

Mavesyn Ridware Residential Home Limited

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Inspection report

Mavesyn Ridware House
Church Lane
Mavesyn Ridware, Rugeley
Staffordshire
WS15 3RB

Tel: 01543490585

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28 January 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 January 2016. The inspection was unannounced. Our last inspection took place in August 2014 and at that time we found the provider needed to make improvements with how they monitored the quality of the service. During this inspection, we found improvements had been made and quality assurance systems had been introduced to review how the service was managed. Further improvements were needed with how medicines were audited to ensure the provider was able to identify people had their medicines as prescribed.

Mavesyn Ridware provides residential for up to 21 older people, some of whom may be living with dementia. There were 19 people resident at the time of our inspection.

There was a registered manager in post. 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 made decisions about their care and staff sought people's consent before they provided care and support. Where people were not able to make decisions for themselves because they may lack capacity, the provider had not always assessed whether people could make these decisions themselves; this meant that some decisions that had been made may not be in their best interests. Some applications to restrict people of their liberty had been made without ensuring that the person did not have the capacity to make the choice. We have asked the provider to make improvements.

Staff were available at the times people needed them and staff had received training so that people's care and support needs were met. The provider had not introduced the new Care certificate for new staff to ensure they developed and demonstrated key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff understood their responsibility to safeguard people from harm. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence.

There were processes to review the experiences of people who used the service. This was through regular communication with people and staff to make sure people were supported in the best way. Arrangements were in place so that actions were taken following concerns raised, for the benefit of people.

People were confident that staff supported them in a manner which protected their welfare and they told us they felt safe. Staff had a good understanding and knowledge of safeguarding people and understood what constituted abuse or poor practice. Where harm or abuse was suspected, the staff knew how to respond to protect people.

People received support from health care professionals where they needed this to keep well. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People were supported to eat and drink and there was a choice of foods available. Specialist diets were catered for and alternative meals could be provided upon request. People received support to remain independent at meal times and where they needed assistance, this was done in a caring and supportive way.

People were treated with kindness and compassion by staff who knew them well. We saw that people's privacy and dignity was respected and people were called by their preferred name. People were confident that staff supported them in the way they wanted.

People knew how to make complaints. They were confident that the staff and registered manager would respond to any concern and they could approach them at any time. Complaints were managed in line with the provider's complaints procedure and people were informed of any investigation and actions.

You can see what action we told the provider to take at the back of the full version of the report.

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 were supported to be safe as staff understood how to recognise abuse and actions to take. There was sufficient numbers of staff on duty to meet people's needs and medicines were managed safely to enable people to take the correct medicines at the right time.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff understood the importance of gaining consent from people prior to providing care. However, where people were unable to make decisions, these may not have always been made in their best interests. Staff received the training they needed to support people. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind and caring. Staff knew how people wanted to be supported and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care; their views were listened to and acted upon.

Is the service responsive?

Good ●

The service was responsive.

People's care was reviewed to ensure their support continued to meet their needs. People continued with their hobbies and interests and activities were provided in the home and when out, according to people's preferences. People knew how to complain and the provider responded effectively to people's complaints about the service.

Is the service well-led?

The service was not always well-led.

Quality systems had been developed although further improvements were needed to monitor some medicines. People were able to approach the manager who was supportive and sought their views and opinions about the service. Staff were supported in their role and able to comment on the quality of service and raise any concern.

Requires Improvement 

Mavesyn Ridware Residential Home Limited

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 on 28 January 2016 and was unannounced. Our inspection team consisted of one inspector.

We spoke with six people who used the service, two relatives and visitors, four members of staff, the registered manager and provider. We did this to gain views about the care and to check that the standards were being met. We observed care in the communal areas of the home so that we could understand people's experience of living in the home.

