in place regarding health and safety. The home had a fire safety box near the main entrance and the home ensured they retained paper copies of key documentation as a safety precaution in case they could not access on line files for whatever reason.

People were supported by sufficient staff to meet their care needs. On the day of inspection, we saw staff had time to spend with people. One person told us, "I can always find staff to help, no difficulty at all." Another person told us, "Staff never far away, I use my buzzer if urgent and they come." We reviewed the rota which was displayed on the wall near the manager's office and saw that adequate staffing had been arranged. We noted that the provider had offered a financial incentive for staff covering shifts within the home. This has had a positive impact on reducing the use of agency staff. Staff were recruited following safe recruitment procedures. References were requested and criminal record checks were made.

We found that infection control in the home was well managed. The home was clean and in good decorative order and no unpleasant odours were detected throughout the inspection. The provider completed a formal infection control audit in May 2018 and achieved a pass rate. We saw domestic staff working continually throughout the day and noted most staff members had completed infection control training. Hand sanitizer was placed around the home for visitors to use.

Accident and incident records were completed and the registered manager reviewed them and completed further investigations when necessary. We saw that the team discussed lessons learnt from other services run by the same provider.

Is the service effective?

Our findings

At our previous inspection we rated the effectiveness of the home as requires improvement. At this inspection we have rated the effectiveness as good.

People's needs were assessed prior to admission and individual care plans were drawn up using recently introduced technology. One relative told us, "The team visited my relative in hospital before they moved here and completed a detailed assessment." People's care plans had been transferred to an IT based system that enabled all the staff to have instant access. All the nurses and care staff were observed carrying a hand-held device that they used each time they supported someone. Staff showed us that individual care tasks that people needed support with were clearly identifiable, alongside the times when they should be completed. Once care had been delivered the team could record what they had done straight away so records were continuously in date, for example when people required hourly turns. We saw that the system enabled the nurses and managers to update the team on any observations made with a person and record actions taken. One staff member told us, "The system was a bit scary at first but it's actually easy to use and makes life so much better. You always have the most important information with you and staff know what care has been provided and if there is anything outstanding." One relative told us, "Issues are dealt with straight away. The team all know what is going on with my (relative)."

Staff received training that was provided via a range of sources. Staff received in house training as well as attending courses delivered by the provider's local networks, the community nurses and/ or other organisations with a known specialism. We looked at the training matrix for the home and saw that a wide range of courses were available to the team. Training included professional boundaries, first aid, nutrition awareness, pressure care and dementia care. One staff member told us, "We get the training we need to do our job well."

People told us they liked the food the home provided. We were made aware that the home had recently changed how meals were prepared and now meals were home cooked. One person told us, "Meals are very good, we have a new chef that I met the other day. We get choices which are listed on the chalk board." One relative told us, "Family can eat with people and the meals are ok, you can't knock the food and people are offered something else if they don't want what's available and my (relative) has recently gained weight." We observed the meal time experience and saw the atmosphere was relaxed and people socialised with one another. People were offered the choice of having music on or off. People had a range of drinks available and could pour their own if they wanted. People were given a choice of food and could have extra, if they desired. Staff supported people who ate food in their rooms and maintained a level of supervision in the dining room. We over heard people telling the staff that the meal had been very good. Around the home we observed that people had access to drinks and that they could also get a snack whenever they wanted.

We saw the home was actively engaged with services in the community and we saw professionals visiting people at varying points. We saw the advice of external professionals was documented in care files and vital information was repeated on the handover documentation.

People told us that they had access to health care. One person told us, "My physio is due to visit on Friday, and the doctor visits weekly and sometimes sits and talks with me." We saw that the home had accessible information about people's medicine and that they went through these with people as part of a review. Throughout the inspection we saw examples of where the home had adopted best practice in care. We saw that the home used the Kings Fund Audit which focuses on reviewing the standard of dementia care. Within care plans we saw the use of the Abbey Pain scale which gave staff a good indicator of what pain people were experiencing. We noted that the home used the red bag scheme which meant people were prepared should they need to be admitted to hospital.

We found the environment to be clean and well decorated and we did not detect any unpleasant odours during our visit. We saw that the provider had stopped using parts of the building as they felt they were no longer suitable in their current form. People had access to outside space and seating was provided outside the main door. We frequently observed people going outside either on their own or supported by staff or family members. In communal areas there was a homely atmosphere and furniture was arranged in a way that enabled people to talk to one another.

