Pressbeau Limited

New Meppershall Care Home

Inspection report

79 Shefford Road
Meppershall
Bedfordshire
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
New Meppershall is a residential care home providing personal and nursing care to 71 people aged 65 and over at the time of the inspection. The care home is split over two adapted buildings and two floors. One building is designed to support people living with dementia and the second building supports people who require personal and/or nursing care. Each building and each floor have access to outside garden space and each bedroom has ensuite facilities. The service can support up to 81 people.

People's experience of using this service and what we found
People told us they felt safe and could call for staff if they needed help. Staff did check on people regularly but not all people were able to work their call alarms. This resulted in some people having to wait up to 20 minutes after shouting out for staff checks to occur, before they were heard.
Staff supported people safely, but it took a long time to complete tasks such as personal care and meal support as there were not enough staff on duty. Staff minimised the risk of harm as they had training and a good awareness of how to keep people safe.

Staff had assessed people's needs and completed risk assessments. People received their medicines safely. People told us they had plenty to eat and drink but choice was sometimes limited. People's mealtime experience was inconsistent across the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice. This was because there were not enough staff on duty to enable people to choose the time they got up or received personal care or meals. People did not have a choice about how they spent their time as there were not sufficient staffing levels to provide a range of activities and engagement.

People said the staff were very caring and kind and treated them well. They told us staff maintained their privacy and provided the care they wanted. Staff spoke to people politely and with respect

Peoples records and plans were very person centred and important details and preferences considered. However, these could not be delivered in practice as there was not enough staff on duty to meet everyone's needs in a timely manner. People told us they felt bored and just sat around with nothing to do.

People felt the manager was doing a good job and they were aware of changes going on in the service. People did not have formal opportunities to give their views on the service but did feel confident to do so if needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published12 July 2018).

Why we inspected
The inspection was prompted in part due to concerns received about poor care practices in relation to hydration, nutrition and skin care. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and caring sections of this full report.

Enforcement
We have identified breaches in relation to staffing and person-centred care. The service did not have enough staff to meet people's needs in a reasonable time frame in-line with their preferences. People were not able to have control over how they spent their time and there was insufficient meaningful engagement. Please see the action we have told the provider to take at the end of this report.

Follow up
We will speak 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 with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

New Meppershall 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
Two inspectors and one assistant inspector carried out this inspection.

Service and service type
New Meppershall 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was in the process of leaving. The operations director, who is also the nominated individual, and clinical lead were currently managing the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, Healthwatch and three health and social care professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection
We spoke with thirteen people who used the service and one relative about their experience of the care provided. We spoke with thirteen members of staff including the provider, the nominated individual, the clinical lead, nurses, senior care workers, care workers, catering staff, and the activity co-ordinator. We also spoke with a visiting hairdresser. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

Requires Improvement

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 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.

Staffing and recruitment

● There were not enough staff on duty to meet people's needs in a timely way. For example, staff were still supporting people with personal care at 1pm as there were not enough staff to complete this support in a reasonable time frame. One person had still not been supported to brush their teeth by 11am. Staff told us they rotated who they supported to get up first so that it was not the same people in bed until 1pm each day.

● Staff told us there was a 'three tier' system at meal times in the main residential unit. Staff told us this was due to not having enough staff to support people at the same time. Staff served people who could physically go to the dining room first. Staff told us they then served people supported in bed who had chosen the main menu option followed then by people who had opted for the alternative menu option. This led to at least two people complaining of being hungry who did not receive lunch until after 2pm.

We found evidence that people were at risk of being emotionally but not physically harmed due to the consistent lack of choice and control over when they were supported with care needs and meals. There were insufficient staffing levels to meet people needs and preferences within reasonable time frames. This placed people at risk of further harm. This was a further breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. The clinical lead stepped in to support care and the manager confirmed staffing and performance was under review.

● The manager ensured they completed recruitment checks on all staff prior to them starting work. This included criminal records checks, references and employment history.

Systems and processes to safeguard people from the risk of abuse

● People's views on if they felt safe varied. Most people told us they felt safe because there were staff around, other people told us they had to wait a long time for staff to come.

● We observed that people being cared for in bed had access to call bells and people who were able to walk had emergency call alarms on a necklace. However, not everyone was able to work their alarm and people were sometimes left calling for staff who could not hear them. We discussed the call bell system with the manager who agreed to look into other systems for people who could not use their call bells. The manager was already aware of and reviewing call bell waiting times.