The provider completed a Provider Information Return (PIR). This 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. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at three care records to see if the records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People told us they felt safe at the home and potential risks to people had been identified and steps taken to minimise them. Staff had a good understanding of specific equipment to be used when supporting people to mobilise and we saw people were supported to move safely. Where hoists were used staff spoke with people to ensure they wanted to move and two members of staff supported them throughout, speaking with them and checking they were comfortable. One person told us, "I couldn't get around if it wasn't for the staff. They are ever so careful." The risk assessments included specific details of how people wanted to be supported and we saw this matched what we saw.

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and the staff were confident these would be dealt with appropriately by the manager. Staff told us they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them. One member of staff told us, "Most of us have worked here for many years and know people really well. We would definitely report anything that worried us to make sure people were happy and safe. It's our job to do that and we would do that because we care about people here."

People told us the staff were available at the times when they needed them. We saw people receiving care and support that met their needs and preferences and staff were present in communal areas to provide timely support. One person told us, "There's always someone around. Some of us can't call for help but we don't need to as the staff make sure we are okay and are here if you need them." A relative told us, "Whenever I visit, the staff are always present. [Person who used the service] tells me that the staff are excellent and if they need them, they are there." To ensure continuity of care, staff who worked in the home covered any sickness or annual leave. One member of staff told us, "Most of us have worked here for a long time together and people mean a lot to us. We work together to make sure everything is covered. It's so much better for people as they know us and we know them."

People's medicines were safely managed and we saw people could retain responsibility. One person told us, "The staff give me my tablets but I take them when I'm ready. I spend my time in my room so they are here when I'm ready." The risks had been assessed and recorded that they were able to safely retain this level of independence. We observed people receiving their medicines and they were told what their medicines were for and staff spent time with them to ensure they took them. We saw that medicines were administered according to the prescriptions. Some people needed certain medicines 'as required'; individual plans were agreed so that staff knew when to administer the medicine and the amount to give. One person told us, "I only have to ask the staff for more tablets if I'm in pain. The doctor has prescribed them for me and the staff are always happy to get them for me when I need them." Where people were unable to have tablets we saw their medicines had been reviewed and were prescribed in a syrup form. All medication was kept securely in a locked cupboard to ensure that it was not accessible to unauthorised people.

Arrangements were in place to check the premises and equipment, to ensure that people were kept safe. For example, in relation to fire safety equipment, hot water temperatures, electrical and other equipment; we

saw that all checks were up to date and no issues had been identified. Fire drills were held regularly so that staff knew what action to take in the event of an emergency.

We spoke with one person who had recently started working in the service. They told us the provider had taken out appropriate references and had confirmed their identity. Police checks had been carried out to ensure they were suitable to work with people. This meant recruitment procedures made sure, as far as possible, that staff were safe to work with people who used the service.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw where there were concerns that people may be restricted applications to lawfully deprive people had been made, however people's capacity was not assessed, as is required. One DoLS application had been refused because the person had capacity. This demonstrated a lack of understanding about the process.

Some people had made advanced decisions about their health care including whether to receive life-saving treatment. These decisions did not always include information that people had been involved with this decision and why other people were making decisions on their behalf. People's care records included consent to photographs and whether people wanted to be included in the review of their care; we saw a number of these had been signed by family members and there was no assessment of capacity to demonstrate whether people lacked capacity and could make these decisions for themselves. The registered manager and staff had received training for MCA and one member of staff told us, "This is about supporting people to make decisions when they can no longer make them." However we saw that people's capacity had not always been assessed and this meant that some decisions may not be made in people's best interests.

This evidence demonstrates there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff members had completed an induction when they first started to work in the home. One member of staff told us, "I was given time to get to know people and find out what happens here before I worked on my own. I've done lots of training including how to support people with dementia. I've learnt that there is always a way of communicating with people; you just have to be patient and find the way for that person." Some new staff did not have experience in care and the provider had not revised their induction in line with the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager acknowledged this and put plans in place to ensure new staff completed this.

People told us they were confident that staff supported them in the way they wanted to be supported. One

person told us, "I wouldn't stay here if I didn't think they were doing things right." A relative told us, "We were lucky they had a vacancy here. We needed to make sure that [person using the service] was safe and happy. When I leave here I know everything is as it should be." Staff received on-going training the provider considered essential to meet people's care and support needs. One member of staff told us, "We get a lot of training here. Everyone here genuinely loves doing their job so we are happy to do more training if it means we are doing things in the right way." If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged.

