Herrington Mews Ltd

The Mews Care Home

Inspection report

South Burn Terrace
New Herrington
Tyne and Wear
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Mews Care home is a care home providing both nursing and personal care to people. The service accommodates up to 47 people with a range of needs including some living with a dementia. At the time of inspection 37 people were living at the service.

People's experience of using this service and what we found
The provider had made improvements since our last inspection. Safeguarding matters had been appropriately managed by the service. The service responded to information disclosed on Disclosure and Barring Service checks and assessed the risk posed to people. There was good oversight of the home through more effective quality assurance. The provider was now following the requirements of the Mental Capacity Act.

Whilst nursing care plans were thorough. We noted residential care plans held inaccurate information and did not always reflect the guidance given by healthcare professionals. Poor recording of communication between the service and healthcare professionals had been identified and new documentation had recently been introduced to solve the issue.

The service was homely, well-decorated and clean. The provider ensured people had a safe environment. Health and safety checks were regularly conducted. Staff had completed fire drills and people had personal emergency evacuation plans to support staff in the event of an emergency.

The provider had systems to learn from accidents and incidents, analysing the information for trends to enable them to reduce future incidents. Clinical data was also reviewed to support people to have positive outcomes. People's medicines were administered and managed safely.

People were supported by suitably trained and skilled staff. The service supported staff with regular supervisions and appraisals.

Signage was not available to support people living with a dementia to navigate the building independently.

We have made a recommendation about improvements to the environment for people living with a dementia.

People and relatives were happy with the standard of care provided. They told us staff were kind and caring. Staff were polite and patient with people. They were knowledgeable about people, their backgrounds and care needs.

People and relatives expressed mixed views when asked if enough staff were available. During the inspection we did not observe people waiting to be supported. We suggested the service might wish to

consult with people and relatives further to give assurances about staffing levels.

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; the policies and systems in the service supported this practice.

People had access to a range of activities including visiting entertainers. The service monitored people's participation to identify if people were at risk of becoming isolated.

The provider had an effective complaints process. People were confident concerns raised would be dealt with appropriately.

The service had established partnerships with healthcare professionals to ensure people received joined up care.

A strong management team had started to influence positive changes within the service. Staff told us they felt listened to and empowered to speak out about the service. People, relatives and staff were regularly asked to provide feedback about the service.

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 28 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Mews Care 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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector, a specialist professional advisor (nurse) 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
The Mews Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager was in the process of completing their application to become a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 contacted professionals in local authority commissioning teams and safeguarding teams. 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 the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who lived at the service and four relatives. We spoke with eight staff, including the manager, deputy manager, compliance manager, activities co-ordinator, chef and three staff members.

We reviewed five people's care records as well as other records relating to the running of the service, such as medicine records, complaints and training records. We spoke with a visiting healthcare professional.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to respond in a timely manner to information disclosed on DBS checks and to take appropriate interim measures to minimise any risk to people using the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

• The provider had introduced systems to ensure information disclosed on DBS checks was reviewed and risk assessed in a timely manner to determine if the staff member was safe to remain in employment.
• People and relatives comments were mixed when asked if enough staff were available. One person said, "No because I always have problems getting up at a reasonable time because they have to use the hoist to get me up and I have to wait sometimes." Another person said, "Oh yes if you want staff and want one you just wait a couple of minutes, it's not too bad."
• The service used a dependency tool based upon people's care and support needs to calculate staffing levels. During the inspection we did not observe people waiting for support. We suggested that the service might wish to consult with people and relatives further to address the negative comments and to explain staffing levels.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have effective systems to ensure people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

• Safeguarding concerns had been recognised, referred to the local authority and fully investigated.
• People and relatives felt the service was safe. Comments included, "Oh yes definitely safe you're well looked after," and "There's nothing about here that makes me feel unsafe."
• Staff had completed safeguarding training. They demonstrated a sound understanding of safeguarding and were aware of the provider's whistle blowing procedure.

Using medicines safely
• Medicines were managed safely. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
• Staff responsible for administering medicines were appropriately trained.
• Care plans clearly described people's preferred method of taking their medicines.

Assessing risk, safety monitoring and management
• Individual risks had been identified and managed.
• Health and safety checks were completed to maintain a safe environment. The maintenance person had a strong oversight in regard to fire safety and was passionate about maintaining people's safety.
• Personal emergency evacuation plans (PEEPs) outlined the support people needed in the event of an emergency.

Preventing and controlling infection
• The service was clean and tidy.
• The manager completed a monthly infection control audit to ensure the appropriate levels were maintained.
• Staff had access to protective personal equipment such as disposable gloves and aprons.

Learning lessons when things go wrong
• Information from accidents and incidents, complaints and safeguarding issues were regularly analysed to identify any trends and lessons learnt.
• The provider used clinical data from falls, weight monitoring and incidents to drive improvement within the service and across its other services.

Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider did not always follow the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• The provider was now following the requirements of the MCA. DoLS authorisations were in place and monitored.
• MCA assessments, best interest decisions and consent forms were appropriately completed. .

