

Mr & Mrs P C Kadchha

Noss Mayo Residential Home

Inspection report

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Tel: 01754810729

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Noss Mayo is a residential care home providing accommodation and personal care to 13 people aged 65 and over at the time of the inspection. The service can support up to 14 people.

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

Quality assurance systems had continued to be developed and implemented. However, we found further work was required as some of these still did not ensure effective oversight of the care home.

Care plans detailed how to support the person to ensure their assessed needs could be met. We found some clear plans required further work to ensure they contained current up to date information to meet people's needs.

Safe recruitment systems and processes were in place. Training was provided for staff to ensure they could carry out their role safely and effectively, any gaps had been identified and addressed by the registered manager.

People's nutritional needs were met and detailed in their care plans. Mealtime experiences were positive and people who required a modified diet were well supported.

People told us they felt safe. People and staff provided positive feedback on the management of the service.

Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

Staff showed a caring approach to how they supported people. Empathy and compassion were demonstrated for people at the end of their lives.

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

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

Rating at last inspection and update:

The last inspection for this service (published 06 January 2022) concerns were raised regarding risk management, medicines management, governance and leadership. We found the provider was in breach of regulation 12 and 17 and a warning notice was issued. This was a focussed inspection and we did not review all key questions. The provider completed an action plan to show what they would do and by when to improve.

The last rating for this service was requires improvement (published 06 January 2022). The service remains rated requires improvement.

Why we inspected

We undertook this inspection to check whether the provider had met the breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 and that the Warning Notice we previously served had been met. The provider met the warning notice, however, remains in breach of regulation 17. The overall rating for the service has not changed following this comprehensive inspection and remains 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Noss Mayo Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Noss Mayo is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Noss Mayo is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker, care worker and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We found the provider had met the warning notice requirements and were no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Assessing risk, safety monitoring and management

- Risk were assessed, managed and monitored.
- However, when we reviewed care plans, the registered manager had failed to risk assess and sufficiently care plan the use of bedrails. This meant staff lacked any guidance on the safe use of bedrails. This placed people at the risk of harm. We raised this with the registered manager who took immediate action to resolve this.
- At the last inspection we raised concerns regarding repositioning of people where they were at risk of pressure sores. At this inspection we found people's repositioning records were completed and their assessed requirements were being met by staff.
- We also raised concerns at the last inspection relating to the information and guidance available for staff to enable them to meet people's care needs safely. Other than the concern above we found care plans had improved and reflected people's needs with clear details for staff to follow when supporting people. The provider had made the move to electronic records and felt this had improved the quality of care plans.

Using medicines safely

- We found medicines were administered in line with people's prescribed instruction and their preferred way. However, the recording of topical medicines applications was not clear. Electronic recording was used by staff and we found staff had stated 'creams had been applied', with no further details were available. The names of the creams, when it should be applied and on which part of the body were not included. We could not be assured the administration of creams was as prescribed.
- During the last inspection we found the recording of transdermal patches was insufficient. At this inspection we found evidence staff clearly recorded the correct information on people's charts and safe administration was evident.
- During observations of administration of medicines, we found staff treated people with privacy and respect, giving people time and encouragement when needed to support the administration of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service facilitated visiting in line with national guidelines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from the risk of abuse.
- At the last inspection we raised concerns regarding identifying incidents of a safeguarding nature and lack of analysis systems in place to support learning and prevent reoccurrence.
- Systems had been developed and embedded into working practices for staff and the registered manager. Incidents were recorded and identified if they were of a safeguarding nature. We saw evidence of investigations which had taken place and outcomes with actions for staff to improve their practice. For example, concerns were raised regarding self-injurious behaviours, the registered manager made appropriate referrals and sought additional support and guidance for the person.
- Staff demonstrated their knowledge of when they would report an incident of a safeguarding nature. The registered manager had informed the appropriate professional bodies when an incident occurred and took action to prevent reoccurrence.

