

Mavesyn Ridware Residential Home Limited

Mavesyn Ridware Residential Home Limited

Inspection report

Mavesyn Ridware House
Church Lane
Mavesyn Ridware, Rugeley
Staffordshire
WS15 3RB

Tel: 01543490585

Date of inspection visit:
26 January 2017

Date of publication:
07 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 January 2017. The inspection was unannounced. At our previous inspection in January 2016 we rated the service as requires improvement and we found the provider needed to make improvements with how people were supported to make decisions and how they monitored the quality of the service. During this inspection, we found improvements were made although further improvements were required.

Mavesyn Ridware provides residential for up to 21 older people, some of whom may be living with dementia. There were 19 people resident at the time of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Systems to monitor and improve the service had not always been effective in identifying improvements needed to ensure medicines were managed safely. Where people lacked capacity to make some decisions, this had not been suitably assessed to ensure decisions were in people's best interests.

Staff understood their role in protecting people from the risk of harm and people were supported by staff who had the knowledge and skills to provide safe care. There were sufficient staff available to meet the identified needs of people who used the service in a way that they wanted this.

People were supported to eat and drink what they liked. Where concerns were identified, people received support from health care professionals to ensure their well-being. Health concerns were monitored and people received specialist health care intervention when this was needed. Medicines were managed safely and people received their medicines at the right time, as prescribed.

People were treated with dignity and respect and had their choices acted on. The staff were kind and caring when supporting people. People were confident that staff supported them in the way they wanted. Staff knew people's likes and dislikes and people's preferences were considered and incorporated in their support plan. There were regular reviews of people's care to ensure it accurately reflected their needs.

People enjoyed the activities and opportunities to socialise. People were able to stay in touch with people who were important to them as visitors could come to the home at any time. People knew who to speak with if they had any concerns and they felt these would be taken seriously. Arrangements were in place so that actions were taken following any concerns being raised.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People received their medicines as prescribed, however accurate records of medicines were not always kept and the safety of some medicines may have been compromised. Staff were available at the times people needed them, in order to meet their care and support needs. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were needed to ensure people's capacity was only assessed where it was identified that they were unable to make a specific decision for themselves. Staff had the skills and knowledge to meet people's care and support needs. People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who people considered were kind and caring. Staff respected people's privacy and dignity, and promoted their independence. People received care and support from staff who understood their individual needs. Visitors were welcomed at the home.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's preferences and wishes so they could

provide care and support that met their individual needs. People were supported to pursue their hobbies and interests. People were given opportunities to share their views about the care and support they received and the registered manager dealt promptly with any concerns or complaints they received.

Is the service well-led?

The service was not always well led.

Systems were not always in place to monitor how well the service was managed in relation to medicines. People were happy with the support they received and were asked how the service could be improved. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

Requires Improvement 

Mavesyn Ridware Residential Home Limited

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 was 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 visit took place on 26 January 2017 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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 used this information to formulate our inspection plan.

We spoke with seven people who used the service, four relatives, four care staff, the training officer and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met. We observed care and support in communal areas and we reviewed the latest inspection report from commissioners of the service.

We viewed five records about people's care and support. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People's medicines were not always managed in a safe way. Some people who used the service were prescribed medicines which staff needed to half as they had been dispensed as whole tablets; requests had not been made for medicines to be prescribed in a smaller dose. The staff did not dispose of the other half tablet and this would be administered to people when they next needed this. The half tablet was placed back in the opened foil packet which meant there was a risk the integrity of the medicine could be compromised as staff directly handled the medicine and it was no longer stored in a safe way. Most medicines were prescribed in blister packs (multi-compartmental aids) but some tablets were dispensed in a foil strip. Where medicine audits were completed for these tablets, an accurate record of the number of the medicines received and stored was not maintained. This meant it was not possible to determine that these people received their medicines as prescribed.

This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were relaxed and comfortable in the presence of staff and they told us they were happy and felt safe living at the home. One person said, "I chose to come here because I didn't feel safe anymore living on my own. I used to fall a lot but since I've been here, I haven't fallen at all." Relatives told us that their family members were happy and settled and they had no concerns about the service. One relative told us, "It's marvellous here. It's nice to know they are safe and are receiving good care. It was a worry before, but this place is great."

