

Able Care (Menwinnion) Limited

# Menwinnion Country House

## Inspection report

AbleCare (Menwinnion) Limited  
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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Menwinnion Country House is a residential care home providing personal care to 39 people aged 65 and over at the time of the inspection. The service can support up to 40 people in one adapted building.

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

People did not always receive their medicines in a safe way and medicines management systems could have put people at risk. Staff did not always have the correct guidance or skills to support people with complex or challenging needs. People's records did not all contain up to date information about risks to them, or how to help reduce them. Staff had not always been recruited safely.

People's capacity had not always been assessed following the principles of the Mental Capacity Act 2005 (MCA). People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The manager did not have an understanding of the accessible information standard. We have made a recommendation about this.

There was not a person-centred culture throughout the service. Records did not show that people were regularly offered a shower or bath. People did not always receive prompt or appropriate responses to their requests.

People's care plans did not consistently reflect people's holistic needs. Changes to people's needs were not updated promptly in their records. People did not have meaningful end of life care plans in place that detailed their preferences for their care at this time.

Not all people received the support they needed to stay cognitively and physically active. There was a programme of activities available; but there was no evidence to show people with more complex needs, who would not benefit from these, had been consulted about how staff could tailor support to their individual needs.

The provider had not ensured the quality of the service was monitored effectively. Concerns found during the inspection had not all been identified through the provider's governance processes.

People felt cared for and valued the relationships they had developed with staff. Relatives told us staff were professional, welcoming and kind. People's care plans described how staff could help people develop or maintain their independence. People and relatives told us staff respected people's privacy and dignity.

No people, staff or relatives raised concerns about ill treatment of people or staff. People and relatives told us they would feel confident raising concerns or a complaint. Staff understood how to report safeguarding concerns. Staff told us they felt supported and received sufficient training. People and relatives gave positive

feedback about the staff team.

#### Rating at last inspection

The last rating for this service was Good (published 23 June 2017). The rating for 'well led' was required improvement as there was no registered manager in post.

At this inspection a manager was in the process of registering with the commission.

#### Why we inspected

The inspection was prompted in part due to concerns received about a culture of bullying at the service and that people and staff were threatened by the senior management. We also received concerns about the environment, medicines management, recruitment and a lack of person-centred care. A decision was made for us to inspect and examine those risks.

People and staff did not raise any concerns about the culture of the service. We have found evidence that the provider needs to make improvements in other areas. Please see the safe, effective, responsive 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.

#### Enforcement

We have identified breaches in relation to how risks to people are managed, staff recruitment, people's mental capacity, person centred care and governance.

#### 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Menwinnion Country 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.

#### Inspection team

Two inspectors

#### Service and service type

Menwinnion Country House 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 had a manager who was in the process of registering with the Care Quality Commission. This means that they will be, with the provider, 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We also reviewed information shared with us about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service about their experience of the care provided. We spoke with

seven members of staff including the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a district nurse who visits the home regularly.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further recruitment records. We spoke with four relatives of people who live in the service.

# 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.

Prior to the inspection concerns were raised with us about the treatment of people and staff, the environment and medicines management. We found improvements were required.

Systems and processes to safeguard people from the risk of abuse

- Staff did not always have the skills to support people experiencing anxiety or living with dementia. One person who was living with dementia was hallucinating. A staff member was sitting with the person, holding their hand and talking to them, but kept telling them their hallucination was not real. The person was discouraged from moving from their chair all day, even though at times nearby noise was causing them anxiety, and their reaction was causing anxiety to other people. At times the staff member was completing paperwork and not focusing on the needs of the person. Following the inspection, the provider told us that this was because the staff member was in the room to complete observations of staff and was not allocated to provide support to the person. This meant no staff member had been allocated to reassure the person. Their care plan did not contain information about how to support the person at this time and staff told us there were no clear strategies in place.
- One person sometimes challenged others with their behaviour. Some staff told us they felt "wary" when supporting this person. The person had been referred to a community psychiatric nurse (CPN) for support; and some information about triggers for the behaviour were shared on a daily handover record. However, there was no care plan or risk assessment to guide staff how to consistently support the person to remain calm.