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional and hydration needs were met. People told us they enjoyed the food. Comments included, "The meals are lovely." and "The foods not bad, some days it's better than others and yes you can have an alternative if you want it."
• The service completed regular mealtime experience monitoring checks which included the offering of

choice, presentation and staff interaction. The service was introducing images of meals to support people living with a dementia.
• Administration of thickener did not accurately record how people had been supported. The manager immediately addressed this matter on the first day of inspection.
• Equipment was available for people to remain independent at mealtimes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•Pre-assessments were completed to ensure the service could meet people's care and support needs.
• People and their relatives were involved in discussions to create care plans.

Staff support: induction, training, skills and experience
• People were supported by well trained and experienced staff. Staff received regular support through supervisions and an annual appraisal.
• New staff completed an induction period and were supported by an experienced staff member.
• Mandatory training was up to date and monitored by the manager.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to have access to a range of healthcare professionals to help ensure they remained healthy. However, we noted some people's annual optician reviews had been missed. The manager addressed this immediately and created a document to ensure future reviews were not missed.
• The provider was aware of NICE guidance oral health for adults in care homes however we could not see the practise fully established within the service. The compliance manager had recognised that further improvements were required and was working to achieve positive outcomes for people.

Adapting service, design, decoration to meet people's needs
• Signage was not available to support people living with a dementia to navigate the service independently. Some areas of the service had pictorial images on walls to provide stimulation.

We recommended the service researched dementia friendly environments.

• People could access different communal areas and a large outside space. Wide corridors enabled people in wheelchairs to move about the service unrestricted.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People and relatives were complimentary about staff. Comments included "They're always civil and things like that and they'll have a bit of a carry on with them," and "From what I've seen definitely yes everybody speaks and they don't shout, they talk properly to [family member]."
• Some people had lived at the service for many years and had built strong relationships with staff. They spoke fondly about staff and the care provided.
• Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.

Supporting people to express their views and be involved in making decisions about their care
• Staff supported people to express their views. We observed staff regularly consulted with people, enquiring if they were happy and if they wanted anything.
• People were involved in decisions, whether it was to do with their own personal needs or the needs of the home.
• Information about advocate services was clearly displayed to support people. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence
• Staff treated people with dignity and respect. Staff knew people well, their individual likes, dislikes, life history and interests.
• Staff encouraged and promoted people to be as independent as they were able and wished to be.
• People's confidential information was held securely.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained as requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• The quality of care plans varied. Residential care plans did not always reflect people's current needs. Staff did not always have clear guidance to follow and some held conflicting information. Guidance from external healthcare professionals was not always incorporated into people's care plans.

• The communication of important information about changes in people's needs was not always effective. The service had recognised this failure and had introduced new documentation to ensure changes were reflected in people's care plans. At the time of inspection we could not see how successful this was.

• Nursing care plans accurately outlined people's care needs. These were personalised, and clearly documented people's wishes and choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The service assessed people's communication needs and Information could be made available in various formats, such as easy read and pictorial.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• People were supported to participate in a range of activities.

• People and relatives gave mixed comments about the activities available. Comments included "Seem to do the same things for weeks and after a few weeks people are bored it's not really inclusive, sticks to the same people and those with dementia there's no sensory equipment for them," and "I keep myself to myself when there's a singer on I'll go and have a look."

• The manager told us the service monitored people's involvement in activities and regularly consulted with people and relatives about activities Individually and at residents' meetings.

• People were supported to maintain their religious beliefs with representatives visiting the service.

Improving care quality in response to complaints or concerns

• Information relating to how to make a complaint was readily available to people. People and relatives told us they knew how to complain and were confident issues would be addressed.

• Complaints had been recorded, investigated with a written response sent to complainants with an outcome of the investigation.

End of life care and support

- Care plans outlined people's wishes and preferences regarding end of life care.
- Staff had completed end of life training.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

• The provider had addressed each issue identified during the last inspection. The majority of the provider's quality assurance systems were effective. The management team had identified and addressed the issue with communication of important information. However, the shortfalls in residential care plans had not been recognised.
• Since the last inspection the service has had three managers. Staff spoke positively about the new manager and deputy manager. They told us they felt supported and listened to. The new management team had a strong combined leadership and had started to make improvements throughout the service.
• The service had submitted the required statutory notifications to CQC. The manager had applied to become a registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The service had a positive atmosphere and morale was high amongst staff. One staff member told us, "it's much better these days."
• People and relatives told us the manager was approachable and they were listened to.

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; Continuous learning and improving care
• The provider and manager understood their responsibilities to be open with people and relatives when things went wrong.
• The provider used information from a range of sources to develop continuous learning. Clinical data such as weights, pressure damage and falls were reviewed at provider level. The information was used to identify trends and to support in holistic reviews for individuals.

• The manager was responsive during the inspection and with issues identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and relatives had opportunities to share views and get involved in the service.
• Staff meetings were regularly held which discussed the running of the service. One staff member said, "We are all involved, we are getting to know more."
• The service was committed to protecting people's rights with regard to equality and diversity

Working in partnership with others
• The service worked with healthcare professionals to ensure positive outcomes for people.
• People were supported to be part of the local community. Staff supported people to access the local facilities and the local school visited.