● Staff received training in safeguarding adults and the management team conducted observations of their practice to ensure they worked safely with people and supported them in ways that reduced the risk of harm

and abuse. The provider had policies around safeguarding people. Staff had a good understanding of how to keep people safe, how to report any concerns and were confident the management would listen and act on them.

Preventing and controlling infection

● Staff had completed training in how to reduce the risk of infection and they mainly followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

● However, we did observe two people with dentures placed on the side unit in their bedrooms instead of in a dish and one person had a used urine container left on their sideboard. We also observed one staff member went to different rooms and completed different activities wearing the same pair of gloves. We spoke with the clinical lead about these concerns, who acted quickly to resolve them and to prevent any further risk of infection.

Using medicines safely

● Staff administered people's medicines safely. We observed staff administering medicines and checked medicines against the records. All medicines were correct and records completed.

Assessing risk, safety monitoring and management

● The manager assessed all risks prior to people moving into the service and reviewed and updated these regularly. Risk assessments were very detailed and gave clear guidance for staff on how to approach people and what equipment they used. This detail included what type of footwear to avoid slips and trips and mobility aids.

Learning lessons when things go wrong

● The manager was very open about sharing lessons learnt with regulators, people, relatives and staff. There was an improvement plan in place which was updated and shared weekly detailing progress on actions following concerns raised by social workers regarding the care and management of the service.

Requires Improvement

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 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.

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

- The staff team completed detailed assessments of all areas of peoples care needs prior to them moving into the service. Part of this assessment included a person's history, likes and dislikes. Preferences and choice included detail such as the number of pillows they preferred, if they used hair products and make-up, favourite pastimes and food and drink preferences. This enabled staff to know the person well and deliver care in line with their preferred options and assessed risks.
- This information then informed care plans and risk assessments to guide staff practice ensuring staff supported people in ways that maximised their choice, rights and independence. For example, in-line with guidance around oral healthcare, one person's care plan detailed how to correctly care for their dentures, check for signs of ulcers and gum infection and the need to wipe their mouth extremely gently due to delicate skin and the risks of splitting the skin on the persons lips.
- While the provider had good systems in place for assessing people's needs and the new electronic system enabled clear care planning and guidance, staff did not always follow this in practice. This was in part due to continued staff development needs around how to use the electronic system effectively and in part to low staffing levels preventing the implementation of best practice.

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

- People told us the food was nice and had improved. They also confirmed they had plenty to drink and staff would bring them what they wanted when they wanted it. However, some people felt the choices were limited.
- Staff offered people drinks throughout the inspection site visit and amounts of food and fluids for people at risk of dehydration and malnutrition recorded on the electronic system. The amounts recorded matched daily records of what staff gave people and what we observed. People did not always manage to meet their daily target for fluids and staff mostly recorded the reasons. Detail of the records varied amongst staff and again this was an area of development the manager was already aware of and addressing.
- We observed meal times managed differently in different dining rooms. In one area it was very pleasant, with positive interactions, choice, attractive dining room and drinks offered. In another dining room, interactions were less positive, some staff rushed people who they supported to eat and staff did not offer everyone a drink until the end of the meal. We discussed this with the manager who was already in the process of addressing poor practice with a minority of staff members.

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

● Staff worked with a local hairdresser to come in twice a week and book appointments with people who wanted it. We saw people really got a lot from this, they opened up and chatted and laughed freely. People then proudly showed others their hair and asked their opinions. One person said, "The hairdresser is ever so nice, it gives you a boost."
● Health and social care professionals had mixed views about the service. Some concerns had been raised regarding the care and treatment of people and recording of health professional visits. Other professionals agreed the service had some areas for development but felt the care overall was good and the provider had worked with them proactively to make the required changes. We observed the manager and clinical lead working closely with health professionals and people told us they saw a doctor or a nurse when they needed to.