We found no evidence that people had been harmed however, people were supported by staff who did not have the guidance, skills or training to meet their needs. 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.

- Staff understood how to raise safeguarding concerns. They were confident management would respond to any concerns appropriately and knew how to report outside the organisation if necessary.
- People and staff told us they were happy living and working in the service. No-one reported any bullying or threatening behaviour.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Environmental and infection control risks were not always effectively managed. A laundry room and utility room were both unattended and the doors left open. This meant people could have accessed items that may have put them at risk, including cleaning products and a warm iron. The laundry room contained

uncovered, unwashed laundry which may have put people at risk of cross infection. There was no risk assessment in place to identify whether the accessible items posed a risk to people living in the home.

- People had risk assessments in place. However, these were not always reflective of people's current risks. For example, two people were assessed as at high risk of skin breakdown, but their records contained no detail about how staff could help reduce the risk.
- Where monitoring records were used to identify risks to people, these were not always used effectively. For example, one person who was weighed monthly, had lost six kilograms in four months. No action had been taken by staff who recorded the weights or by staff who completed monthly reviews of people's needs and records.
- Personal emergency evacuation plans (PEEPs) were in place to guide staff and first responders in an emergency. These lacked detail in relation to people's behavioural needs and were not kept in a location that would be easily accessible in an emergency.

We found no evidence that people had been harmed however, systems were not in place to ensure all risks were managed safely. This contributed to the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the manager confirmed action had been taken regarding the person who had lost weight.

- Most staff had received infection control and food hygiene training.

#### Using medicines safely

- Systems in place for the management of medicines were not robust. Information to guide staff when to administer medicines described as 'when required' was not available. When staff had administered these medicines, they did not always record how much they had given, which put people at risk of being overdosed. One person's 'when required' medicine was described as 'highly addictive'. Staff had administered the medicine to the person on a daily basis but had not raised this with the GP.
- People's needs and preferences for taking medicines were not recorded. Staff told us one person often refused their pain medicines; however, this information and what action staff should take in response, was not recorded. Another person's care plan stated they administered one of their medicines with staff support, but the district nurse administered it.
- Medicines administration records (MARs) were not always completed according to best practice. Staff sometimes left medicines with people in their room to take and signed the MARs to say they had been taken. There were no records in place to show these people had been assessed as safe to take their own medicines. People and staff confirmed sometimes (morning doses of) medicines were then not taken until lunchtime.
- People's prescribed medicines were not always available to them as there were none in stock.
- Audits had not been completed frequently, so these errors and how they had occurred had not been identified.

Medicines were not managed safely. This contributed to the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had recently received medicines training.
- Following the inspection, the nominated individual told us they had introduced a new system which meant people who self-administered their medicines would receive support to ensure they had enough medicines available. They also told us they were overseeing the medicines system and undertaking a review every 28 days. They had asked a local pharmacist to provide further training to staff.



### Staffing and recruitment

- Staff had not always been recruited safely. Only one reference was available for one staff member and this did not show evidence of conduct in a previous care role, even though the staff member had worked in care.
- One staff member had information on their disclosure and barring service check (DBS); but there was no evidence this information had been assessed in relation to whether they might pose a risk to vulnerable adults. Another staff member had been working at the service for several months without showing their DBS to senior staff. Staff had not always provided a full career history.

Recruitment procedures had not been effective in providing assurance staff employed were suitable to work with vulnerable adults. 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.

- People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. Staff told us they had time to spend talking to people.
- Following the inspection, the nominated individual confirmed a second reference had been obtained for the staff member.

### Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. However, necessary improvements had not always been made. For example, people reported not receiving their medicines due to a lack of stock on more than one occasion.

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

Prior to the inspection, we received concerns that the environment was not adequate for people's needs. We have made a recommendation about this.

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 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.

