

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?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

We inspected Mulroy's Seaview Nursing Home on 17 February 2016. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. On the first day the administrator was on holiday so we were unable to review all of the information related to recruitment processes. Thus, on 4 and 8 March 2016 an inspector gathered information and completed the inspection.

Mulroy's Seaview is a converted property on the seafront at Redcar. The service is situated near to the town centre with a wide range of facilities. The service provides personal and nursing care to maximum number of 27 people who have a mental health condition and some of whom also have a physical disability.

The home had a registered manager in place and they are the registered provider. 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.

At the last inspection in December 2015 we found that the service was not meeting the regulations relating to good governance, staff recruitment and staff training. We issued warning notices in respect of the regulations on good governance and staff recruitment. We required the registered provider to meet these two regulations by the 7 February 2016.

We did not review the actions the registered provider had taken to improve staff training as they had informed us this would be fully completed by July 2016. However, we did find that the registered provider was working to ensure all the staff received the required training and they did show us what they had already achieved. We did find that a realistic schedule was in place to ensure all of the staff had refresher mandatory training and condition specific training by July 2016.

At the last inspection we found that robust recruitment procedures were not in place. The registered manager had not asked prospective staff to complete an application form before they started work. Disclosure and Barring Service check (DBS) were available on two of the three staff files looked at, however this check was not always carried out before staff started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

At this inspection we found that the registered manager had provided additional hours for the administrator to ensure all of the staff files were completed. The administrator had ensured that all of the staff had completed the application forms and obtained references. DBS check had been sent for and the majority were now in place. The registered manager also ensured all new starters completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

At the last inspection we looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of

their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that the service did not have a health and safety audit. Other audits that had been completed were ineffective as they did not pick up on areas of concern that we identified at this inspection. Staff meetings were irregular and not all staff had been invited to attend. Team meetings provide staff with the opportunity to share information.

At this inspection we found that both the registered manager and deputy manager had worked hard to strengthen the governance arrangements. The deputy manager had developed a wide range of audits and for each of these they had critically reviewed the performance of the service. The deputy manager had then developed a wide range of actions plans and ensured these were acted upon.

We found that the deputy manager had commenced this process immediately following the inspection in December 2015 and had completed at least two audits per area such as infection control, care plans, staff training and recruitment. They had produced and completed actions plans for each area and then redid the audit to ensure the work down had effectively addressed the issue. We found that they could now demonstrate that their governance systems were effective.

The audits had identified that the policies were not fit for purpose and care plans needed to be improved. The registered manager had made the decision to be responsible for making improvements in this area. They reviewed their policies and procedures and identified where improvements could be made. We found that the registered provider had created a large number of new policies and these clearly explained to staff what were the service expectations.

The registered provider had also overhauled the care records and introduced improved ways of recording. They were still in the process of completing this work but we found the work completed had made the care records easier to navigate and use.

The people we spoke with were extremely happy with the service and spoke highly of the staff and the registered manager. We observed staff worked with people in a sensitive and compassionate manner. The staff were able to clearly outline the needs of the people.

We found that the registered manager had critically reviewed the home and following this completed a refurbishment programme, which included upgrading the offices, the bedrooms and some of the communal areas. Also they had provided additional hours for the domestic staff to complete a full deep clean of the whole home.

## 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.

Recruitment systems were safe and ensured staff were suitable to work with the people who used the service. Application forms were completed and references were obtained prior to the start date of new staff.

### Is the service well-led?

Good ●

The service was well led.

Effective quality monitoring systems were in place to ensure the service was run in the best interest of people who used the service.

Staff, people who used the service told us the registered manager was approachable and they felt supported.

# Mulroy's Seaview Nursing Home

## **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 checked whether the provider is 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.

An adult social care inspector completed this unannounced inspection on 17 February and they were joined by a second adult social care inspector and a specialist advisors who was a manager of administrative services within CQC. On the 4 and 8 March 2016 an adult social care inspector gathered further information and completed the inspection.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we met with eight of the people who used the service. We also spoke with the registered manager who is also the provider, a deputy manager, a senior support worker and five support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We also looked around the home. We spent time with people over the lunchtime and observed the meal time experience. We looked at three people's care records, reviewed the work completed to update all of the staff member's records and the records relating to the management of the service.

## Is the service safe?

### Our findings

At the last inspection we looked at the files of three staff recruited in the last 12 months to check to see if the registered provider had followed a safe recruitment system. Examination of records identified that a safe recruitment system was not in place. The staff recruitment process did include completion of a Disclosure and Barring Service check (DBS), however this check was not always carried out before staff started working at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. Application forms were not available for any of the three staff files we looked at. Application forms are a way of finding out about the person, their employment history, training and qualifications and determining if they are suitable for the intended role. Staff files did not contain any references. This meant that checks had not been made to make sure that the person was a good employee or of good character.

