

Mrs Kay McArthur & Mr David McArthur

Mulroy's Seaview Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mulroy's Seaview Nursing Home is a residential care home providing personal and nursing care to up to 27 people in one adapted building. The service provides support to adults with mental health conditions. At the time of our inspection there were 26 people using the service.

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

People were exposed to risk as person-centred risk assessments were not always in place or up to date. Fire safety was not appropriately managed in the home. There were not enough staff on duty to ensure all management and administration tasks were completed. The management team did not have robust systems in place to safeguard people from the risk of abuse or to protect people from the risk of infection. Medicines were administered safely by staff who were appropriately trained and assessed as competent. However, medicines stock levels had not been correctly managed.

Safe recruitment processes had been followed when new staff commenced employment. The management team monitored accidents and incidents to ensure lessons were learned when things went wrong.

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; however, the policies and systems in the service did not support this practice. The registered manager had not ensured people's capacity to make decisions about their care was always properly assessed or recorded.

Staff supported people to make day to day decisions and choices. Staff training was not fully up to date and not all staff had regular supervision. The premises needed renovation and redecoration. We observed staff providing care in a way which demonstrated skills and knowledge of the people they supported. People were supported to eat a healthy balanced diet that met their needs. People had access to health professionals when required.

The systems in place for checking on the quality and safety of the service were not always effective. Audits and quality monitoring had not been completed on a regular basis. Some documentation was out of date. There was a positive culture within the home. People we spoke with were generally happy with the care they received, and we had good feedback from relatives. Staff and management worked closely alongside other health and social care professionals to achieve good outcomes for people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

The last rating for this service was good (published 17 December 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mulroy's Seaview Nursing 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 made a recommendation about improving the management of medicines stock.

We have identified breaches in relation to safe care and treatment and good 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 not always effective.

Details are in our effective 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 ●

Mulroy's Seaview Nursing 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

2 inspectors and an Expert by Experience carried out this inspection. 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

Mulroy's Seaview Nursing Home 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. Mulroy's Seaview Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, the day to day running of the home was overseen by an acting manager supported by a wider management team.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 October 2022 and ended on 18 November 2022. We visited the service on 17 October 2022 and 2 November 2022. We requested additional information to be sent to us which was all received by 18 November 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 and professionals who work with the service. We used all this information to plan our inspection.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led section of the full inspection report for further details.

During the inspection

We spoke with 8 people who used the service and 7 relatives about their experience of the care given.

We spoke with 11 members of staff including the registered manager, acting manager, deputy manager, activity coordinator, nurses and care staff.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 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.

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 good. At this inspection the rating has changed to 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

- People were exposed to risk as person-centred risk assessments were not always in place or up to date. Care records did not always provide staff with the necessary information to mitigate known risks. For example, 1 person suffered from seizures but there was no risk assessment in place around this.
- Fire safety was not appropriately managed in the home. There were no fire marshals at the home. Fire drills had not been taking place regularly. The last recorded drills had taken place over 10 months ago and we were not provided with any evidence of night staff taking part in fire drills. The deputy manager told us, "We probably could have done them, but we haven't."
- A fire safety audit carried out in February 2021 had identified some necessary actions. Not all of these had been completed at the time of our inspection. Some of this was because the provider was waiting for contractors to respond to requests but this had not been followed up in a timely manner. As a result some fire hazards still remained over 8 months after being identified.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not enough staff on duty to ensure all tasks were completed. Whilst we found no evidence that people were not receiving their care due to staffing levels, other areas such as record keeping and quality assurance checks had fallen behind. The acting manager told us, "We aren't getting the audits done. There aren't enough of us. I can't always delegate to people."
- The dependency tool being used to calculate staffing levels was not specific to the needs of people using the service. This was a generic tool included in the provider's electronic system. The deputy manager told us it had not yet been adjusted to the requirements of the people using the service and therefore the data was not an accurate forecast of staff requirements.

The provider did not have systems and processes in place to ensure staff were deployed appropriately. This meant tasks such as record keeping and quality checks had not been done. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who lived at the service and their relatives felt there were enough staff. 1 relative told us, "There's always plenty of staff around. You never hear anyone talk about being short staffed. The staff all seem to know what they're doing."

- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The management team did not have robust systems in place to safeguard people from the risk of abuse. Safeguarding referrals were not always sent to the local authority in a timely way and some concerns that should have been raised by the home were not done so without prompting by other professionals.
- Staff knew how to identify and report concerns, however, 17 out of 43 staff had not completed safeguarding training in the last 12 months.

The provider did not have appropriate systems or process in place to identify risks to the health, safety and welfare of people who used the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Robust systems were not in place to protect people from the risk of infection. Staff did not always wear appropriate PPE. We observed 4 staff members who were not wearing masks in line with government guidance. The acting manager told us one person had a medical exemption but confirmed they had not seen any evidence of this and it had not been appropriately risk assessed.
- Several areas around the home were in need of cleaning. High touch areas such as handrails on stairs were visibly dirty, increasing the risk of cross contamination.
- Issues identified by the infection control nurse in March 2022 had not been acted on. The acting manager told us they were recruiting for a domestic manager. They told us, "At the moment there's no oversight of the domestic team. We aren't getting the audits done."

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 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- The provider's approach to visiting was in line with current government guidance.

Using medicines safely

- Medicines stock levels had not been correctly managed. We found excess medicine supplies had been stockpiled for a number of people. The acting manager reassured us this had already been identified. They were moving over to a new ordering system which would give them more control over which items were requested.

We recommend the provider review their medicines stock management systems in line with current best practice.

- Medicines were administered safely by staff who were appropriately trained and assessed as competent. There were no errors in medicines administration records we viewed and people told us they were happy with the way they received their medicine.
- The provider had auditing systems in place to identify and act on errors, and to ensure good practice was being followed.