Staff had an understanding about the types of potential abuse and recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. One member of staff told us, "I really enjoyed the training we had. It covered what abuse could look like and the different types of abuse as well as what to do if we were worried. I am confident that we would all report anything we suspected was wrong." We saw the provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. Where any concern had been identified, reports had been made to ensure people were protected from future potential harm.

Risks to people were minimised because they had been identified, assessed and management plans put in place. Staff were knowledgeable about the risks to people and we saw that they were supported in a way which promoted their safety. For example, staff knew how to safely place a sling around people so that they could use the hoist to move them. When using equipment to help people to move, staff reassured them they were safe, by explaining what they were doing in advance. Care records included risk assessments and information about what action staff needed to take to reduce any potential risks; the support people received matched how they had been assessed to receive safe care.

There were enough staff to meet people's needs and ensure their safety. We saw that staff were available to respond to people's request for care and support. Staff spent time talking with people and engaged in activities with them. Many of the staff members had worked at the home for a long time and 'staff turnover'

was low. One member of staff told us, "We love working here and many of us have been here for a long time. We have built close relationships with people and they are like our extended family. If we felt there wasn't enough staff, we'd say something and something would be done about it." Any additional cover for sickness and annual leave was generally provided by the staff who worked in the service. The registered manager told us, "We try not to have any agency staff work here as it's better for people if they receive support from people who know them. If we do, the agency are very good and send us the same staff." This ensured continuity of care for the people who lived there. When new staff started working in the service all recruitment checks had been carried out. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People were happy with how they received their medicines and we saw they were given time to take them and offered a drink. When people moved into the home, the staff assessed people's capability and whether they wanted to retain responsibility for their medicines. One person told us, "I'm happy that staff have all my tablets. I don't have to worry about missing any." Staff confirmed that where people were able to self-administer their medicines, they had a lockable storage facility to keep their medicines safely in their bedroom. Some people required medication on an 'as and when required' basis. Staff knew when people would need these and guidance on when to give this medication was available for staff to refer to. One member of staff told us, "We have very little medicine that people may need more have, except for pain relief and if they have these then we always ask them if they need them."

Is the service effective?

Our findings

On our last inspection we saw where people were not able to make decisions for themselves because they may lack capacity, the provider had not always assessed whether people could make these decisions themselves. Some applications to restrict people of their liberty had been made without ensuring that the person did not have capacity. These issues demonstrated there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we saw further improvements were still needed.

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). Capacity assessments had now been completed although these were not for individual decisions but covered all aspects of care. The registered manager agreed that these were not decision specific and needed to be reviewed to evidence whether people lacked capacity to make each decision.

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. On our last inspection, DoLS applications had been made for everybody. The registered manager now recognised that these only applied where people lacked capacity and may have restrictions placed upon them. On this inspection we saw no further applications had been made. The registered manager told us, "We would only submit an application if this was needed. Some people have had sensor mats but this isn't a restriction it's to keep them safe and they know why they are there as they have capacity." One person had a DoLS authorised by the supervisory body and this had expired. This had not been identified and action had not been taken to ensure this restriction remained lawful. The registered manager agreed action needed to be taken.

Staff reported they had completed training for MCA and understood the importance of gaining people's consent and supporting people to make decisions in their best interests. One member of staff told us, "MCA is about whether people can make decisions and how we can help them. We don't make decisions for people if they can do this themselves." The registered manager told us, "The training concentrated on MCA and what it was about. I realise now that we need to do these assessments differently."

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to specific decisions for people living at the home.

Staff received an induction when they were first employed which included working alongside a more experienced member of staff. Many of the staff had worked at the home for a long period of time and there had only been one new member of staff who had started working in the service. The registered manager told

us, "All staff will be completing the care certificate so we can be sure that everything is working the right way." The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People were supported to maintain their health effectively and referrals had been made to health professionals when people were unwell. Some people were weighed as there were concerns about weight loss. Where concerns were identified, referrals were made to health professionals and one member of staff told us, "The last training I went on was about diet and nutrition. I learnt about different menus that could be provided. For example if people are under weight, we could add cream and butter into their food for extra nutrition. If it is identified that people need a specialist diet, this is recorded and we make sure we talk about it in our handover." We saw that staff followed instructions given to them from health professionals to make sure people received the necessary support.