- People had one, overall capacity assessment in place which stated whether they had capacity or not. This was not following the principles of the MCA which states capacity is decision specific.
- Information about people's capacity was inconsistent. One person was described as not having capacity but their care plans stated they were able to make decisions about each area of their day to day life.
- Some DoLS applications had been submitted on people's behalf; however, these were awaiting review by the local authority designated officer. There were no related MCA assessments to evidence people lacked the capacity to make these decisions themselves.

The principles of the MCA had not been followed which meant people's human rights may have been breached. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had been asked to sign their care plans to confirm they consented to the care they received, as described in their care plan.

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

- People had en-suite bathrooms containing baths. Staff told us that out of 39 people living in the home, 24 could not use the bath in their en-suite bathroom. The provider told us there was one bath and two showers for 20 people. One person told staff, "It's not fair, unless you get up early you can't get a shower."
- Records did not show people were regularly supported or encouraged to have a bath or shower. A relative told us they did not think their family member had a bath or shower regularly enough.

Following the inspection, the manager told us they had introduced a new way of monitoring when people had or were offered baths or showers.

- People's needs and preferences had been considered when they were choosing a bedroom. People reported that if they requested to move, this was facilitated where possible.

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

- People's needs were assessed before they moved into the home. These assessments were used to inform people's care plans.
- Staff knew the people they cared for and were able to tell us about individuals likes and dislikes.

Staff support: induction, training, skills and experience

- People and relatives gave positive feedback about staff skills and knowledge. Relatives described staff as 'professional' and people confirmed they valued their relationships with staff.
- Staff told us they received regular training and felt supported by senior staff; however they did not always sufficient knowledge or guidance to meet people's specific or changing needs.
- New staff received an induction and all staff received regular one to one supervision as well as observations of their work.

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

- People told us they liked the food and were able to make choices about what they had to eat. Comments included, "Very good food, you always have a choice" and "Food is cracking, absolutely lovely."
- Residents meetings were used to ask people for opinions and ideas regarding meals.
- Staff understood people's needs and preferences in relation to food and drink and these were reflected in the food options available.
- Information about any dietary needs or risks were known to staff.

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

- People's records detailed their health needs and what support they required to remain healthy.
- People and relatives told us any changes in people's health prompted a referral to their GP or other health care professionals.
- A healthcare professional told us the service worked well with them and followed any advice given.

# 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 has now remained the same. 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 told us they were treated with kindness by staff. Comments included, "All the staff are smashing", and "Carers are very good, I couldn't say otherwise." A relative told us, "[...] has been contented, happy, safe and loved."
- People confirmed they felt listened to. A relative told us, "I think they consider people's needs to a great extent."
- People received care and support from staff who had got to know them well and visitors told us they were always made to feel welcome.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views in a variety of ways for example through residents' meetings or just chatting with staff. One person told us "Staff are very friendly, you've only got to ask for something and they'll get it"
- Information about how staff could support people to understand and communicate, was recorded in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. A relative confirmed, "Staff are definitely professional, respectful and friendly."
- Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Prior to the inspection, we received concerns that people did not receive individualised care that met their needs. We found improvements were required in this area.

### 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 manager had not known what the accessible information standard was.
- The nominated individual told us there was no-one living in the service who required information providing in non-standard formats.

We recommend the provider takes action to ensure all staff understand the requirements of the AIS.

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

- Some people's needs meant they could not take part in group activities. Their care plans did not show they or people who were important to them, had been consulted about how they would prefer to spend their time, or how staff could tailor their support to meet their needs. Their daily notes did not show they had been supported to be engaged in meaningful activities.

The provider had not ensured each person had the opportunity to spend their time in a meaningful way. This contributed to the breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a range of activities they could be involved in. People who were able, chose what activities they took part in and suggested other activities they would like to complete. These reflected their diverse interests and beliefs. One relative joked that they had to book an appointment to see their family member as they were always so busy.
- People were supported to use the local community according to their preferences.

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

- Information about people's preferred routines, how to help them maintain their wellbeing and how they

liked their care providing, was not consistently included in people's records. People had a sexuality care plan, but none of these described people's sexuality.

- Changes to people's needs were mostly reflected on the daily handover record but were not always updated promptly in people's records.
- Relatives mostly felt they were kept up to date about their relative's needs; however, no relatives had been involved in a review of their family members care or care records.