People were provided with a varied diet and there was a choice of food and drink. The dining tables were well presented and a choice of condiments were available. We saw people were supported to eat their meal and one staff member sat next to a person and supported them to eat at a pace they liked. We saw the member of staff talking with people and sharing experiences and laughing. People were asked by staff what they wanted to eat and offered more food if they wanted this saying, "Would you like some more? Would you like more gravy and how is the pie?" Some people needed adapted equipment to help them to remain independent and there were coloured plates. One member of staff told us, "It's easier for people to see the red plates and this means they can stay independent." Where people had a visual impairment we heard staff say, "I'm putting your cup by your plate." The staff guided people's hands to the cup so they were aware where they had placed their drink. People spoke positively about the meals that were provided. One person told us, "I used to be very picky and the staff always made sure I got exactly what I wanted to eat. I now like fruit and salads and what they serve is marvellous and it's lovely to be able to eat."

People were orientated to the day and time as there was a large clock and the date, season and weather was displayed. One person told us, "I sometimes forget which day it is so I look at this often. I like to know when I need to send a birthday card to family and this helps me to remember."

People told us they were supported with accessing health care services such as GPs, dentists and opticians. One person told us, "The doctor comes and visits me here. I only have to ask." Where people needed medical support due to changing health needs, we saw this was obtained and changes to people's care was recorded. Information was recorded about what people wanted in the event of their death. One member of staff told us, "It's a really difficult subject but it's important we know what people want so we can carry this out."

Is the service caring?

Our findings

People and their relatives told us they were happy and were complimentary about the care and support they received. We saw there was a relaxed atmosphere and people were comfortable with staff. There was laughter between people and each other, and with staff. One person told us, "I am more than happy to be here. This is my home now." One relative told us, "Here is as good as it gets. [Person who used the service] is really happy here and we are perfectly happy too."

People told us staff treated them with respect and were able to make choices about their care. One person told us, "I have my own hairdresser who comes in each week and does my hair and nails. I've been seeing them for years and they still come and see me here. There were no problems with this." Another person told us, "When I was living in my own home I didn't get involved with all those activities, so why do I want to do them here? The staff ask but always respect my wishes." A relative told us, "The staff are fantastic and [person who used the service] can choose what they want to do. They don't embrace activities and the staff respect this."

People were supported to maintain important relationships with their friends and families. One relative told us, "I visit here whenever I can. I don't have to ask, I just come. It was the same when I came here for the first time. I just visited to make sure it was the best place for [person who used the service]. I was made to feel welcome that day and I still am. The staff always say, 'Just treat this place like home'."

People told us their dignity and privacy was respected by staff. Staff greeted people by their preferred names and personal care was provided in private areas of the home. People and relatives were positive about the staff and told us they were caring. One person told us, "The staff are very caring and put up with my funny moods." A relative told us, "The staff have been very kind. It was a very traumatic time for us all when [person who used the service] moved here. They have been marvellous and have been so good to us. It's a very calm and contented home. Most of the staff have been here many years and I can see how committed they are." We saw staff being caring throughout the day. This included staff re positioning people's cushions to make sure they were comfortable in their chairs and they checked that people were feeling warm enough.

Details about advocacy services were on display in the home for people to access if needed and we could see this service had been used. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Is the service responsive?

Our findings

People told us they received care and support in the way they preferred and their support needs had been discussed and agreed with them. Individual support plans included information about how people wanted to be supported and their likes and dislikes. People knew they had written support plans and one person told us, "We talked about what I wanted when I moved in here and they wrote it down and nothing's changed. I feel really lucky that I found this place because I'm very happy."

People told us they were able to decide how they wanted to be supported and we heard staff ask them if they could assist before any support was provided. The staff told us they all had access to care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct care. One member of staff told us, "We can pass on any information so everyone knows what's been happening. This is really useful when you have been on leave so we know what we need to do." The care records were reviewed each month and the care records changed to reflect those changes.