This was a breach of Regulation 19 (1) (c), 19 (2) and 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response to this breach we issued a warning notice, which required the service to become compliant with this regulation by 7 February 2016.

At this inspection we found that the registered provider had given additional hours for the administrative staff member to ensure the staff files were accurate and contained all of the required information. Since the last inspection the administrator had reviewed all 28 staff files and taken action to ensure each contained all of the necessary documentation. All of the missing references had been chased up and obtained. The administrator had ensured DBS and the registered provider had made it policy to renew these every five years.

## Is the service well-led?

### Our findings

At the last inspection we looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that the registered manager completed an infection control audit, however this was very brief and where actions had been identified an action plan had not been developed to identify who would be taking responsibility for the work and when it would be completed. There wasn't an audit for health and safety. Lack of auditing meant that areas in need of improvement in relation to health and safety may be missed. The service had an annual review of care audit, however this audit was ineffective as it did not detail checks to be carried out and it did not highlight the areas we identified as requiring improvement. The accident audit was insufficiently detailed to pick up on any trends. Also the systems for assessing the performance of the service did not identify the gaps in staff training.

The registered provider visited the service on a regular basis, however did not keep a written record of any quality monitoring visits. The deputy manager told us the registered manager speaks with people who used the service and staff during these visits and makes check on other records for example recruitment, supervision, training and audits, however did not complete a formal report. .

The registered and deputy manager recognised that meetings for staff had been infrequent and that not all staff had been given the opportunity to attend. The last meeting for nurses had been held in June 2015 and there had been a senior care staff meeting but there hadn't been meetings for other care or ancillary staff.

We saw that a survey had been carried out to seek the views of people who used the service in October 2015, however the results of the survey had not been analysed nor an action plan developed.

This was a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response to this breach we issued a warning notice, which required the service to become compliant with this regulation by 7 February 2016.

At this inspection we found that both the registered manager and deputy manager had worked hard to strengthen the governance arrangements. The deputy manager had developed a wide range of audits and each of these had critically reviewed the performance of the service. The deputy manager had then developed actions plans and ensured these were acted upon.

We found that the deputy manager had commenced this process immediately following the inspection in December 2015 and had completed at least two audits in each area such as infection control, care plans, staff training, health and safety, and recruitment. We saw that the infection control audits were completed on a weekly basis and very thorough. The deputy manager had produced and completed actions plans for each area and we found the findings had been acted upon by the registered manager and staff.

The deputy manager had created a kitchen/ provision audit and the head chef was responsible for

completing this on a weekly basis. The audit had been implemented as of 15 December 2015. Also they had created monthly medication audits and three had been completed since our last visit. Actions identified in one audit had been addressed by the time the next audit was completed.

The registered manager had reviewed the Business Continuity plan and the revised version had been signed off on 13 January 2016. We noted that since its implementation there was no evidence that any of the staff have been made aware of the plan. We recommended that a simple log was kept with the plan to indicate that staff have read and understood the document.

The registered manager had commenced redesigning policies needed in order to make sure that these were fit for purpose. The registered manager was responsible for making improvements in both of these areas. The policies and procedures they had produced clearly explained to staff what were the service expectations.

The audits had shown that the care records needed to be improved. In response to this finding the registered manager had overhauled the care records and introduced improved ways of recording. They were still in the process of completing this work but we found the work completed had made the care records easier to navigate and use. We saw that the registered provider had determined what they wanted staff to complete and created new template documents.

Also the audits had identified that work was needed to redecorate and deep clean the home. Action had been taken to complete this work and the majority had been completed. We saw that a thorough deep clean was being completed when we visited and the registered provider explained that they had given the domestic staff additional hours to complete this work.

We also found that the registered manager had critically reviewed the home and determined that further refurbishment works to the home were needed and these had been commenced. The registered provider had authorised a substantial budget for this work and ensured the work was completed. We found that bedrooms and communal areas had been redecorated. The registered manager's office was in the process of being completed refurbished when we visited.

We found that the registered provider could now demonstrate that their governance systems were effective.

Regular staff meetings were taking place and these were recorded. Staff told us that the registered provider routinely sought their views and any suggestions they made were taken seriously and acted upon when appropriate. People who used the service were consulted and the deputy manager analysed the information to inform their action plans.

We saw that a comments book, which was kept in a visible place and provided people with the opportunity to make suggestions and positive statements about the home. We saw this dated back to 2013 and was regularly used by visitors such as dieticians as well as the people who used the service and relatives.

The registered manager and deputy manager produced Mulroy's Monthly Newsletter, which contained local news stories, puzzles, comic strips, competition and updates on the home refurbishment programme. The articles were produced by the people who used the service and they told us it gave them a great sense of pride and achievement to have had items published.