

Caring Homes Healthcare Group Limited

Miranda House

Inspection report

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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

Miranda House is a care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 68 people. Accommodation is provided on two floors accessed by stairs and a lift. The service has a secure garden people can access from the ground floor.

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

People had an individual risk management plan in place which was reviewed regularly by staff. We observed improvement was needed to two records to accurately record action needed and action taken to mitigate risks.

Recording of incident management had improved which meant incidents were being shared with the local authority and CQC as required. Staff had reviewed individual incident forms to make sure immediate action had been taken. Not all incidents had been discussed in the provider's clinical governance meetings which meant further monitoring had not taken place.

People had an up to date behaviour support plan in place where needed to give staff guidance on how to support people experiencing distress. Whilst this was in place there were still high numbers of altercations amongst some people living at the service. The provider was taking action by providing specialist training to staff and working with the local authority. The provider had a new dementia strategy which they were starting to implement at the service.

People and relatives told us they thought people were safe at the service and well cared for. Staff had been provided with training on safeguarding and understood their responsibility to report any concern. Staff told us they were confident any concern would be addressed, and action taken. Staff had been recruited safely and there were enough staff on duty to meet people's needs.

People had their medicines as prescribed and prescribers reviewed medicines regularly. Medicines administration records reviewed were completed accurately and had no gaps in recording.

People were living in a clean home and staff had cleaning schedules to make sure all areas were kept clean. All visitors had to complete a Lateral Flow Test and have their temperature taken prior to entry. Personal protective equipment (PPE) was available to visitors and bins provided to dispose of it safely.

People and staff were being tested regularly for COVID-19; any positive cases were discussed with the local public health protection team. Staff had been provided with training on COVID-19 and how to work safely. We observed staff were wearing the appropriate PPE at all times. The provider carried out infection prevention and control audits regularly to monitor cleanliness and safe working.

Management of the service had been inconsistent, and a new interim manager had been employed prior to

this inspection. The regional manager and clinical lead provided consistency and were available to people, relatives and staff. Meetings had been held with people and quality surveys had been sent to people and relatives for their views. Actions in response to feedback had not always been taken which the interim manager told us they would address without delay.

Staff morale had improved, and staff told us they really enjoyed their work. People and relatives were very positive about the care provided and the staff approach. Staff worked in partnership with various healthcare professionals to make sure people's needs were met.

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 30 March 2021) and there were three breaches of regulation. We served the provider requirement notices for two breaches of regulation and a Warning Notice for the breach of regulation 12. We returned to carry out a targeted inspection on 24 May 2021 to check compliance against the Warning Notice. We found improvements had been made and the provider was no longer in breach of regulation 12.

Why we inspected

We carried out an unannounced inspection of this service on 25 February 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance systems and processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings 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 Miranda House on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 ●

Miranda House

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Miranda House 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.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had placed an interim manager at the service whilst recruitment for a registered manager was being completed.

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 had feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff, the regional manager and the interim manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We spoke with a further four relatives and five members of staff on the telephone. We continued to validate evidence found and reviewed meeting minutes, safeguarding information and quality and safety monitoring records. We contacted five professionals for their feedback.



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 focused inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Learning lessons when things go wrong

- Risks to people's safety had been identified and measures put in place to mitigate the risks. However, we observed that the provider could not always be assured the correct action had been taken as the records were not always accurate.
- For example, one person who was at risk of developing pressure ulcers was being re-positioned by staff. Their records had gaps in recording which we raised with nursing staff. They informed us this was a recording error and that the correct action had been taken. The person did not have any pressure damage however, the provider did not have accurate records of risk management.
- Another person was at risk of choking. Management plans were in place to mitigate the risks and give staff guidance. We observed that there was some conflicting information in their records about risk management. Staff we spoke with were aware of the correct guidance, however, all records need to be accurate to prevent risk of harm.
- People who experienced distressed reactions had support plans in place to give staff guidance on how to support people. Staff had also been provided with specialised training to support people who were experiencing distress.
- Incidents had been recorded and action taken to address the immediate risk and/ or injury. For example, where people needed medical help this had been sought. Systems were in place to review incident forms and make sure follow up action such as reporting to CQC was completed.
- Incidents had been reviewed to make sure action had been taken to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they thought people were safe at the service. One person said, "I do feel safe living here and it is important for me that I feel that way." One relative told us, "I know [relative] is in the best place and I know [relative] is looked after."
- Whilst people and relatives told us people were safe, we observed there were a number of incidents where people had altercations with each other. Some had resulted in injuries. We discussed this with the provider who told us they were working to give the staff different skills to alter their approaches when dealing with distress.
- More staff were being employed to provide people with personalised activities which helped to diffuse anxieties and keep people safe.
- The provider assured us they would continue to work with people, other agencies and staff to reduce numbers of incidents of distress. All safeguarding incidents had been reported to the local authority safeguarding team.