Learning lessons when things go wrong

- The management team monitored accidents and incidents to ensure lessons were learned when things went wrong.

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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The service worked within the principles of the MCA but did not always ensure records accurately reflected this. Some mental capacity assessments had been completed but not reviewed in line with the provider's own policy. Records of discussion in relation to other best interest decisions but no record of a capacity assessment being undertaken.
- There was not enough management oversight of training in this area. The training matrix indicated only 12 out of 43 staff had completed training on MCA and DoLS. Despite this the staff we spoke with did demonstrate an understanding of how to safely care for people who were being deprived of their liberty.

Records in respect of MCA and DoLS were not up to date or fully reflective of a person's needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supported people to make day to day decisions and choices. We observed one person thanking staff for this. They said, "You always ask me so nicely."

Staff support: induction, training, skills and experience

- Staff training was not fully up to date. There was no action plan in place to address this. A training matrix was being completed but this was not up to date when we first requested it and had to be amended.

- Not all staff had regular supervision. The acting manager told us that care staff had received supervision but nurses had not. They told us this was due to lack of staff. One member of staff told us, "I've never had any supervision. The clinical lead is responsible. They have a big job though as they will often work nursing shifts."

The systems and processes in place to monitor staff training were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff providing care in a way which demonstrated skills and knowledge of the people they supported.

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

- Risks from the environment had not been appropriately managed. There had been a new fire alarm system installed earlier in the year but areas where the old system had been removed had still not been finished off meaning there were holes in the walls with exposed wires.
- The premises were in need of renovation and redecoration. Although some work had begun there was no clear plan or timescale for the remaining work. One bathroom and one toilet were out of use on the ground floor. The toilet had leaked and the bathroom was being used to store the new toilet and tools. One staircase was particularly dirty, and lots of areas needed repainting. In some areas of the home the floors were uneven and increased the risk of trips or falls.

Systems and processes were not sufficient to demonstrate risks from the environment were identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to people coming to live at the home.
- From conversations with staff and interactions between staff and people we observed staff knew the people they cared for and how to support them to make choices.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support needs but records were not regularly reviewed or updated. The acting manager explained this was due to the current pressures on staffing.

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

- People were supported to eat a healthy balanced diet that met their needs. The kitchen staff had a good understanding of people's dietary requirements and were happy to accommodate requests for vegetarian and vegan food. 1 relative told us, "[My family member] has put on so much weight it's incredible. We feel so confident in [the staff]."

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

- People had access to health professionals when required. 1 person told us, "They get the doctor if I need it."
- We received positive feedback from the health professionals who worked with the service. 1 health professional told us, "People are cared for safely and treated with dignity and respect at all times. The staff always contact [my team] if they have any concerns about their patients and I feel this is always done in a timely manner."

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 good. At this inspection the rating has changed 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

- The systems in place for checking on the quality and safety of the home were not always effective. Audits and quality monitoring had not been completed on a regular basis due to increased pressure on the management team caused by low staff numbers. Spreadsheets had been put in place to monitor training and accidents and incidents but were not being used effectively. As a result there was poor managerial oversight of staff training, care records, falls, accidents and incidents.
- Some documentation including the business continuity plan and statement of purpose was out of date. The business continuity plan to be used in case of emergency had not been updated since January 2020. As a result it made no reference to COVID-19 contingency plans.
- The provider did not complete or return the Provider Information Return (PIR) sent to them on 6 October 2021. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to inform CQC about all notifiable incidents in line with regulatory requirements.

This is a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this issue outside of this inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home. The majority of staff told us morale was good. One member of staff told us, "The managers are so approachable here."
- People we spoke with were generally happy with the care they received and we had good feedback from relatives. One person told us, "I phone up and I know the staff. It's lovely it's so personable. They never say they are too busy to talk about [my relative.]"
- One health professional told us, "If either of my parents needed care I would have no problem with them going into Mulroy's because I know they would be very well looked after."

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

- The registered manager and wider management team understood their responsibility in relation to the duty of candour and the need to be open and transparent when mistakes were made.

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

- People and their relatives were not all aware who the manager was at present. A number of the people we spoke with thought the office manager was the home manager. Others knew who the acting manager was but did not have contact with them. 1 relative told us, "I don't see much of [the acting manager]. My main contact is [the office manager]. Communication without [the office manager] would be difficult. Another told us, "There's a lady called [office manager's name] who seems to be in charge. She's very hands on."
- Staff meetings were beginning to take place more recently now COVID restrictions were being lifted. There were regular daily meetings with care staff to give them an overview of the home that day.
- People's relatives told us there was good communication from staff at the home. One relative told us, "They're all very good and helpful and know what is happening with [my family member]. They kept me informed through COVID. I don't have a problem. They ring straight away even if it's not serious."

Working in partnership with others

- Staff and management worked closely alongside other health and social care professionals to achieve good outcomes for people. 1 professional told us, "Staff bring [people] to appointments when appropriate. I have found the senior staff to be experienced and competent."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risk assessments for individuals were not always completed or regularly reviewed. Risk associated with fire safety within the home were not appropriately managed.
Treatment of disease, disorder or injury	Some areas of the premises were in need of renovation and repair and as a result were unsafe.
	Risks associated with infection prevention and control were not appropriately assessed or managed.
	Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to operate effective systems to ensure the safe running of the home. Quality assurance checks and audits were not completed.
Treatment of disease, disorder or injury	The provider had failed to maintain an accurate complete record in respect of each service user. Decisions taken in relation to care were not always correctly documented.
	The provider had failed to maintain up to date records relating to the management of the home and governance arrangements.
	The provider had failed to provide a Provider

Information Return when requested.

Regulation 17(1) & 17(3)