

Mrs Flora Rufus Mason

Malvern 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

Malvern House is situated in Heysham close to a number of facilities and amenities. All accommodation at the home is provided on a single room basis and all the bedrooms have en-suite facilities. Malvern House is registered to provide care and accommodation for up to eight persons.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection two people lived at the home, only one person received personal care support.

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

The provider did not have effective systems to ensure all risks were identified and we found concerns regarding the management of some medicines. The provider did not always ensure people were adequately protected from unsafe recruitment of staff.

There were some ineffective governance systems. Records were not always accurate and completed in line with people's assessed needs.

Audit systems did not highlight the concerns we found around, medicines management, risk management and recruitment. We have made a recommendation regarding good governance.

Although there were extensive policies and procedures to underpin safe care delivery, these were not always customised to the needs of the service. We have made a recommendation about service policies and procedures.

One person told us they were happy living at Malvern House. We observed they were happy and comfortable in the company of the provider and staff. Staff were able to explain how to raise a concern to safeguard people. During the inspection the provider worked to address concerns raised and minimise the risks identified during our visits.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The person we spoke with had their own designated staff to support them. We observed the person we spoke with led conversations on what activities were occurring and when they would take place. Staff interactions were respectful, and staff never overpowered the situation, promoting the person's involvement in conversations and decision making. The person told us they were happy in their home but was seeking to gain more independence.

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 (28 February 2018).

Why we inspected

The inspection was prompted in part due to concerns received about risk management, medication, staffing and governance. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. 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.

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

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

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

The provider has completed multiple actions, and this has reduced the risks for people living at Malvern House.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Malvern House 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 have identified breaches in relation to the management of risk, medicines management and the recruitment of staff 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 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 ●

Malvern 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. 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

One inspector carried out the inspection.

Service and service type

Malvern 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority commissioning and safeguarding teams. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected Malvern House and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including the provider, senior care worker and carers. We walked around the building to carry out a visual check. We did this to ensure Malvern House was clean, hygienic and a safe place for people to live.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at their policies and quality assurance systems.

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 good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- Staff understood their responsibilities around safeguarding people. They were able to explain safeguarding processes should they witness any signs of abuse. However, while some staff were new to their posts, they had not received safeguarding training as part of their induction. The provider stated one person was on a week's trial. However, they were part of the staff team delivering support to one person.
- Not all staff had received training by the provider on how to support people who may display behaviours that challenge. This meant there was a risk staff may not recognise or respond appropriately to signs of deteriorating health.
- The provider's safeguarding policy and procedure had not been adapted and personalised to reflect the location's management structure. The policy identified the registered managers responsibilities. The location did not have and did not require a registered manager as the provider managed the service. The provider's responsibilities had not been identified within the policy and procedures.
- One person was identified as requiring two staff. When staff required a break, strategies to manage this had not been documented or clearly shared with staff.

We found no evidence people had been harmed however, staff were not suitably supervised while learning new skills. Staff had not been provided with suitable training to fulfil their role. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed risk assessments on how to identify complex behaviours people may display.
- The provider was working with specialist community based teams to develop strategies to manage behaviours and minimise risk.

Staffing and recruitment

- Some recruitment processes had not been operated effectively. We looked at two staff files and found not all pre-employment checks had been completed. A full employment history was not recorded on either file. There was no documentary evidence to show this had been discussed at interview.
- One staff member who was working at Malvern Hall was still awaiting their disclosure and barring (DBS) enhanced clearance. Information from the DBS service helps providers make safer recruitment decisions. The provider stated the staff member was shadowing staff. We observed the staff member being one of two staff required to keep a person safe and minimise the risk of avoidable harm occurring.

We found no evidence people had been harmed however, the provider had not followed procedures to ensure fit and proper staff were employed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the inspection we noted there were enough staff to meet people's needs.

Using medicines safely

- The provider had used their clinical knowledge to share information with some staff on how to administer and store medicines. However, no formal training had taken place. One staff member who worked alongside an agency staff member had received no medicines training.
- Care plans identified behaviours that may be displayed and what medicines may be required to help the person manage these behaviours. Protocols on when to administer additional medicines, should they be required, did not offer staff clear guidance on when to administer the medicine. This placed the person at risk of receiving medicines too soon or too late dependant on the staff members individual assessment of the situation.
- The provider completed a weekly audit of medicines. However, there were no countdown sheets allowing staff to have oversight, record and monitor stock on site.
- One as and when required homely remedy medicine had been dispensed to staff that required pain relief. Staff having access to homely remedies was not identified within the medicine policy or risk assessed. The stock total had not been recorded and who had taken the medication had not been recorded.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed and all risks were assessed and managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider acted during the inspection to change governance processes related to medicine recording so best practice was followed.

Preventing and controlling infection

- We were not assured that the provider was meeting shielding and social distancing rules. The provider supported a person that requested and sought proximity to staff. Staff did follow guidance on wearing suitable PPE to minimise the risk related to infection prevention.
- 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 that the provider was preventing visitors from catching and spreading infections.

Learning lessons when things go wrong

- We saw evidence the provider had reflected when something had gone wrong, investigated the incident and amended assessments to lessen risk.

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 good. At this inspection this key question has now deteriorated 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

- Audit systems and processes had not identified the shortfalls we found. They did not highlight the concerns we found around, medicines management, care planning and risk management. For example, when one person's medicine dose changed this was not updated in all the relevant documentation.

We recommend the provider review governance systems to ensure they can assess and monitor the service provided.

- Although there were policies and procedures to underpin safe care delivery, these were not always customised to the needs of the location. For example, information referred to nursing and clinical procedures the service does not provide. Important contact details were missing from safeguarding procedures, whilst other policies outlined out-of-date guidance.

We recommend the provider consider current guidance on the development and implementation of their policies and procedures.

- The provider informed the inspector changes had been made after the inspection visit to personalise their policies.
- There was a clear management structure in place with the provider taking the lead in decision making.

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

- The provider was working with specialist teams to ensure people received support to manage their complex behaviours and engage with their wider community and peer group.
- The provider supported people to create person centred timetables of activities. People were supported to attend activities they valued and enjoyed.
- One person told us they enjoyed living at the home but was looking to develop new skills and become more independent. They said, "This is where I am staying, but I do want to get a flat."
- The provider was engaging with the local authority related to infection prevention, training and safeguarding.

- People spoke positively about the provider. One person told us the provider was, "Gorgeous."
- Observations showed people were happy in the company of the provider and staff. One person requested the provider to stay and chat in their room. They referred to the provider as, "Sweetheart", and offered to give them a cuddle.

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 provider knew how to share information with relevant parties, when appropriate. They understood their duty involved escalating their concerns to outside agencies, so action could be taken.
- When concerns had been highlighted from other agencies, the provider had acted to address the issues and lessen the risks identified.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate safety and medicines were effectively managed.</p> <p>The provider failed to do all that was reasonably practicable to mitigate risk. This placed people at risk of harm.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not followed procedures to ensure fit and proper staff were employed.</p> <p>Regulation 19(1)(2)(a)(b)</p>