Pressbeau Limited

New Meppershall Care Home

Inspection report

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09 March 2018
15 March 2018

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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

This comprehensive inspection took place on 8, 9 and 15 March 2018 and was unannounced.

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

New Meppershall Care Home accommodates up to 81 people in two purpose-built buildings. One building provides a service to people who require personal or nursing care, with a unit providing care to people living with dementia. The second building provides short term rehabilitation stays for people with acquired brain injuries. The buildings are managed and staffed separately, sharing catering and maintenance staff and facilities. Both buildings are registered with the Care Quality Commission as a single location (service) so this inspection looked at the service provided in both buildings as a whole. At the time of our inspection, there were 62 people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has two registered managers; however, one registered manager has left the service but not cancelled their registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Why the service is rated Good

Prior to this inspection we had received concerns in relation to the care people were receiving and the meals provided at the service. We had also received concerns in relation to the staff working at the service. We found no evidence to support these concerns or found that the management of the service had taken appropriate action in response to issues raised.

People were complimentary about the service, staff and the care they received.

People were safeguarded from the risk of harm. There were effective procedures in place designed to safeguard people and staff had received training. The provider had responded appropriately to any issues raised about people's safety and worked with the local safeguarding authority to investigate any concerns.

Risks associated with people's care and support had been identified and planned for. The risk assessments

and care plans in place gave clear guidance to staff on how individual risks to people could be minimised.

People received their medicines safely and as prescribed. There were effective systems in place for the safe storage and management of medicine and audits were completed.

There were sufficient numbers of staff deployed to meet people's needs. The provider had an effective recruitment procedure in place and carried out relevant checks when they employed staff.

Staff did not always receive regular supervisions and appraisals however most felt supported in their roles. An induction was completed by staff when they commenced work at the service followed by an ongoing programme of training. Staff were positive about the training, guidance and information they received.

Decisions made on behalf of people were in line with the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Consent was gained from people before any care or support was provided.

People appeared comfortable and relaxed in the presence of staff. People told us they were treated with dignity and respect and that staff were kind and caring. People appeared well groomed and care records confirmed the support people received to maintain their personal hygiene and appearance.

People received care and support which was personal to them. Care plans and risk assessments gave clear guidance to staff regarding the needs and preferences of people and they had been regularly reviewed and updated.

There was an effective complaints procedure. People and their relatives knew who they could raise concerns with. Any complaints received by the service were logged, investigated and responded to appropriately.

It was clear from speaking with people and staff that the absence of a manager within the nursing unit in recent months had had a negative impact on the service provided. The operations manager had identified this and was taking action to address the concerns raised and ensure that feedback was being sought from people, relatives and staff to make improvements. A new manager was in post and plans were in place to ensure that systems were effectively used to drive improvements in the service in the future.

Within the acquired brain injury unit, staff felt positive about the support they received from the registered manager. Team meetings were frequently held and staff felt involved in the development of the unit. There was an open culture and the registered manager encouraged feedback to improve the care and support they provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Requires Improvement

The service was not consistently Well Led

The service had two registered managers; however one was no longer in post and had not cancelled their registration. A new manager had been appointed.

People and staff told us the absence of a manager in the nursing unit had had a negative impact of the service provided. However, people spoke positively about the registered manager and the service provided in the acquired brain injury unit.

The system for monitoring the quality of the service had not been consistently used to drive continuous improvements across the service.

People and their relatives were encouraged to provide feedback however there were inconsistencies between the units with regards to how this feedback was used. A satisfaction survey had not been completed in the nursing unit since 2016.

New Meppershall Care 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.

This inspection took place on 8 and 9 March 2018 and was unannounced on the first day. The inspection was undertaken by a team of one inspector, two experts by experience and a specialist advisor on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone using this type of service. Both experts used for this inspection had experience of a family member using this type of service. The specialist advisor was a registered nurse who had experience in providing care to people with complex health needs and people living with dementia.

Before the inspection, we asked the provider to complete 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. We reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us.