Staffing and recruitment

- There were enough staff to meet the needs of people at the service.
- Records showed safe recruitment processes in place. These included checking references of suitability and character and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection further work had been done to ensure people's care plans detailed their needs, giving staff clear guidance and information. The registered manager had identified a new electronic care planning system was required to improve the quality of documents.
- Records showed people's needs were assessed and reviewed to ensure people's needs were met. For example, people's preferences regarding personal care were recorded clearly. For example, one person liked to use mouthwash and a specific soap which, this was detailed in the care plan.

Staff support: induction, training, skills and experience

- Staff demonstrated knowledge and understanding of the people they were supporting. We reviewed the providers training matrix which evidenced staff received training. Where gaps were identified the manager had taken steps to address this with staff.
- Systems and processes were in place to ensure staff had the ongoing support and competencies to meet the needs of people using the service.

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

- People's nutrition and hydration needs were being met.
- Staff had a good understanding of people's needs this was further supported by care plans and guidance detailing people's specific dietary requirements.
- During lunch observation we saw staff supporting people effectively and in line with their assessed needs. People who required modified foods had this prepared for them, people were supported by staff who gave prompts and encouragement to ensure nutritional needs were met.

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

- Following previous inspection, the provider had implemented environmental improvements throughout the home, we saw a continued improvement in the redecoration and upgrade of rooms within the care home.
- Communal spaces were designed to give people to option of inclusion and interaction, but also an area if they wanted an option of a quieter space.
- The home had the services of a handyman, meaning repairs and maintenance took place as and when needed, supporting improvement plans within the home.

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

- People were supported to access healthcare when required or identified.
- Staff had identified a person's behaviour was preventing them from effective support when eating, resulting in less intake of food. The staff member took this to the registered manager who took immediate action to refer the person to specialised service to review the person's health.
- A further example of supporting people to access healthcare was demonstrated by the action taken by the registered manager when a deterioration was identified in a person. A person had gone from semi-independent to full support required from staff. Medical professionals were contacted on several occasions with minimal input. The registered manager persevered and with an agreed gradual reduction of their medicines the person, was able to gain independence skills again, including eating and drinking, and verbal communication.
- This demonstrated a positive impact for the person with their health and well-being.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records showed people who had a DoLS in place. The provider had made applications for legal authorisation where people needed to be deprived of their liberty. Records showed that the provider had followed up where authorisations had lapsed for the local authority to reassess authorisation.
- Mental capacity for people had been considered where appropriate. However, this had not always been documented. We found a person received covert medicines; the registered manager evidenced contact with the GP but had failed to ensure the capacity documents were in place.
- The provider had moved over to electronic care records, which included people's mental capacity assessments. We found eight people's assessments were located elsewhere and required reviewing and updating to clearly specify people specific decision their capacity was being considered for.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and staff were caring and kind to people, we witnessed positive interactions between staff and people.
- People we spoke to told us, "It's nice" when we asked if they liked the care home, other people who could not communicate verbally nodded their heads in agreement.
- We observed one person, whose possessions were very important to them and liked it to be carried with them wherever they went. This was facilitated by the staff and when the person required reassurance, staff would tell the person, "look it's here by your side".

Supporting people to express their views and be involved in making decisions about their care

- During the inspection we observed people were given choices about their care. For example, when administering medicines, time was taken to support and encourage safe administration. This ensured people's health and wellbeing could be maintained.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted throughout. For example, we observed during lunch a person successfully take mouthfuls of food independently, where previously support was required. Staff had stepped back from full support with eating to and giving the person encouragement and prompts and unlimited time to eat independently.
- As detailed in Effective a person was supported by the staff to regain their independence skills, these included eating and drinking independently, accessing the toilet and have a meaningful conversation. The registered manager told us " '[Name of person]' is doing so much better, we are happy we were able to support him when needed. We got him back to being him".

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans reflected people's needs. We saw robust care plans in place, with clear information for staff regarding people's medical conditions, supporting staff to monitor the person's well-being and take appropriate action when necessary
- Some people in the home were vegetarians, menus were prepared to ensure a vegetarian option was available each day, to meet their preferences.
- We reviewed care plans and found people's life history had been documented. For example, one person enjoyed mechanics, this meant staff could hold a meaningful conversation with the person, based on their interests.