People told us they could choose how to spend their time and what to be involved with. There were three lounge areas and people told us they could choose where to spend their time. One person told us, "We all tend to stay in the same rooms because that's where friends are. We can go where we like though and it depends what is going on." People also told us they could spend time in their bedroom. One person told us, "I like to watch sport on my own television and spend time in my room. The staff always leave the door open for me so I can see what's happening."

A range of activities were organised based on people's interests. One person told us, "I like the singers. I like anything musical." In one lounge people were watching a recording of a classical music event. People were moving or humming to the music. One person told us, "I love this music; we have it loud because it's so much better. If only we could all get up and dance to it. I used to love to dance but now I get pleasure from watching. This is beautiful." Another person told us, "We get some people who visit and entertain us. I love dancing and music. We also have someone who comes on a Monday and we do movement or have games. I like it when they test our knowledge and do different things. It keeps my mind active." One other person told us, "I fill my time up very well and there are books and the newspaper to read. There isn't anyone here I don't get on with. We're quite lucky like that." People told us they were happy with the level of activity provided and could choose whether or not to participate.

People were supported to practice their faith and staff recognised the differences in how people chose to meet their religious needs. One member of staff told us, "Just because someone says they are Christian does not mean they want to worship in the same way. We ask people about their religion but we want to know what they want. We have people from different religious backgrounds and we always start out by asking them what's important to them."

People told us that they knew how to raise any concerns and make complaints if needed. The provider's complaints procedure was on display in the entrance to home. We saw where people had raised concerns there were arrangements in place to resolve these and people were informed of any outcome.

Is the service well-led?

Our findings

At our last inspection on we identified concerns with how quality was assessed and monitored and we found that the registered person was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made although further improvements were required with how medicines were audited, as there was not an accurate record. Where people had 'as required' medicines prescribed, new medicines were received each month but a record of the total quantity of all medicines was not maintained. This meant that if concerns were identified, it would not be possible for the provider to determine that these people received their medicines as prescribed.

Quality assurance systems for monitoring the health and safety of the home had been introduced for checks on the fire and nurse call alarms and the quality of the equipment and environment. A recent mattress audit identified one mattress needed replacing. A new one had been ordered and was delivered during our inspection. The registered manager told us, "It's important that people are comfortable. When we saw the bed wasn't fit we arranged to replace it straight away." Accidents and incidents, including falls, had been recorded and been analysed by the registered manager to identify any trends. Referrals were made to external professionals as required. This was so that specialist advice was sought to reduce the risk of further accidents and incidents from occurring again.

The providers visited the home and during their visits spoke with people, visitors and the staff team in order to get their views about the quality of service provided. The registered manager met with people individually to seek their views. We saw this included asking people about their care, the food and activities. One person told us, "The manager is lovely, she always asks how I am and if anything isn't right I'd tell her."

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. One member of staff told us, "We are asked about how well we work and what we could do better. We must always keep asking ourselves how can we make things better for people. Nowhere is perfect but we keep trying to get there." As part of the quality assurance system staff were observed how they supported people, helped them to move and how they washed their hands as part of the infection control audit. The registered manager confirmed that any observation and competency checks were discussed in supervision to bring about improvements.

There was a registered manager in the home and people felt they were approachable. People told us they were happy living in the home and thought that it was well run. They had a good understanding of people's needs and people and their relatives told us they felt they could raise any concerns. The registered manager gave clear direction to the staff team and they were complimentary about their management style which made them feel supported and valued. Staff told us they had a good understanding of their role and responsibilities and were happy and motivated to provide support and care. Staff told us they had opportunities to put forward their suggestions during staff meetings and be involved in the running of the home. One member of staff told us, "The manager listens to what we have to say. We work really well as a

team here and work together to make sure people are happy. If we think things can be done better, we just say."

The registered manager understood their responsibilities and the requirements of their registration with us. They had submitted statutory notifications to us so that we were able to monitor the service people received.