We reviewed the application of the Mental Capacity Act as part of our inspection. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the home was compliant with the guidance however we did ask the home to review historic decisions which may have been in place for people lacking capacity who had transferred from another provider. In one care plan there was a suggestion that a person liked to be woken and dressed by the night staff and then returned to bed. The registered manager confirmed that they would revisit this decision to ensure it remained in the person's best interests.

We checked whether authorisations to deprive people of their liberty had been made and that any conditions put in place were being met. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked the documentation in place and found that the correct process had been followed in relation to acquiring DoLS authorisations. Although we did discuss with the provider the need to ensure that CQC are informed at the time the authorisation was granted.

Is the service caring?

Our findings

At our previous inspection we rated the caring within the service as requires improvement. At this inspection we have rated the area as good.

People were treated with kindness and respect. We observed interactions between people and the staff team throughout the day that were meaningful and engaging. We saw people receiving encouragement and reassurance. One person told us, "It's nice living here I like it and the staff are nice." Another person told us, "Staff are all helpful and kind." We observed a staff member listening to the thoughts of a person who had recently received a difficult diagnosis. We saw that the staff member offered reassurance in a manner that suited the person and that the person remained positive.

We saw another staff member sat reading the newspaper to a group of people and discussing some of the current articles. The group included several people with diagnosed dementia. People were asked their opinion on the article and enabled to join in the conversation. We saw the same staff member later asking people if they wanted music on and making sure people were happy with the music chosen before leaving the room.

We saw people being offered choice but also making requests of staff, such as wanting to go outside for some fresh air and they were supported at the time of request. One relative told us, "Staff are very friendly and all willing to help." Another relative told us, "The carers are marvellous."

We became aware of one family who were not happy with their relative being in a nursing home and that meetings were supported, to ensure that alternatives could be explored. Around the home we saw information displayed about local services including advocacy support.

People were encouraged to be involved and make decisions. We saw several occasions throughout the day of people being asked their opinion and being given options to consider. One relative told us, "My (relative) only does what they want when they want and the staff have the right balance of encouragement without nagging. My (relative) does more than I expected them to, as the staff have the right approach."

People's privacy and dignity was protected in the home. We saw that the home had dignity champions who were staff members selected by the team to help promote best practice. We saw that staff hung polite notices on people's bedroom doors when they were supporting people with personal care, to prevent any unnecessary interruption. One person told us, "Staff knock on my door and if helping with personal care they shut the door." Another person told us "Oh yes, staff treat me with dignity." In the communal areas we saw staff using portable screens when transferring a person from a chair to wheel chair with a hoist.

Is the service responsive?

Our findings

At our previous inspection we rated the responsiveness of the service as requires improvement. At this inspection we have rated the area as good.

People received personalised care at Myford House. We viewed a number of care plans and saw that they were reviewed on a regular basis and contained key information about health conditions and required responses. Families told us that they were kept updated of any changes in health need. One relative told us, "The staff ring straight away if my (relative) is not well." Another relative told us, "The nursing staff have always got time to explain things to you."

We saw that staff recorded people's personal characteristics and supported people's needs as required. We saw that church services were advertised and where a person's religion may affect decisions about their care, it was recorded. We saw that where English was not a person's first language the home had identified people in the team who could help translate. We saw that staff had completed equality and diversity training.

We found that staff knew and celebrated people's history, an example of this was seen in the main reception whereby a person's involvement in a world event was acknowledged. People's rooms were personalised and one person told us, "I have been asked if I am ok with a male carer or not". One relative told us, "My (relative) does not like to be woken up early so they are the last person the staff get up, the staff all know their funny ways. My (relative) doesn't really do activities due to their own personality and not wanting to join in but a few times they have managed to get them out doing stuff."

We saw that activities were advertised around the home such as the times the hair dresser was visiting, various Christmas events, games and craft activities. We also saw photographs of past events such as a trip to Blists Hill museum and a gardening competition were displayed in the home. We were told that a local nursery had visited the previous week and would be returning in the new year. We saw that family members joined in activities and were made to feel welcome. One relative told us, "There are no restrictions on visiting and staff will always make you a drink or you can help yourself."

In the afternoon we saw that entertainment had been booked and that family members had been invited to join in and sit with their relative. The entertainment was in the main lounge however the team closed the doors to the main corridor to ensure people who had not wished to join in were not disturbed by the noise.

