Herrington Mews Ltd

# The Mews Care Home

## Inspection report

South Burn Terrace
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Tyne and Wear
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Tel: 01915120097

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12 November 2018
15 November 2018

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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

This inspection took place on 12 and15 November 2018. The inspection was unannounced. This meant that the provider and staff did not know we were coming.

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 Mews Care Home is registered to provide residential care and support for up to 46 people. At the time of our inspection 43 people were living at the service.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the service was rated, 'Good'. At this inspection the service had deteriorated to 'Requires improvement.' This is the first time the service has been rated 'Requires improvement.'

The service did not always ensure safeguarding issues were identified and responded to appropriately. Following our intervention, the provider took action to address this matter. Accurate and up to date records were not maintained to ensure people, staff and visitors remained safe. The service did not ensure Disclosure Barring Service (DBS) checks were followed up in a timely manner to ensure vulnerable people were supported by suitable staff. Care plans contained conflicting and inaccurate information. Mental capacity assessments and best interest decisions did not always have the involvement of the person, relatives and health care professionals. The provider's quality assurance systems didn't identify the issues we found during our inspection.

People were not always supported to have maximum choice and control of their lives and to maintain their independence. Staff did not support them in the least restrictive ways possible. The policies and systems in the service did not always support this practice.

The service was clean and there were systems in place to protect people from the risk of infection. Health and safety checks were conducted regularly.

Appropriately trained staff safely managed medicines. People had access to health care professionals when necessary.

People and relatives were complimentary about the care and support given. When supporting people, staff treated them with dignity and respect. People were encouraged to be as independent as possible.

Staff felt supported and received regular training, supervision and an annual appraisal.

People had access to a range of activities and entertainment. People were supported to maintain relationships and links to the local community. Staff supported people to practise their religious beliefs.

The provider had a complaints process in place and investigated concerns raised. The provider actively sought feedback from people, relatives and external healthcare professionals.

Staff were positive about the registered manager. Staff told us they felt able to raise concerns and were confident issues would be addressed.

The service worked closely with the local authority commissioners, safeguarding teams, social work teams and external healthcare professionals.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

The service did not always mitigate against identified risks and records were not well maintained.

People were not always protected from potential abuse. Safeguarding issues were not always identified and acted upon in a timely manner.

Medicines were managed safely.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The service did not always work within the principles of the Mental Capacity Act 2005 (MCA).

Training and development was up to date.

People had access to healthcare professionals.

### Is the service caring?

**Good**

The service was caring

People and relatives told us staff were kind and caring.

When supporting people staff treated people with dignity and respect.

Staff knew people and their relatives well.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Care records we viewed contained conflicting information.

People told us they enjoyed the activities.

A complaints process and procedure was in place. People we spoke with had no complaints.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Although there was a system of quality assurance and audit, the service failed to identify the issues we found at our inspection.

People and relatives, we spoke with were complimentary about the registered manager.

Feedback was regularly sought from people, relatives and external healthcare professionals.

# The Mews Care 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 was planned to check 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.

This inspection took place on 12 and 15 November 2018 and was unannounced. The inspection team was made up of an adult social care inspector, an expert by experience and a specialist advisor in nursing care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also undertook general observations, looked around the service and visited people's bedrooms with their permission.

We examined documents relating to recruitment, supervision, training and development records and various records about how the service was managed. We looked at care records for four people who used the service.

We spoke with nine people who lived at the Mews Care Home, five relatives, the registered manager, the operations manager, the head of operations, one nurse, one team leader, five care staff members, one activities co-ordinator, an administrator and two kitchen staff.

Requires Improvement

# Is the service safe?

## Our findings

The registered manager did not always demonstrate an awareness and understanding of the risk of abuse. A safeguarding matter had not been appropriately managed by the service. The registered manager had failed to keep accurate and up to date records and risk assessments had not been developed to ensure people using the service, staff and visitors remained as safe as possible.

The provider had systems in place to investigate and record safeguarding issues. We found two incidents within care records which had not been identified as safeguarding concerns and had not been investigated or alerted to the Police. The provider advised they would address this matter.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled Safeguarding service users from abuse and improper treatment.