During the inspection we spoke with thirteen people who lived at the service and three relatives. We also spoke with five care workers, one agency chef, two deputy managers, the manager, the registered manager and the operations manager from the provider group.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and associated risk assessments of eight people who lived at the service and checked medicines administration records to ensure these were reflective of people's current needs. We looked at staff records and the training records for all the staff employed at the service to ensure that staff

training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

During our inspection the operations manager provided us with a number of documents to support our inspection process and these were reviewed on 15 March 2018.

Good

Is the service safe?

Our findings

People told us they felt safe and secure living at the service. One person told us, "It's safe here, they look after you and make sure they help you if you need it." A relative told us, "[Name of person] settled in well, felt safe here and looked after and her anxieties disappeared."

People were safeguarded from the risk of harm. There were procedures in place designed to safeguard people and all of the members of staff we spoke with told us that they had received training and knew the procedure they needed to follow if concerns about people's safety were identified. This included informing a senior member of staff or making a referral to the relevant safeguarding authorities. The provider had responded appropriately to allegations of abuse and worked with the local authority to investigate allegations and protect people. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team were displayed in both entrance hallways.

Individual risks to people's safety had been assessed and planned for and were reviewed on a regular basis. Care plans included a range of risk assessments, for example, moving and handling, personal care, choking, nutritional risks, skin integrity and other risks associated with medical conditions or people's mental and physical health. Any actions that staff should take to reduce the risk of harm to people were included in the detailed care plans.

There were enough staff deployed at all times to keep people safe and meet their needs. People told us that that staff were available when they needed them and rarely experienced any delays in their care. The rota was planned to ensure that there were sufficient staff with appropriate skills and experience on each shift. We observed that staff were available to meet the needs of people when required or requested and a review of past rotas confirmed the consistent level of staffing, as determined by the dependency tool used by the registered manager and operational manager.

Safe recruitment practices were followed. The provider organisation had robust recruitment and selection procedures in place and relevant pre-employment checks had been completed for all staff. These checks included Disclosure and Barring Service checks (DBS), two written references and evidence of their identity.

People received their medicines safely and as prescribed. Medicines were stored securely and at the correct temperature. There were effective procedures for medicine management, which included the use of controlled drugs and PRN (as required) medicines. Staff authorised to administer medicines had attended training in this area and their competency assessed. Medicine Administration Records (MAR) were completed accurately and audits were in place to ensure that all medicines were in date and stored according to the manufacturer's guidelines.

People were protected by the prevention and control of infections. There were appropriate procedures in place and staff had been trained to understand these and the importance of good hand hygiene, the use of personal protective equipment and how to support people with infections. Staff were seen to wear protective equipment, such as aprons and gloves, when providing care and support to people and these

were then safely disposed of. There was a schedule in place for the cleaning of the buildings and we observed that all areas of the service were clean and free from malodours throughout our inspection.

Good

Is the service effective?

Our findings

Prior to this inspection we had received information of concern regarding the meals provided at the service. We were told that meals were of a poor quality and that meals were served cold.

People told us that there had been a recent improvement in the meals provided and that they were now satisfied. One person told us, "It was pretty bad before but with the new chef things are a lot better." Another person told us, "Before, the meals weren't much to look forward to but now they are lovely. The meat today was lovely and tender, and it was hot." A third person told us, "It's been so much better recently. More choice and the food is tasty." When we discussed the concerns we had received with the operations manager they explained that they had taken action and recruitment was underway for a new chef. At the time of our inspection, an agency chef had been in post for a period of two weeks and people told us that they had noticed a significant improvement. We spoke with the chef who explained the changes they had made and saw that they sought feedback from people following the meal. We also saw that where people requested an alternative to the menu they accommodated this request with ease and nothing appeared too much trouble to ensure that people were happy with the meal served. The chef was enthusiastic about their role and this had had a positive impact on other catering staff.

We observed the lunchtime meal in two dining areas of the service and found the mealtime was relaxed. People were encouraged to eat at their own pace and staff chatted to people in a social manner. Where people required assistance to eat their meals we saw that this was provided in a way that enhanced the mealtime for the person. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments.