People were provided with a varied diet and there was a choice of food and drink. The tables were pleasantly laid and people were able to help themselves to any toppings, condiments or sugar. Specialist crockery had been provided for people with a visual impairment and for people living with dementia. One member of staff told us, "We have the plates with a raised lip around them so people can still remain independent as the food doesn't get pushed off the plate. We have red plates too as it's easier for people who have poor sight to see the food and contrast." We saw people sat talking together sharing experiences and laughing. People were asked by staff what they wanted to eat and drink and asked if they were still hungry and wanted more food. People were complimentary about the food served and one person told us, "The staff always make sure we have our 'five a day'. Every day we get lots of different fruit depending what's in season, we could have red currants, damsons and white currants. We have a good variety and there's always something that people like."

Is the service caring?

Our findings

There were caring and warm interactions between people and the staff and people told us they liked living there. One person told us, "I was quite lonely and deciding to move here was the best decision I could have made. I love having nice people around me and the staff are so caring. I like not having to do cooking and cleaning too." A relative told us, "This place passes with flying colours. We are really happy with how [Person who used the service] is cared for. The staff are attentive and caring and we are always made to feel welcome."

Staff had a good understanding of people's needs and knew people well. We saw that staff knew about significant past events and family and we heard them talk to people about their family and how they were. Staff knew people's preferences. For example, whether people liked milk or sugar in their drinks, and what they like to eat. One person told us, "I like a glass of wine or whiskey. The staff always make sure I have some."

People were treated with dignity and respect and the staff spoke politely to people. Personal care was completed in private and before staff entered people's bedrooms, they knocked on the door before entering. People could spend time in their room so that they had privacy when they wanted it. One person told us, "I like sitting in this lounge because it's quieter. I have the best of both worlds because if I want company I come here, but I can also be on my own. The staff don't bother me. I enjoy reading my newspaper and have everything I need in my room." People were dressed in different styles and we saw some people carried a handbag. One person told us, "I have everything I need in here. I'd be lost without it."

People were supported to maintain their independence and the support they received was flexible to their needs. One person told us, "I still do most of my bathing and look after myself where I can. I don't want the staff fussing over me unless I need them to and they know that." Another person told us, "The staff are always there if I need them but just as good is they know when to disappear. They are very fair and help me just when I need them too."

The staff were caring and examples included staff repositioning people's cushions to make sure they were comfortable in their chairs and they checked that people were feeling warm enough. Staff sat next to people when speaking with them and took their time explaining and if necessary, repeating or rephrasing a comment so people understood. When supporting people to eat at meal times or when they had a snack, they sat next to them and spoke with people explaining what the meal was and checking they were happy.

People were supported to maintain important relationships with their friends and families. Visitors were welcome whenever they liked and we saw people receiving visitors throughout the day. One person told us, "My family visit me every week and just come when they are passing. They don't have to make an appointment." One relative told us, "We are always welcomed and see [Person who used the service] in their bedroom or we sometimes sit in the lounge and have a chat with everyone. It's a very welcoming home and everyone is always pleased to see you. I feel we made the right decision choosing this home. It's been perfect for us all."

Is the service responsive?

Our findings

People received care and support in the way they preferred and met their needs. They said their support needs had been discussed and agreed with them before they moved into the home. One person told us, "My family came and looked around for me and I'm happy with their choice. The staff asked me how I liked things to be done and they know what I like and don't like." A support plan had been developed and we saw this included information about specific needs and important life events. One member of staff told us, "Knowing about the person is as important as knowing about how to provide support. It's really important that we get to know people, that way we can provide the best care possible."