Individual risks to people were not always identified. One person was unable to use the nurse call system; however, this had not been identified as a risk for the person. No risk assessment was in place to reduce the risk this posed to the person. We found in the upstairs dining room a metal kettle was left full of boiled water, no staff were present in the room. The exterior of the kettle was extremely hot to touch. People living with dementia had access to the room and the kettle. This hazard had not been identified by the service. We discussed our findings with the registered manager who addressed the matter. General risk assessments for the environment and premises were in place.

The provider continued to operate a thorough recruitment process with full employment and a Disclosure Barring Service (DBS) check conducted prior to staff commencing work. DBS checks help employers to make safe recruitment choices.

Staff were required to complete an additional three-year DBS check. We found this process was not as robust as the initial recruitment process. The service had a system that advised when a DBS was issued. It prompted the service to view the certificate if new information was recorded. New information could be a caution, conviction or information that the DBS deem relevant. We found on two occasions the service had not carried out a risk assessment regarding the information in a timely manner. One DBS check was received on 2 July 2018 and was not risk assessed until after our inspection on 14 November 2018 following discussions with the registered manager. Another DBS check was received on 23 October 2018 and the risk assessment was completed 12 November 2018. The service did not take appropriate interim measures to minimise any risk to people using the service whilst the matter was assessed. On both occasions the staff members continued to work unsupervised during the periods before was any potential risks were assessed.

We discussed the importance of reviewing such information once available and accurately recording details in the risk assessment. Following the inspection, the provider reviewed its processes and made changes to ensure appropriate information was recorded.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 entitled Fit and proper persons employed.

The provider ensured people had a safe environment to live in. Certificates relating to the premises and equipment were monitored and up to date. Health and safety checks were regularly completed. Systems were in place to prevent the risk of infection. Staff had access to personal protective equipment, such as gloves and aprons.

Fire safety systems were serviced and audited regularly and staff had completed fire safety training. Plans were in place to deal with emergencies. Personal emergency evacuation plans (PEEP) contained limited information to support staff. However, one person's PEEP stated the person required a wheelchair to mobilise in an emergency, however when we spoke to the nurse they told us that the person was 'bed bound.'

The registered manager continued to record and review accidents and incidents. The provider had systems in place to review information to identify themes and trends with lessons learnt from many areas including accidents and incidents and safeguarding matters.

People and relatives we spoke with told us there were enough staff available to support people. One person told us, "I think there are plenty of staff - I just need to put my head out of the door and can catch someone." Staffing levels were assessed using a dependency tool, which was calculated according to each person's individual level of need and this was regularly reviewed.

Staff continued to safely manage and administer medicines as prescribed. Medicines records we viewed were up to date and accurate. The service conducted regular audits and staff had completed training in the safe handling of medicines and their competency had been regularly reviewed.

Requires Improvement

# Is the service effective?

## Our findings

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 with appropriate legal authority. 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.

Appropriate applications for DoLS had been made to the local authority where necessary. It was not always clear within people's care plans if people had capacity to make their own decisions. Two mental capacity assessments we viewed had not been fully completed. Best interest decision documentation had been made by one staff member and had not involved people, staff and external healthcare professionals involved in their care. One person's care plan referred to the person lacking mental capacity to make decisions however no mental capacity assessment had taken place. On our second day the registered manager had begun reviewing people's mental capacity assessments.

One person's care records reported different family members were legally responsible for decision making and holding Lasting Power of Attorney (LPA). The service had not obtained a copy of the legal LPA document and the registered manager was unable to tell us who was responsible and if it was for finance or care and welfare.

Consent forms we viewed had been signed by relatives. No information was available to show when people had their relatives act on their behalf and held the appropriate LPA for care and welfare. The quality assurance system had not picked up the issues we found in relation to MCA assessments, best interest decisions and consent forms.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled Good governance.

People's needs were assessed before they moved into The Mews Care Home to ensure the service had the appropriately skilled and experienced staff and had the equipment in place to support people safely.