Adapting service, design, decoration to meet people's needs
● The home was clean and fresh with no unpleasant odours. The accommodation was clean and tidy and people told us the rooms were lovely. The bathrooms however were very clinical and uninviting and often held storage of equipment such as gloves and wipes.
● The home had a well-maintained garden on the ground floor and the second floor had a large open balcony with synthetic grass that gave the impression and feel of a garden. The plants on the balcony were dead and this made the experience less positive. One person told us how they loved to sit outside but have to wait for staff to take them downstairs as the balcony did not have flowers. We discussed this with the manager who had plans to encourage people to plant their choice of flowers and develop this area.
● The manager explained their plans to develop the dementia unit to make the environment better suited to the needs of people living with dementia. One the second day of our visit new signs had been installed and we discussed other plans such as to have contrasting colours on door frames and floors/walls and individualised front doors of each person's bedroom to help them recognise which room was theirs.

Staff support: induction, training, skills and experience
● The manager provided access to training for staff in all training required to successfully fulfil their roles. Managers had recently begun an eight-week programme of competence-based development. The manager encouraged staff to complete a diploma in health and social care if they did not already have a qualification.
● Staff told us they received a good induction including the opportunity to shadow more experienced staff members and time to read peoples care plans.

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.
● The manager had followed the process for assessing people's capacity and DoLS assessors been to meet with people. Other people were supported by their family who had been appointed power of attorney for health and finances.
● The manager gave staff access to training on the MCA. Staff understood about people's rights to make

choices and how decisions about capacity were decision specific.

Requires Improvement

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 remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were comfortable around staff and we observed lots of caring interactions, gentle use of touch and laughter. People really responded to the activities co-ordinator who was full of energy and ensured they spoke with everyone they met across both units and all floors. One person told us, "Staff are absolutely excellent." Another person said, "The staff that are washing and dressing you are very good."
- Staff treated people with care and took a slow gentle approach to explain what was happening and how to move when supporting people to mobilise using equipment. Staff ensured each person who wanted to could book in with the in-house hairdresser and access the salon to get the full experience. People responded positively to this and especially when offered to care for their nails too.
- However, while staff were caring in nature and their approach, the systems in the service did not allow for good care. People were unable to choose when to get up, when to receive personal care or how to spend their time. Care delivered was not in-line with peoples risk assessments, assessed needs or preferences as there were insufficient numbers of staff on each shift to deliver this.

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

- People told us they did not know what their care plan said but they made day to day decisions about their care. One person told us, "Staff do everything I want the way I want it not the way they want it."
- We saw evidence staff reviewed care plans monthly or sooner if people's conditions changed but there was no evidence people and their relatives had been involved in that process. Staff did update care plans and risk assessments following a review. We discussed the benefits of this with the manager and clinical lead. The manager told us health and social care professionals conducted formal six-monthly reviews with people and their relatives but this was also not evidenced. Health and social care professionals were currently reviewing peoples needs as a result of previous concerns raised about care and records.

Respecting and promoting people's privacy, dignity and independence

- One person told us staff showed them respect and upheld their privacy shutting their door when by themselves. However, another person told us how some staff did not always shut their bedroom door when providing personal care in their bed. People told us staff knew them and knew what they liked and treated them with dignity in how they spoke to them. One person said, "Oh yes, staff are very polite."
- Most people required some degree of support but staff did encourage people to do what they could for themselves in terms of mobility and eating and drinking.
- People's relatives and friends were free to visit unrestricted and made to feel welcome in the service. People could visit with their friends and family privately or in communal spaces.

● Staff understood how to maintain privacy of information and held peoples records securely. They understood how to maintain confidentiality and had received training in this area.

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

- There were not enough staff to support people's individual needs in a timely manner. Staffing levels were not sufficient to meet peoples assessed needs in-line with their preferences. People said the staff did not have enough time to do activities and talk with them and they felt bored.
- Inspectors only observed one activities co-ordinator working, who people reacted very positively towards but they could not support the social and emotional needs of 71 people. The provider told us there were three activities co-ordinators employed. Staff told us they felt they did not have enough time to support people beyond their physical care needs.
- Staff did not actively encourage people to follow their pursuits and interests and people told us they did not have contact with friends or the local community or groups they used to attend prior to moving in to the service. Listed activities in one area of the main unit and in the dementia unit were from June and so staff did not inform people of current options.
- People told us they had nothing to do and were often bored. One person said, "This morning people were making signs for the summer fete. I have always been a member of the women's institute and of the flower club. But I haven't been since I've been here, I haven't done any of it. I love flower arranging. But no one seems to have anything to do here." Another person told us, "It is a bit boring sometimes, you know, mostly it is watching television. Very rarely do we play games."

