

Minchinhampton Centre For The Elderly Limited

Minchinhampton Centre for the Elderly - Horsfall House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Minchinhampton Centre for the Elderly – Horsfall House is a residential care home providing personal and nursing care to up to 44 people. The service provides support to older people and people who live with dementia. At the time of our inspection there were 41 people using the service.

People were accommodated in one adapted building in two separate units. Each unit could support 22 people. One unit provides general nursing care and the other specialises in providing care to people living with dementia.

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

Environmental risks had been assessed but records relating to these did not always provide the information needed to show the provider had taken sufficient action to reduce or mitigate risks.

People's care records did not always reflect the support staff told us they provided to keep people safe. This meant staff may not always have access to the information they require to reduce or mitigate people's risks.

Robust staff recruitment processes had not always been followed to ensure safe recruitment of staff took place.

The provider had not ensured effective systems were in place to assess, monitor and improve the service and to ensure compliance with necessary regulations.

The required notification had not been made to us (the Care Quality Commission) when Deprivation of Liberty Safeguards (DoLS) had been authorised. This is required to support the monitoring of legally authorised DoLS. However, where required appropriate application to the local authority for DoLS had been made. Staff worked within the principles of the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff employed to meet people's care needs and to keep people safe. Successful staff recruitment had led to a reduction in the use of agency staff.

There were arrangements in place to protect people from abuse and discrimination and to identify poor practice and act on this.

We made a recommendation about a practice which could be open to abuse.

People's medicines were managed safely. There were arrangements for medicines to be reviewed by people's GPs. People told us they felt safe and well cared for and their relatives were satisfied with the care

provided.

The registered manager provided strong leadership and support to the staff team. They were visible and available to people and their relatives for support and advice. Staff worked collectively across the care home to support good outcomes for people.

The service worked closely with commissioners of care and the provider's day care services to ensure people could access the service as required. There were strong links with local primary healthcare services, community leaders and community groups to improve the quality of the service provided to people.

The provider was motivated to make improvements to the service and provided us with an update on their proposed actions for improvement. These actions related to safeguarding people from abuse, fire safety, Legionella risk, maintenance and safety checks (including relevant records), staff recruitment, submission of notifications to CQC and quality monitoring systems and processes.

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 (published 7 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

We sought some immediate information from the provider following our inspection on what action they will take to mitigate risks.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. For those key questions not inspected, we used the ratings awarded at the last rated inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Minchinhampton Centre for the Elderly – Horsfall House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to records pertaining to the management of people's and environmental risks, staff recruitment, notifications of authorised Deprivation of Liberty Safeguards and the provider's governance and quality monitoring processes at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Minchinhampton Centre for the Elderly - Horsfall 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Minchinhampton Centre for the Elderly – Horsfall House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Minchinhampton Centre for the Elderly – Horsfall House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 10 October 2022 to help plan the inspection and inform our judgements.

We sought feedback from the local authority and reviewed information we have received about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who use the service and 2 relatives to gain their views of the service provided. We spoke with the registered manager, operations manager, 1 unit manager, 3 nurses, 4 care staff, 2 housekeepers, the activity co-ordinator, 2 maintenance staff and 1 work experience student. We gathered feedback from 1 health care professional. We reviewed 3 people's care records and records pertaining to 6 people's medicines administration. We looked at other records pertaining to the management of medicines including for medicines administered covertly (hidden). We reviewed records relating to the Mental Capacity Act and best interest decisions.

We reviewed records relating to the management of the service which included, 4 staff recruitment files, safety checks, maintenance records, risk assessments, audits, accidents and incidents and staff training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question as good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- People's records did not always reflect the support staff told us they provided to keep people safe, for example when mobilising or keeping their skin healthy. This meant staff might not have all the information they needed to keep people safe and the nurses could not judge whether the care they had planned for people was effective.
- Environmental risks such as fire and legionella had been assessed. However, records were not available to show all the control measures the provider had taken to mitigate the risks identified.