The service ensured staff had the appropriate skills and knowledge to carry out their role. Training was monitored and was up to date or planned. We observed a moving and handling session. The trainer was

energised in their delivery and staff responded enthusiastically. One person told us, "The carers are always doing training, in particular handling and lifting training which is really good."

The service had made improvements to the environment and bathrooms had been decorated. Some signage was available for people living with dementia to orientate around the service and enable them to identify toilets and bathrooms. However, this was not present throughout the whole service. People's bedrooms had a door which resembled a front door with a number and letterbox, their name and the room number was on the wall next to the door. The registered manager advised us that the service had obtained additional signage and it was about to be put in place.

People told us they enjoyed their meals. One person said, "It is wonderful in here, the food is good." One relative told us how they often stay and have their lunch with their family member. They said, "The food is good and I can have a meal whenever I want." We observed lunch in both dining rooms. People had access to equipment to support them to enjoy their meal independently. Kitchen staff we spoke with had knowledge of people's special diets and preferences.

People were supported to maintain their health and well-being. The registered manager worked closely with external healthcare professionals such as community nurses and GPs. Guidance they gave was adapted into people's care records. We spoke with two external healthcare professionals and both were positive about the service. One professional told us, "I trust all the staff. You see the same faces and they know the people they care for well."

Good

# Is the service caring?

## Our findings

People and relatives told us staff were kind and caring. One person told us, "They are lovely great girls." A relative said, "Nothing but praise, the management set the culture, my wife wants for nothing - the girls love her to bits." Another relative told us, "It is a caring atmosphere and I feel a weight off my shoulders my [family member] is in good hands," and "everyone is so kind and make me feel welcome when I visit."

People told us they were treated with dignity and respect. One person told us, "I am well treated, well looked after and respected. They really look after me here. When I need any help I just use this buzzer and there here straight away."

We observed many kind interactions between staff and people living at the service. When passing by people's room, staff checked on people's welfare and enquired if they needed anything. One person told us, "They are cheerful and happy - always wave to me." Staff clearly knew people well and engaged in conversations with people about their families and interests.

Whilst staff were respectful to people face to face; during discussions with staff, they did not always refer to people in a dignified manner and used terms that were based on tasks. We discussed our findings with the registered manager who addressed the matter on the day of the inspection. They assured us that what we heard was an isolated comment and not common practice.

Staff supported people to be as independent as possible. One staff member told us how they supported people with personal care. They said, "The person takes the lead. I encourage them to do as much as they can."

The provider had an equality and diversity policy however this only referred to employees. The head of operations told us this was currently being reviewed. People's care assessments gathered information about all the characteristics of the Equality Act which enabled the provider to protect all from discrimination.

People and relatives told us they were involved in decisions about their care and support. Relatives told us that they were made welcome when they visited.

Information regarding advocacy services was available to people, relatives and visitors. When required the service supported people to access advocacy services. An advocate is someone who represents and acts on a person's behalf and helps them make decisions.

Requires Improvement

# Is the service responsive?

## Our findings

Care plans were developed around people's needs. Care plans we looked at were brief and more task based, with less specific information to guide staff. We noted that the care records we viewed contained inaccurate or conflicting information. Another person had type 2 diabetes but the diabetes protocol stated type 1. We found one person's Malnutrition Universal Screening Tool (MUST) was incorrectly calculated. Another person's MUST had "unable to weigh as poorly" recorded on the 'Weekly Weight Record' on eight occasions. Within that period the service had not attempted to obtain an alternative measurement to calculate BMI.

The head of operations advised that clinical data such as weights were compiled and a monthly report was sent for analysis. The registered manager would receive actions to complete if necessary.

Care plan audits were not conducted regularly. The service had only completed 12 care plan audits over the last year. The registered manager sited this was due to the loss of the deputy manager. We noted one person's care plan we had reviewed had been audited by the registered manager. The issues we highlighted in that care plan had not been identified by the registered manager.

