

MTCARE Property Limited

Meavy View Retirement Home

Inspection report

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20 April 2022

21 April 2022

22 April 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meavy View is a residential care home registered to accommodate up to 32 people in need of personal care. Accommodation is provided over three floors with rooms including en-suite facilities. On the days of the inspection there were 29 people living at the home.

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

Care planning and risk assessing was inconsistent. Some records had not been updated and some were incomplete. They did not always provide a reliable and accurate record to guide staff. We have imposed a breach of the regulations around these concerns that can be seen in the 'Safe' section of this report.

Recruitment processes needed to be reviewed as they did not meet current legislation and guidelines. They were not effective at ensuring staff members were always suitable with working with vulnerable people. Some essential safety checks had not been made. We have imposed a further breach of the regulation that can be seen in the 'Safe' section of this report.

We found improvements were required with medicines handling. The service needed to make sure some drugs that could be abused were held consistent with guidelines. We have made a recommendation around this in the 'Safe' section of the report. People did however receive medicines as prescribed by their health care professionals.

In some areas, management oversight and responsibility was not robust. The provider's systems and processes for the oversight, quality monitoring and safety of the service had been ineffective in anticipating and addressing concerns we found during the inspection. This placed people at risk of harm. We have imposed a further breach of the regulation that can be seen in the 'Well-led' section of this report.

It was recognised that since the last inspection, the provider had made some 'structural' improvement in the home and to the outside space. Parts of the home required cosmetic refurbishment and we have made a recommendation about this.

Infection, Prevention and Control (IPC) processes were appropriate and we were assured about the service's ability to mitigate the transmission of infections.

Staff were competent with safeguarding processes and knew how to protect people from abuse. A relative said their loved one felt safe in the home and were trusting of staff and management. We observed good practices and interactions between staff, management and people during the inspection. The service's safeguarding processes were robust.

Staff supported people to have access to health professionals and specialist support and the service worked well with external professionals.

The provider and manager acted during and immediately after the inspection to address the risks we found. This included improved monitoring, checks and reviews.

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 rating for this service was requires improvement (published 26 November 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We received concerns regarding a specific incidents involving a people who lived in the home and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of 'Safe' and 'Well-led' only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

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

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection, we have identified breaches of regulations in relation to the oversight of the service and systems used to oversee the quality and safe running of the home. In addition, breaches have been implemented around safe care planning and risk assessing and safe recruitment. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the 'Safe' and 'Well-Led' sections of this full report.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Meavy View Retirement 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 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

The inspection team consisted of one inspector.

Service and service type

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

This service is required to have a registered manager. The manager who was preparing to register with the Care Quality Commission. Together with the provider, registered managers 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.

Inspection activity started on 20 April 2022 and ended on 22 April 2022. We visited the home on 20 and 21

April 2022 and provided feedback remotely on the morning of 22 April 2022.

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, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our 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.

During the inspection

We spoke with four people who used the service. We spoke with one relative about their experience. We spoke with six members of staff including the manager and their deputy. We also spoke with a representative of the provider company. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed in detail four care records. We looked at staff rotas, risk assessments, multiple medicine records and five recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

After the inspection

We continued to seek clarification from the provider and manager to validate evidence found. We also considered documents outlining new processes, additional training records and audits.



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'. The rating for this key question remains '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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12

- Care records were not always up to date and did not include essential guidance for staff around keeping people safe. In one case, where there was a safety risk, a risk assessment had not been considered. This meant the person posed a risk to themselves and others living in the home. The Manager took immediate action to minimise the risk.
- Staff had not always followed up effectively on concerns after people had accidents and may require medical treatment. This could delay the person receiving prompt medical treatment.
- In one case, a healthcare professional's advice had not been followed over-night and it seemed that night staff had not been told of the need to complete a specific check to ensure the person's condition had not deteriorated. Potentially, this failing resulted in an unnecessary visit by the healthcare professional.
- In another case, staff who had been trained to deal with a specialist area of support, had either failed to realise there was an issue with equipment or had not alerted management or healthcare professionals of concerns.
- In the four cases we considered, we noted there were a series of failures of communication between staff members and management. 'Handover' processes at the end and start of staff shifts were often ineffective. This had led to enhanced risk to people. A staff member said, "Communication has always been an issue; especially amongst staff." A health care professional told us they had encountered communication issues at the home and this had effected the number of visits they had to make to the home. They did recognise some staff members were very able and supportive during their visits.