Records relating to people's care and the management of the service were not always available and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had assessed risks to people these included risks in relation to mobility support needs, malnutrition and the risk of developing pressure ulcers.
- Staff we spoke with were aware of the risks to people and what they needed to do to keep them safe from harm.

Staffing and recruitment

- Recruitment records for newly employed staff did not include all the relevant information to show a robust employment process had taken place to ensure fit and proper persons were employed. Recruitment folders did not include interview details to show how candidates had been considered suitable for a role. Applicants had not always provided a complete employment history and these gaps in employment had not been explored.

The provider had not maintained appropriate recruitment processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks had been made with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions. Profiles were in place for staff supplied to the service by an agency.
- We found there were enough staff employed to meet people's care needs. This was reflected in our observations. We asked people about the availability of staff when they used their call bell. One person said, "They (the staff) come and see me quite often" and another person said, "I feel comfortable. It's important at

night." Other comments included, "It depends on how busy they are and how short staffed they are" and a member of staff said, "We struggle to source carers, we have 5 in the morning instead of 6."

- The registered manager confirmed sourcing staff at times had been challenging but the service always operated safe staffing numbers to ensure care needs and the safety of people was always prioritised. They explained there had been recent successful staff recruitment which had helped with staff deployment and reduced the services usage of agency staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- CQC had not been informed as required when people's DoLS applications had been authorised. This is required to support the monitoring of legally authorised DoLS.

The provider had failed to submit statutory DoLS statutory notifications to the CQC. This was a breach of Regulation 18 (Notifications) of the Care Quality Commission (Registration) Regulations 2009.

- We found the service worked within the principles of the MCA and where needed; appropriate legal authorisations were in place to deprive a person of their liberty. There were no additional conditions related to the DoLS authorisations currently in place. One person's representative said, "I went through the DoLS with a lady from the DoLS team."

- The registered manager worked with the local authority to ensure best interest meetings and mental capacity assessments were in place to support decisions made about people's accommodation and care and treatment.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed relevant training and knew how to report their concerns.

- Senior staff knew how to escalate safeguarding concerns and how to report relevant information to external agencies who also have safeguarding responsibilities, such as the local authority, police and us (the Care Quality Commission).

- Incidents which involved the safeguarding of people were investigated and action taken to protect people from harm and reduce the likelihood of similar occurrences.

- We sought assurances from the registered manager, regarding bolts seen on people's bedroom doors on the dementia care unit as we were concerned these could be open to abuse. We were told these were only used when people were not in their bedrooms, to prevent people who walked with purpose, from disturbing the belongings of others. When supporting one person to go back to their bedroom to collect a belonging the member of staff said, "I won't lock you in I promise."

We recommend the provider take advice, from a reputable source, about alternative ways of protecting people's belongings.

Using medicines safely

- People's medicines were managed safely, and relevant records showed people received their medicines as prescribed. A health care professional confirmed people's medicines were reviewed and administered as prescribed.
- Staff who administered medicines had received appropriate training. This included the administration of end of life and use of a syringe driver.
- People who were unable to consent to receive medicines which they needed to maintain their health, had been assessed under the MCA and best interest decisions had been made on their behalf about their medicines. This included when medicines needed to be administered covertly (hidden in food or drink).

Preventing and controlling infection

- Staff were observed not to always be following national guidance and wearing their face masks correctly. The registered manager addressed this immediately with staff during the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no visiting restrictions in place and people were able to receive visits from family and friends as they wished. Managers preferred visitors to tell them when they were due to visit so visits could be safely supported but ad-hoc visits were also supported.

Learning lessons when things go wrong

- The circumstances leading up to, for example, a fall or incident involving behaviour which caused distress or harm to others, were reviewed so learning could be taken and to ensure the risk reduction actions in place remained effective.

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 our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. 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.