- Staff had received safeguarding training and were aware of the signs of abuse. Staff we spoke with knew where to report their concerns. They were all confident appropriate action would be taken.

Staffing and recruitment

- At our last focused inspection, we made a recommendation to the provider about calculating staffing numbers. At this inspection, we observed improvement had been made and people were being supported by sufficient numbers of staff.
- Staff did not appear rushed during the inspection and promptly responded to any requests for assistance from people.
- Systems were in place to make sure the required pre-employment checks had been carried out. This meant staff were being recruited safely.

Using medicines safely

- Medicines were managed safely, and people had their medicines as prescribed. People had their own medicines administration record (MAR) which staff used to record administration of medicines. We observed no gaps in the recording on MAR.
- People who had 'as required' medicines had protocols in place to give staff guidance on how to administer this type of medicines. We observed whilst these were in place, they were not stored with the MAR. We raised this with the provider who told us they would review their systems.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 focused inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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 focused inspection on 25 February 2021, there was a failure to notify CQC of all notifiable incidents. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider had submitted notifications to CQC for notifiable incidents and events as required to do by law.

At our last focused inspection on 25 February 2021, the provider failed to have in place effective systems to identify, assess and monitor quality and safety which 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 2017.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection systems were not effective in identifying and monitoring safe use of covert medicines. At this inspection we found this had improved. People who were assessed as needing their medicines administered covertly were kept under review by clinical staff and their GP.
- At our last inspection systems were not in place to ensure all incidents were recorded, reported and any injuries sustained investigated. At this inspection we observed this had improved. Incidents were being recorded on incident forms and added to the providers monitoring system.
- Reviews of the individual incidents had taken place so that immediate action to prevent reoccurrence could be taken. The provider also completed analysis of clinical areas such as falls and weight monitoring to identify further action needed to improve quality safety.
- Whilst the provider had investigated individual incidents of injury, we observed one clinical governance meeting which recorded there had been no incidents of altercations that month. This was not accurate as there had been incidents, which meant these were not discussed as part of that clinical oversight. We discussed this with the provider who assured us they would review agendas for clinical governance

meetings.

- Quality monitoring work was being carried out in some areas by the providers central quality team to support the home. This team were carrying out audits and where improvement was needed, they would coach the staff to make the necessary changes.
- At our last inspection the management of the service had been inconsistent. At this inspection we observed this had not improved as a number of managers had been employed since our last focused inspection. The regional manager had been consistent and assured us they visited regularly and had oversight of management responsibilities. In gaps where there had been no management at the home the regional manager had based themselves at the home to provide leadership and consistency.
- The provider told us they were currently recruiting for a registered manager. Whilst this happened a new interim manager had been employed and had started at the service. A new deputy manager had been recruited and would be starting in the near future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection relatives told us they were not able to visit the home at weekends. We raised this with the provider who assured us it was not their visiting policy. At this inspection relatives told us they were able to visit at weekends.
- At our last inspection communication with relatives was identified as an area which needed improvement. During this inspection we found some improvements had been made but more were needed. For example, one relative told us about some COVID-19 guidance they were finding difficult. We shared this with the provider who told us this guidance had changed. Not all relatives were aware of the new guidance. The provider told us they would address this oversight.
- People and relatives had been asked for their feedback using surveys. The results of the surveys had been received but we were not able to see actions taken in response. The interim manager told us they were making these actions one of their priorities to address.
- People were being cared for by staff who knew them and enjoyed their work. One member of staff told us, "I really do enjoy the job, mostly the residents, getting to know the residents, interacting with them, talking to them. It is interesting and rewarding job."
- We heard positive comments from people and relatives about the care provided. Comments included, "I can't fault the care here at all", "The staff are marvellous – I could not wish for anything better. I could not fault the way [relative] is looked after" and "The carers are very, very kind."
- Staff morale had been low, but they told us things were improving and they felt better since the new interim manager had started. Comments included, "At the moment things are good here, there is a total lift in the last three or four weeks, there is laughter back in the home" and "We are much better now than what we were. The care is improving, the way we are doing care plans is different, we have had support from head office. I appreciate the support I get now."

Working in partnership with others

- Staff worked in partnership with a range of healthcare professionals. Visits and calls were recorded in people's notes with any advice and guidance given.
- Following our last focused inspection staff and senior management worked with the local authority to make improvements needed.