We found no evidence that people had been harmed as a result of these issues. However, this series of care planning, support, communication and recording issues placed people at risk of harm was a continuing breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Another healthcare professional who visited the home during the inspection, said they had found no issues with the way the service had dealt with their patient and they had been properly supported during the visit.
- Essential safety checks such as equipment, fire, electrical and gas safety were current, and checks were completed on other emergency systems/processes.
- Some areas of the home required refurbishment. Some of the people and staff we spoke with said they felt the decoration and cosmetic position within the home required upgrading. We brought this to the attention of the provider representative. They showed us some of the structural improvements that had implemented since the last inspection and agreed to immediately address some of the concerns we raised.

We recommend the provider sets out a programme of cosmetic improvements, and shares with people and staff the progression by way of an action plan.

Staffing and recruitment

- Recruitment was not always well managed. Records showed that necessary checks were not always made to ensure staff were suitable for the role. During the inspection, some of these issues were addressed by the manager.
- In one case, we saw an issue of concern because a staff member's potential suitability to care for vulnerable people and their rights to work in the UK had not been properly established. In addition, other essential enquiries had not been made. The manager took immediate steps to address these concerns.
- There were no checks or audits of the recruitment process prior to the inspection.

We found no evidence that people had been harmed as a result of these issues. However, this series of employment issues were a breach of Regulation 19 (Fit and proper person employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff employed. Two people told us they did not have to wait for staff to support them. Rotas and our observations at inspection supported this position.

Using medicines safely

- People received their medicines when they should. When people were unavailable to take their medicine, pharmacists or GP's had been consulted about this.
- Staff had been trained on the safe administration of medicines.
- Sometimes medicines were not being accounted for appropriately. This related to some controlled drugs that could be abused in the community. This meant the provider could not always be sure of the number of tablets available, whether they had been misplaced, miscounted or taken without authority. Any checks or audits had not established the issue before inspection.
- The manager immediately completed a full controlled drugs audit and established an error in staff counting medicines. People had not come to any harm as a result of this issue.

We recommend the provider establishes an effective reconciliation system for controlled drugs consistent with best practice and current guidance.

Systems and processes to safeguard people from the risk of abuse

- The manager and staff understood their responsibilities around protecting people from abuse. They told us what action they would take if they believed anyone was at risk. The manager, provider representative and staff had a good understanding of the types of abuse that could occur in a care home setting and knew how to elevate concerns. Staff said they had received good support around these concerns from the

manager and deputy.

- Staff confirmed they had received training on safeguarding vulnerable adults. Where appropriate, referrals had been made to the local safeguarding team.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean, tidy and well maintained.
- We were assured personal protective equipment (PPE) was used safely to minimise the risk and spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had no formal system to ensure lessons were learnt from incidents. We did however see evidence that supported sharing outcomes of incidents with the staff team to improve the safety of the service. The manager said they had learnt lessons from the inspection process and had noted areas for improvement that would assist in their registered manager application.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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'. 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.

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

At our last inspection the provider had failed to operate effective systems to assess, monitor and manage the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17

- The provider's systems and processes for the oversight and quality monitoring of the service had not been effective in addressing concerns we found during the inspection.
- Systems and practices had failed to identify incomplete documentation within care records. On occasions, people's changing needs had not been identified together with the steps that should be taken to mitigate additional risk.
- Audits and checks were not always effective and had not spotted poor recruitment processes, care planning and risk assessing issues and an inappropriate controlled drugs reconciliation system.
- Staff and healthcare professionals commented negatively about communication in the home. We mention four instances of poor care and support in the 'Safe' section of this report. On our assessment of these cases, poor communication was at the heart of the issues.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and the manager took immediate action to address the shortfalls during and after the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- A relative spoke positively about their working relationship with the service. We observed good practices and positive relations between staff and management and with people who lived at the home.

- At inspection, we noted people were asked by staff and management for their opinions and they said their views were respected and valued.
- Formal residents meetings hadn't been held during the COVID-19 pandemic. The manager said people's and relative's views were captured informally and formal meetings would be resumed in the near future.
- Staff commented positively about support they had received from management staff.

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.

- Appropriate information sharing and referrals had been made to external agencies such as CQC and the safeguarding authority.
- Where appropriate, the manager apologised to people when things had gone wrong and explained the reason for any errors.

Working in partnership with others

- The management and staff team had established good working relationships with a variety of professionals within the local community. This included GP's and community nurses.
- When required, people had been referred to the appropriate external professionals and agencies for advice, treatment and support.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Series of employment issues relating to insufficient checks around previous employment, right to work and incomplete medical checks

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate risks to the health and safety of service users. Regulation 12 (1) (2) (a) (b) (f)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish robust or effective systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Regulation 17 (1) (2) (a) (b)

The enforcement action we took:

Warning notice