We found no evidence that people had been emotionally or physically harmed due to the consistent lack of meaningful engagement and control over how they spent their time. However, there were insufficient staffing levels to meet people needs and preferences within reasonable time frames. This placed people at risk of emotional and physical harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during the inspection. The clinical lead stepped in to support care and the manager confirmed staffing and performance was under review. An action plan was in place as well as an eight-week training programme for managers to develop skills.

- People gave very positive feedback about the staff and how they support them. The home had a summer fete during the inspection process. The provider told us one person had commented it was 'the best day of their life.' Some people chatted to other people living in the service and we observed relatives visiting freely.

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.

● Most people communicated verbally. Staff arranged for large print documents and pictures for people who needed this to communicate. Staff showed patience and use of clear simple English for people who were partially deaf or who got confused. One person told us staff had gotten them a magnifying glass for their room to enable them to read.

Improving care quality in response to complaints or concerns

● The provider had a complaints system in place and we saw they responded to these. Relatives also had the opportunity to raise complaints at relatives' meetings. Minutes of a recent meeting showed concerns about insufficient staffing levels, communication and people who could not access call bells fully discussed. However, relatives told us they still felt the service did not listen and previous management were defensive. We spoke to the current manager about these concerns and they were in the processes of reviewing and making improvements.

● People, relatives and staff all said they knew how to make a complaint and were confident to do so. One person told us, "I wouldn't complain directly to the staff member concerned but I would speak to another staff member or the manager to complain."

End of life care and support

● People who received end of life support had their needs fully assessed and an end of life care plan was in place. Pain assessments were in place to ensure people were as comfortable as possible. Staff ensured people had access to health service support and pain relief medicines were prescribed and monitored.

● Staff were caring in the way they spoke with people and touch was gentle. One person supported with end of life care in bed, confirmed staff supported them to re-position themselves in bed enough times to be comfortable. Another person told us staff supported their religious beliefs. For people who had chosen not to be resuscitated in the event they stopped breathing, certificates for this were on their records. The service used a discreet colour dot system on care records to denote this.

Requires Improvement

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 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.

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

- The manager shared an improvement plan with us which included development of the management team. One staff member told us, "I think the team is a brilliant team, they are friendly and the majority are hardworking, when I started I didn't feel like a new starter I was part of the team straight away." We could see the change in management had a positive effect on the delivery of care. Best practice was still being developed amongst the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and owner were both very open about the concerns that had been raised by social workers and the outcomes. They shared regular updates to their improvement plan with all involved and staff were also aware of the changes and lessons learnt.
- The manager displayed the rating of their most recent inspection in the service and reported all incidents or accidents to the local authority and CQC.

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

- The service was in the process of changing the registered manager at the time of the inspection. The operations manager was currently managing the service along with the clinical lead. The operations manager had a good knowledge of the role and legal requirements as well as local policies and procedures. The clinical lead had a good knowledge of people and their conditions and was in the process of learning about the management role.
- Staff understood their roles but were going through a period of change and developing their skills in terms of report writing and learning how to best use the electronic care planning system. This had some impact on the clarity and consistency of record keeping.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt able to speak up and could contribute through regular staff meetings and one to one supervision sessions.
- People told us there were no formal meetings to seek their views about the service but they felt happy to

speak up if they had a concern. People spent their time within the premises unless relatives took them out. Except for the hairdresser, there were no links with the community to build on relationships, resources and opportunities.

● The manager held regular relatives' meetings which gave relatives the opportunity to share their experiences and views about the service. There were mixed views by relatives in regard to the effectiveness and outcome of these meetings but minutes showed some changes were made as a result of the discussion.

Continuous learning and improving care

● The manager had created a training programme for managers. Managers were in week three of eight at the time of the inspection.

● The manager explained how they used examples of best practice from other services to better improve New Meppershall. One example was a system for improving communication. The staff team were learning the most effective way to utilise the electronic recording system to record information in real time.

Working in partnership with others

● The manager worked well with various members of the local authority and clinical commissioning group as well as health professionals to review and improve the lives of people receiving care. This had resulted in improvements in the recording of care notes especially in relation to fluids and nutrition and skin care.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care There were insufficient staffing levels to enable people to have choice and control over how they spent their time in line with their preferences. There was insufficient support for meaningful engagement and to pursue hobbies and interests This placed people at risk of emotional harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staffing levels to meet people's care needs in line with their preferences and within reasonable time frames. This placed people at risk of physical and emotional harm.