People were involved in their care reviews and how they wanted to be involved was recorded. For example, some people wanted to be involved with their monthly reviews whereas other people chose to be involved only when there were significant changes. The care records were updated to reflect any changes and staff told us they were kept informed about people's changing care needs. One member of staff told us, "If you have been on holiday, on the first shift back the senior goes through everything so you know what has been happening." Staff 'handover' meetings (meetings held when one staff shift finishes and another starts) took place to keep staff updated about the care and support people required and one member of staff told us, "We are always kept informed of any changes. I'm confident that when I support people, it's in the right way."

People were supported to do things that they enjoyed and one person told us, "We're quite lucky really as we all like doing the same sort of things, especially with television programmes. We all seem to like the soaps and nature programmes, there's never any arguments." Another person told us, "We are a quiet bunch here really. I like to read and the library van visits so I can get some large print books. I've always been a big reader and I do enjoy it." Other people told us they liked to spend their time with puzzle books and we saw people playing scrabble. We saw people having their nails manicured and painted. One person told us, "I love bright colours and today I'm having bright pink. I like my nails to look good."

Entertainers and keep fit activities were organised and one person told us, "We do like the singers when they visit and last year we all went to the zoo. We had a great time, the sun was shining and we took a picnic. It was a day to remember." People told us they enjoyed going outside when the weather was warm. One person told us, "The grounds here are lovely. I love sitting out in the summer or we go for a walk down the lawns. It's beautiful here."

People stayed in touch with their family and people who were important to them. Relatives that we spoke with told us that they were made to feel welcome when they visited and were kept informed about their family member and any changes in their well-being.

People could speak with staff about things that they needed to talk about and they knew how to raise concerns if they needed to. One person told us, "I couldn't stand it; if I wasn't happy I would speak up and do something about it." We saw that the provider had a complaints procedure in place and people were confident that if there were any complaints the registered manager would respond to them appropriately.

Is the service well-led?

Our findings

On our last inspection we identified that improvements were needed as quality audits had not been carried out to ensure the necessary improvements within the service were made. We found on this inspection improvements had been made, however further improvements were needed to ensure that medicines were suitably managed. This meant not all systems ensured that the service was effectively well led. This resulted in a breach of regulation within our question 'Is this service safe?'

Other quality assurance systems concentrated on how the environment was maintained and to ensure the equipment was safe to use. Where concerns had been identified, these were recorded and an action plan put in place. For example, a new bath hoist had been provided and the registered manager had also identified that the hoist needed replacing as it was rusty and difficult to clean to ensure infection control standards were maintained. They told us, "Where we identify things need replacing we speak with the providers and record what action is needed." We saw people's bedrooms were checked weekly and lightbulbs were replaced. One member of staff told us, "It's important that people have good light as if bulbs are not working, people could have more difficulty seeing where they are going and fall."

Staff were confident that where they had any concerns they understood their responsibility with regards to whistle-blowing. The staff said they felt comfortable raising concerns with the registered manager and would contact external agencies if they needed to. One member of staff told us, "When we are at work it's important to remember why we are here and put people first. Whether it is your friend or manager, if you see something then you have to speak up." This showed that staff knew how to act if they had concerns or witnessed bad practice and had the confidence to report them to the registered manager.

The registered manager gave clear direction to the staff team and they were complimentary about their management style. One member of staff told us, "Many of us have worked here for a long time and that's because we have such a good team and the manager is available. If there are any problems we can talk to them and they always have time for us. I feel lucky to work here." Staff told us that they felt supported in their job roles and said, "We have supervision and can talk about what we want and if anything is bothering us. The manager is really good and I feel I can tell them anything and they keep my information private." Staff had a good understanding of their role and responsibilities and told us that they were happy and motivated to provide high quality care.

People were encouraged to put forward their suggestions through satisfaction surveys. Surveys had recently been sent to people and the manager told us this would be reviewed. We saw comments already received included; 'The staff are very attentive and I feel [person who used the service] is safe.' 'There is a very welcoming atmosphere and people are treated with respect. We are more than happy with the care.'

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They were proactive at keeping us informed of issues or concerns. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgments. We found the provider had conspicuously displayed their rating and report in the front entrance hall in the service.

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 Proper and safe medicine management systems were not in place to ensure safe care and treatment was provided for people who used the service.