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

- Some systems and processes to assess, monitor and improve the service were in place. However, these required further development to be fully effective.
- The provider had not set out a comprehensive schedule of audits for the registered manager to complete each month. Quality assurance systems had not identified the gaps found during the inspection in relation to recruitment, notifications of Deprivation of Liberty Safeguards and health and safety records.
- Where concerns had been identified, for example, through legionella and fire risk assessments, action had not been taken in a timely manner to address the shortfalls.
- The provider had identified that peoples' records needed improvements but at the time of the inspection this work was still to be actioned.

The provider had not ensured good governance of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The Chair of the Board of Trustees visited the service regularly to meet with the Operations Manager and speak with people who used the service. There were monthly Board of Trustees meetings. A monthly report was submitted to the Board of Trustees by the Operations Director prior to their monthly meeting, so they were operationally informed.

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

- The registered manager promoted an open and inclusive culture, which included people who used the service, their relatives and the staff. One relative told us they received as much support as their relative did from the staff.
- Staff worked as one team to support good outcomes for people and to support their relatives. A relative said, "The reception staff are brilliant. They have become friends as has (name of registered manager)."
- A health care professional told us the registered manager and unit staff knew the people they looked after very well.
- Staff told us about the care they provided to people which demonstrated they knew people well and as individuals. A member of staff said, "I love what I do, and I am very lucky to hear their (people's) histories, where they are from and who they are." One person said, "They (the staff) are exceptionally kind and helpful. They ask me if I want things. They think of things" and another person said, "Excellent, very good to me. They

(the staff) come and clean me up when I'm poorly."

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

- A satisfaction survey was being completed with questionnaires from people who used the service and their relatives, due to be returned by 12 December 2022. This information would then be collated and acted on where needed, as part of the provider's quality assurance. A relative confirmed a family member had received a questionnaire.
- Formal relative meetings had not taken place since before the pandemic but were due to be resumed. Communication with relatives and opportunities for relatives to feedback had been maintained by other means such as, through regular telephone calls, emails, use of virtual meetings and memos.
- Team meetings had been held although a member of staff said, "We haven't had team meetings lately because of the new management roles and the new computer system as this is getting up and running." The registered manager confirmed meetings still took place between them and senior unit staff, as well as with other departments. The registered manager was looking at reinstating planned heads of department meetings which had taken place prior to the pandemic.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities regarding this.
- Relatives confirmed staff contacted them with updates about their relative's health or following an accident or incident. One relative confirmed they had been informed about an incident which had involved their relative.

Continuous learning and improving care

- The registered manager belonged to forums which helped her to remain updated and informed by participating in various webinars.
- Staff received support and training from a local hospice to keep their knowledge and skills up to date in end of life care. Staff also worked closely with and took advice from the supplying Pharmacy so continuous learning took place and processes were improved.

The provider was motivated to make improvements to the service and provided us with an update on their proposed actions for improvement. These actions related to safeguarding people from abuse, fire safety, Legionella risk, maintenance and safety checks (including relevant records), staff recruitment, submission of notifications to CQC and quality monitoring systems and processes.

Working in partnership with others

- The care home staff worked closely with staff in two of the provider's other services, which was a day centre and home care service, so people could access the support of the care home when needed.
- There were close community links with local GPs, hospitals and commissioners which also supported access to the service and better outcomes for people when using the service.
- Pastoral support for people and their relatives was available through close links with the local Church. A staff support scheme was also in place where all staff and their families could access free and confidential 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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had failed to make notification to the Care Quality Commission on receipt of authorised Deprivation of Liberty Safeguards.</p> <p>Regulation 18(4B)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established effective systems to assess, monitor and improve the quality of the service and to ensure compliance with requirements.</p> <p>Regulation 17(1)</p> <p>Records relating to people's care and the management of the service were not always available and complete.</p> <p>Regulation 17(2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not maintained appropriate recruitment processes to ensure people were protected from unsafe staff recruitment decisions.</p> <p>Regulation 19(2) & 19(3)</p>