People's up to date, holistic needs were not all recorded. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives confirmed people were able to make their own decisions about how they spent their day. Staff offered people choices throughout the day. For example, we heard a staff member asking one person, "Milky coffee or just a normal one? Do you want your glasses on?"

End of life care and support

- People had end of life care plans but these contained practical information, for example who staff should contact; rather than any wishes or preferences of people for this time.
- Staff had not received training on end of life care.
- No-one living at the service at the time of the inspection was receiving end of life care.

People's preferences for their care at the end of their life had not been sought. This contributed to the breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints.
- People and relatives told us they would feel confident raising any concern or complaints about the service.
- Records showed no complaints had been made within the last two years.

# 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 remained the same. 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.

At the last inspection, this key question was rated required improvement as there was no registered manager in place. At this inspection a manager was in the process of registering with the commission. Prior to the inspection we received concerns about the culture of the service. We found some areas for improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Procedures to monitor the quality of the service had not effectively highlighted the concerns identified during the inspection. For example, people's records were monitored on a monthly basis to identify changes to people's needs and ensure their care plans and risk assessments were up to date. However, several people's records did not reflect their up to date needs or give staff clear guidance about how to support them.
- Systems were not always used by staff to ensure people's needs were met. For example, one person's records showed their chiropodist had advised staff to contact the person's GP regarding loss of feeling in their feet. This had not been done. Other people had run out of medicines on more than one occasion.
- Incidents and errors were not always identified. When they were it was not always clear that learning had been implemented as a result.
- The provider had not ensured staff and management had the knowledge, skills and training to meet everyone's needs and provide a quality service. Staff did not receive clear guidance or follow best practice when supporting people with more complex needs.
- The provider had completed monitoring visits of the service, however, these were not routinely used to monitor people's records or how they spent their time, or prompt improvements in these areas.

Systems and processes had not been effective in identifying and making required improvements to the quality of the service. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Processes were not always used effectively to ensure everyone received a quality service. There was not a person-centred culture throughout the service. Observations showed people with more complex needs did not always receive person centred care; and records did not evidence that they achieved good outcomes.

For example, during the inspection some people spent most of their day in the lounge without being engaged in any meaningful activity. When some people raised concerns or asked for help, they did not always receive prompt or appropriate responses from staff.

The provider had not ensured the service was inclusive for people of all needs. This contributed to the breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who were able, and relatives, gave positive feedback about the service. Comments included, "I wouldn't want to be anywhere else but here. You can't ask for better care. A wonderful place to be", "It's wonderful, I cannot fault it" and "[...] went temporarily into the home and wanted to stay. I think it's the attention of the staff. She says, 'The home is where I live, and the staff are my family.'"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them had opportunities to feedback their views about the quality of the service they received. Residents were consulted about their views during resident's meetings.
- Staff told us they found the daily handover useful. Team meeting were not held regularly. Staff felt they would value team meetings to discuss ideas and problems in more depth.
- Staff were positive about how the service was run.
- The service worked in partnership with key organisations to support care provision.

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

- People, visitors and staff all described the management of the service to be approachable, open and supportive.
- The manager promoted the ethos of honesty and admitted when things had gone wrong. This reflected the requirements of the duty of candour.



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 9 HSCA RA Regulations 2014 Person-centred care  How the regulation was not being met: People did not all receive a service that was designed to meet their needs and preferences.  Regulation 9 (1) (3) (a) (b) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  How the regulation was not being met: The MCA had not been used to ensure people's rights were protected.  Regulation 11 (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  How the regulation was not being met: People were not protected against the risks associated with their care.  Regulation 12 (1) (2) (a) (b) (c) (f) (g) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  How the regulation was not being met: The provider had not ensured the quality of the

service was monitored effectively or that necessary action was taken to improve it. People's records did not always reflect their up to date needs and did not cover their holistic needs.

Regulation 17 (1) (2) (a) (b) (c) (d) (f)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

How the regulation was not being met: Staff recruitment was not always safe.

Regulation 19 (2) (3)