People's needs were assessed before they moved to the service or began a rehabilitation programme. People, and their relatives where appropriate, had been involved in the assessments and were asked about their needs, preferences and how they wished to be cared for. We saw that information from pre-admission assessments was clearly recorded and incorporated into care plans.

People were cared for by staff who were knowledgeable and had the skills required. There was an induction period for new members of staff and an ongoing training programme in place. The staff we spoke with felt confident that the training provided gave them the skills they required and helped them to understand their roles. Staff also told us that they were provided with opportunities to continue their personal development and a wide range of information and guidance to keep up to date with best practice was made available to them.

We received mixed views from staff regarding the support they received from senior staff and management. It was clear that management changes within the building providing nursing care had meant a lack of consistency for staff and had impacted on the support available to them. In contrast, within the acquired brain injury service, staff were overwhelmingly positive about the support they received from management. We discussed this with the operational manager who confirmed that they were aware of how the change in manager may have impacted on staff and were taking action to improve the support and morale of the staff

who had been affected. Records that we viewed confirmed that most of the staff had received regular supervisions and that appraisals had taken place or were planned in line with the provider policy.

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

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLS and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people and were documented within their care plans. There was a system in place to track applications made to the supervisory body to restrict people, where authorisations had been received and when authorisations needed reviewing. Information from DoLS authorisations were seen within care plans.

Throughout the inspection we observed staff gaining consent from people through conversation and by responding to people's facial expressions and body language. Our observations confirmed that staff obtained people's consent before assisting them with personal care, supporting them in completing a task or joining in with an activity. Where people refused, we saw that their decisions were respected.

Good

Is the service caring?

Our findings

Prior to this inspection we had received information of concern in relation to the care people were receiving and the attitudes of some staff working at the service. We were told that staff did not provide people with a high level of personal care or the support they required to maintain their hygiene. We were also told that there had been incidents where staff had spoken to people in a disrespectful manner.

People told us that they were treated with kindness and were happy with the care they received from staff. Comments from people and their relatives included, "They (staff) are all wonderful", "The girls are good. They look after me", "The staff are extremely kind. They are wonderful", "No one has ever been awkward or difficult, they are just nice girls", "Every single member of staff is kind and gentle – not one who is not" and "We couldn't ask for more, they communicate with us, if we ask for anything they support us and they have done everything they can to help." No one we spoke with raised concern regarding the attitude or behaviour of staff. We observed staff being attentive to the needs and wishes of people and addressing people in a caring, polite way.

People confirmed they received the support they required and we saw that care records had been fully completed as to the care provided. People we observed appeared well groomed and told us that they were supported to dress in clothes of their choosing and to maintain their appearance. During our inspection we found no evidence to substantiate the concerns raised in relation to the level of care provided to people.

People were encouraged to make decisions about their care and their day to day activities. We saw staff presenting people with options to enable people to make choices about how they spent their time and the activities they engaged in.

People were treated with dignity and respect. Staff addressed people using appropriate language and by their preferred name. We observed staff knocking on people's bedroom doors before entering and all doors were closed when personal care was being provided. All offers of support made by staff to people were seen to be made discreetly and private conversations were held where they could not be overheard. Staff all clearly explained that information held about the people was confidential and would not be discussed outside of the service.

Good

Is the service responsive?

Our findings

People told us that they received care that was personal to them and their needs were met. Care plans were detailed and included information about people's wishes and preferences and how they liked to be supported. We saw that staff had responded to the changes in people's needs and that care plans had been updated to reflect these. People, and their relatives, could not confirm if they had been involved when plans were developed and reviewed but told us that staff were approachable and accommodating when requests for support were made and that staff always kept them informed of any changes. We saw that each plan had been regularly reviewed and updated.

People told us they were supported to participate in a range of activities. Daily records showed that activities were consistently planned and completed. People receiving support in the acquired brain injury unit described the programme of activities they followed in their rehabilitation programme and told us about the varied therapies they received such as physiotherapy, music therapy, assisted cooking and relaxation. People living in the nursing unit also confirmed they were supported with activities. One person told us, "[Name of activities co-ordinator] is so good she always tries to arrange interesting things." Other comments included, "[Name of activities co-ordinator] is excellent but very busy", "We have quizzes, there's going to be a dog show soon" and "There is something most days even if it is only short." The activities co-ordinator was not available during our inspection due to annual leave however; members of care staff on duty were seen to provide some activities in their absence.