We saw that the home had displayed poems and sayings around the home linked to kindness, dementia care and remembering who the person is. Also in the communal lounges the current date and day of the week was displayed to help people stay oriented in time. Information regarding accessing an advocate was on display in the home.

People had access to a complaints procedure that was displayed in the home. This included if people wanted to raise an issue directly with the home or the local authority. People spoken to told us they would

feel confident raising a concern if needed. One person told us, "If I have concerns I can speak with the staff." Another person said, "I've not been concerned about anything." One family member told us, "Issues are dealt with straight away. Everything is nipped in the bud. If I visit and my (relative) looks a little out of sorts, I'll go and find the staff and they will have already noticed and ordered tests or done something." Another family member told us, "If I had any concerns I would speak with the manager."

We reviewed any complaints that had been received by the home since the last inspection and found that they had been responded to in a timely manner and that action was taken when needed.

At the time of inspection there was no one in receipt of end of life care. We saw on the handover notes that a GP has prescribed 'just in case' medicine for one person whose health had recently deteriorated. We were aware that Myford Nursing Home had signed up to the Gold Standard Framework which represents best practice in this area. We saw that the home had clear information on their handover documentation indicating who had a Do Not Attempt Resuscitate order in place and that paper copies of the documentation were stored in a defined place. We reviewed the training staff had received in the subject of end of life care. We found that almost all staff had attended a training course with the local training network and that the nursing team had undertaken advanced training in medicine so that they could support people in the home with more complex care needs.

Is the service well-led?

Our findings

At our previous inspection we rated well led as requires improvement. At this inspection we have continued with the rating of requires improvement.

At our previous inspection we found that the provider was in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not the necessary governance systems in place. At this inspection we found that the provider was no longer in breach of this regulation. There had been improvements with the overall governance and that this had had a positive impact on the care being delivered. We saw that audits were being completed and acted upon. There were regular reviews around people's care needs.

However, while we considered the administration of medicine to be safe we discussed with the provider the need to ensure current best practice was being followed. We observed medicine to be given to people in the correct manner but were concerned that the instructions recorded were not always in depth enough. For example, when medicines are being administered through via a gastric tube we would expect to see written information describing how each medicine would be prepared and administered down the tube.

We suggested improvements were needed to ensure person-centred information was available with regards to people whose medicine was given via a gastric tube and on an as required basis. This would ensure that all nurses including any new or agency nurses working in the home had all the relevant information needed in relation to each medicine prescribed for a person. This information should then be monitored as part of the quality assurance checks carried out in the home.

At our previous inspection we raised concerns that the manager had not completed the registration process with the Care Quality Commission. At this inspection the manager had completed that process and had made many of the necessary changes required.

Myford House had a clear vision that was displayed in the home and the team were working well to achieve that vision. One staff member told us, "It is lovely to work here, there is a great atmosphere. We have easy to follow systems and there are regular meetings to ensure all staff are kept updated with what's is going on." We saw that the registered manager had an active presence around the home and engaged with people, staff and family members. We saw that there were more avenues open to people to raise concerns and that concerns were acted upon in a timely manner. We saw that staff were receiving supervision on a regular basis and training in the home was supporting the staff to fulfil their role. The provider had completed a quality review in the past year and noted people's request for increased access to the community and this had been acted upon.

We were made aware of a whistle blowing telephone number which the provider had introduced to ensure that if staff had any worries or concerns, they could speak to a Director of the company if they didn't want to speak directly to the management team in the home. This ensured the team had more than one avenue to go down with any worries or concerns and that the provider had the opportunity to respond.

We saw the provider had detailed information in place which on a day to day basis ensured staff knew what they needed to do. We saw that the new technology was being embraced by the team. One person told us, "I was hesitant at first but it is really good as you have the person's care plan in your hand so know what needs doing and you can easily check if anything has been missed." Staff had systems which helped them in an emergency such as a hospital admission or a fire. Staff could access the business continuity plan which gave staff details of how to manage other unforeseen or emergency situations such as adverse weather or failure of basic utilities and that there were clear flow charts and plans for people to follow in response.

We saw the provider was well engaged with the local community, provider networks and the local authority. We spoke with the local authority prior to inspection who told us, "The home has made considerable improvements and the introduction of their new electronic care planning system has had a positive impact."

We checked to see the provider had submitted, when appropriate, notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services. While all the required notification had been submitted we noted that some notifications related to authorised Deprivation of Liberty requests had been delayed.

We checked whether the provider had displayed the current rating of the home, and we found this was displayed visibly for people, in accordance with their regulatory requirements.