The Accessible Information Standard (AIS) was introduced in July 2016 and states that all organisations that provide NHS or adult social care must make sure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We asked the registered manager how the service had implemented AIS. They told us they were not aware of AIS. The registered manager advised that if people asked for large print it would be provided. We noted one person was unable to read or write. We asked the registered manager what was in place to support the person. They advised that staff discussed the person's support with them. No guidance was in place to ensure this happened.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled Good governance.

The service continued to offer a range of activities for people living at the service. Morning and afternoon sessions were held and people were encouraged to take part. Many people chose to remain in their own room. The activities coordinator told us, "I tried at first to coax them but realised they were happy enough. I try as often as possible to speak to them for a few minutes."

Activities available included colour therapy, film night, card games, painting nails, gardening and visits by the therapy dog, local primary school choir and clothes party. Entertainers also regularly attended the service. The service used volunteers to support with activities which enabled more people to have one to one time. Staff supported people to maintain their religious beliefs and representatives from the Church of England and Catholic Church visited the service.
The service utilised technology to promote people's health and wellbeing. Wi-Fi was available throughout the service. One person was supported to communicate with a relative in Canada via Skype.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had completed end of life training. The service had received many thanks from relatives for the compassionate and caring support their family member received.

Complaints raised continued to be managed effectively. Concerns were investigated and reviewed. People and relatives, we spoke with told us they would speak to the registered manager if they had any concerns. People and relatives, we spoke with told us they had no complaints and were confident concerns would be addressed by the registered manager.

Requires Improvement

# Is the service well-led?

## Our findings

The provider did not have effective systems in place to ensure it could monitor and assess the quality of the service. Audits carried out covered areas such as care records, medication, infection prevention and control and catering. Operational visits were also conducted, including assessing the following areas, accidents, nutrition, safeguarding, complaints and staffing.

We questioned the effectiveness and quality of the audits as the service had unsuccessfully identified the issues we found during this inspection including failure to identify safeguarding issues, inaccuracies in care plans, MCA documentation not completed appropriately and the lack of a timely response to DBS information.

This was also a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider took immediate action and addressed a number of issues, reviewed policies, developed risk assessments and engaged with other agencies to gather information to ensure people, staff and visitors to the service were as safe as possible.

Relatives and people told us the home was well-led. One relative said us, "The staff do a great job." Another relative said, "Very approachable manager - made very welcome when visiting the home initially."

The registered manager had worked in partnership with a number of external agencies on new initiatives including skin integrity and the use of National Early Warning Score (NEWS) tool. The service was provided with equipment to obtain records of people's oxygen levels, heart rate, blood pressure, temperature and level of consciousness. This information provided a NEWS which was recorded on a provided computer tablet. The service received two awards for recognition of its use of the NEWS tablet.

There was a registered manager in place. They had a visible presence about the service and engaged with people as they went about their duties and clearly knew people well. We observed they also had a good rapport with people's relatives.

Staff worked well together to ensure people's needs were met. Staff we spoke with told us they were happy to work at the service. Regular team meetings were held and staff had the opportunity to discuss the development of the service. The service actively sought feedback from people using the service, relatives and external health care professionals. An external healthcare professionals survey conducted in January 2018 was positive. Comments included, "Staff very helpful and courteous," and, "I have a nice relationship with the staff who are always helpful, knowledge and friendly." A resident and relatives survey carried out in July and August 2018 was also positive. 43 questionnaires were sent out with 12 returned.

People were supported to maintain links with the local community. Staff supported people to make use of local shops and parks.

The service worked in partnership with the local authority, external healthcare professionals, GPs and social services to ensure that people received joined up care and support.

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<br><br>Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The service did not ensure it worked within the principles of the Mental Capacity Act 2005 (MCA). |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The service did not have effective systems to ensure people were protected from the risk of abuse.<br>Regulation 13(3) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The service did not have effective systems and processes to assess, monitor and improve the quality and safety of the service.<br>Regulation 17(1)(2) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The service failed to respond in a timely manner to information disclosed on DBS checks and take appropriate interim measures to minimise any risk to people using the service. |

Regulation 19(5)