People and their relatives told us they knew how to make a complaint or raise a concern should the need arise. There was an up to date complaints policy in place and both the operations manager and the registered manager were able to describe to us in detail the provider's procedure to address any concerns or complaints received and how these would be responded too. Where formal complaints had been made they were logged and an investigation completed. For all recorded complaints, there was also a response to the complainant and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation.

Requires Improvement

Is the service well-led?

Our findings

New Meppershall Care Home accommodates up to 81 people in two purpose-built buildings. One building provides a service to people who require personal or nursing care, with the second building providing short term rehabilitation stays for people with acquired brain injuries. The buildings are managed and staffed separately.

The service has two registered managers; however, one registered manager had left the service but not cancelled their registration.

The registered manager in post at the service oversaw and managed the acquired brain injury unit on a day-to-day basis. They were supported by two deputy managers.

The registered manager who has previously overseen the nursing unit had left post three months prior to our inspection. A new manager had been appointed and had been working at the service for one week at the time of our inspection. During the interim period an operations manager from the provider organisation was providing management oversight and they were present throughout our inspection. The operations manager explained that this oversight would continue whilst the new manager completing her induction and settled into their new role. The manager was supported by a deputy manager.

People and their relatives confirmed that the managers and senior staff were visible and approachable; although did not always know their names. One person told us, "I've seen the new manager but I haven't spoken to her, she looks nice and approachable." Another person told us, "I know we have just got a new manager. I've seen her." A relative told us, "I only have to go the office and someone is available." However, one person told us, "It's been chaos here for the last 6 months. All management, it all goes back to management and there hasn't been a manager."

We received mixed views from staff regarding their work and the support they received from senior management. Staff working in the acquired brain injury unit spoke positively about their work and told us that they received good support from the registered manager, senior members of staff and their colleagues. However; staff working in the nursing unit told us that the change in manager had had a negative impact on their work and they had experienced inconsistencies in the support they received. They told us they felt undervalued by the provider and senior staff, however they were committed to the people living at the service. The operations manager confirmed they were aware of the negative impact that the changes in management may have caused to staff working in the service was taking action to address this. They assured us that they would be remaining as senior management responsible for the location in the future.

All staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management, however these had been infrequently held in the nursing unit. Within the acquired brain injury unit, staff meetings were held frequently and were used as for learning and development, information sharing and opportunities to discuss any changes. Members of staff we spoke with confirmed that they were given the opportunity to request any topics for

discussion at meetings and found them a positive experience.

There was a quality assurance system in place however, we found this had not been consistently used in recent months. There were a range of audits and systems in place by the provider organisation to monitor the quality of the service provided which included reviews of care plans, medicines, the environment, infection control and health and safety. Any issues found in the audits were recorded in an action plan however it was not clear how this information was used to develop the service or shared with staff. The operations manager explained that as part of their usual role they would complete a monthly provider audit at the service and formulate an action plan from this however, as they had been responsible for the day to day management at the service, they had requested another member of senior staff from the provider organisation completed the audit for the service to ensure objectivity. This request had not been acted upon. They went on to explain that the new manager would be completing audits in the coming weeks to establish a service development plan for the nursing unit and how this would be shared with staff.

A satisfaction survey had not been completed since December 2016 within the nursing unit. The operations manager explained that a survey was to be commenced in the coming weeks and that any feedback and information from this would be used to inform the service development plan.
Within the acquired brain injury unit, people were asked to complete a satisfaction survey both mid-way and at the end of their rehabilitation programme. We saw some results of these surveys in the form of a 'You said, we did' noticeboard within the unit. There was also a suggestions box within the entrance hallway and frequent review meetings held during each person's programme where the registered manager sought feedback on the service provided. This meant that the views of people and their relatives were included in the evaluation of the service provided and used to identify, and address, any concerns highlighted.