Meeting people's communication needs

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

- Systems were in place to identify people's information and communication needs by assessing them. Care plans recorded the support people needed to access written or verbal information. For example, they noted how staff should communicate with a person to aid understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- On the day of the inspection no activities were taking place. However, we did see past activities had taken place. The home had planned events, including a summer garden party for family and friends to attend.
- The registered manager was in the process of employing a staff member who focused on activities to support people with engagement and social interaction.

Improving care quality in response to complaints or concerns

- Effective systems had been developed and implemented to ensure complaints and concerns were raised and responded to appropriately.
- We found the provider had a complaints procedure and quality assurance systems to gain the views of people and their relatives. Records showed the registered manager had investigated complaints and responded to people appropriately.

End of life care and support

- People were supported with dignity and respect when receiving end of life care. The registered manager and staff demonstrated compassion and empathy for people when supporting people and speaking about them to health professionals.
- For example, the registered manager and staff pursued GP's and medical professionals to ensure the correct medical support was put into place for a person. The staff team went above and beyond to ensure access to treatment was not delayed and establish open lines of communication with medical professional for advice and guidance should any changes happen for the person.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We found the provider had met the warning notice requirements and implemented effective systems to identify and manage concerns, ensuring effective service provision.

We found further improvements were needed with the providers governance systems to ensure they were embedded sustained and developed to ensure the quality and safety of the service. This meant not enough improvement had been made at this inspection and the provider was in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- We found a range of audits in place to monitor the quality and safety of the home. However, some of the audits systems in place had failed to identify the concerns we found as detailed in 'Safe'. This meant the registered manager had not always been able to sustain and embed the improvements needed. For example, the use of bedrails and topical administrations.
- We reviewed medicines audits and governance processes and found they weren't always effective. This was evidenced by the failure to have an effective audit process for medication administration records (MAR). This meant the registered manager had missed opportunities to identify any concern that may be raised from MAR charts.
- Additionally, since the last inspection care planning had improved with the implementation of an electronic care planning system, however, risks associated with the use of bedrails had not been documented. Further work was needed to develop and embed systems and processes for quality monitoring. During the inspection, the registered manager and provider were responsive to feedback and told us about the actions they had taken to resolve the issues identified.

The provider's failure to develop and sustain systems to monitor and mitigate risks, placed people at risk of avoidable harm and was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection the registered manager and provider have continued to develop and support a

positive staff culture. One member of staff told us, "The manager is really effective, I can go to them, they were really good when I needed support."

- Joint working within the management team had improved, and the continued input of an external consultant had supported a more effective and joint way of working. As a consequence, we saw improvements in the quality of care provided and responsive attitudes from the registered manager and provider for continued improvement.

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

- We found weekly registered manager meetings took place, where the registered manager would document the week's events for the provider and had the opportunity to discuss the service, share progress and update on areas of improvement.
- The meetings included an overview of audits completed, complaints, accidents and incidents and any other specific events. Details of events which had occurred, action taken and what lessons were learnt to prevent reoccurrence were discussed at meetings.
- The registered manager understood their responsibilities to keep us informed of significant events at the service. We received statutory notifications showing how different events had been managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Since the last inspection we found communication with relatives had continued to improve. Documents we reviewed demonstrated relatives input when a change in care needs had been identified. We also found regularly communication to relatives regarding people's wellbeing.
- Since the last inspection, we found improvements had been made with care plans for people, the transition to electronic records was nearly complete. Care plans we reviewed were clear and concise with detailed information for people's needs to be met. These were reviewed and changes made accordingly.
- Staff told us they felt supported in their roles and found the registered manager approachable. They told us they could raise concerns and felt they were listened to and action would be taken.
- Effective monitoring of incidents in the home and trends analysis had improved. For example, a review of falls which had taken place in the home, identified people who required necessary equipment, we found this was put into place for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to develop and sustain systems to monitor and mitigate risks, placing people at risk of avoidable harm.