

Lifetimecare Uk Ltd

Mewsbrook House

Inspection report

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Date of inspection visit:
21 February 2023

Date of publication:
17 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mewsbrook House is a 'care home'. It is registered to provide care and accommodation, including nursing care, for up to 50 people and there were 46 people living at the home when we inspected. The service was providing care for a wide range of care needs including older persons, dementia, mental health, substance misuse and physical disabilities.

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

The required improvements had been made since the last inspection in respect to the environment of the service and acting on the outcomes of quality audits.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring people were cared for in a person-centred way and the provider learned from any mistakes. Our own observations and the feedback we received supported this.

The environment of the service had been improved and was pleasant and enabled people to mobilise and orientate themselves around the service. Staff had received appropriate training and people received good care that met their needs and improved their wellbeing. The staff team were dedicated and enthusiastic.

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were enough staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff. People enjoyed the food and the provider acted on their feedback in relation to how the service was run.

People received medicines safely. The service was clean, hygienic and a pleasant environment to spend time in. People's care plans were up to date and accurately reflected their needs. People were able to receive visits from their relatives and there was a programme of activities to support their well-being.

Staff worked collaboratively with outside agencies such as the local authority and healthcare professionals. People were protected from harm and abuse, as staff knew how to safeguard people and what procedures they should follow. Complaints were responded to appropriately and people's wishes at the end of their life were respected. People were able to express their views and had their dignity, independence and privacy promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service, and to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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.

Follow up

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 safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Mewsbrook 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

The inspection was completed by one inspector.

Service and service type

Mewsbrook 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. Mewsbrook 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). 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 all this information to plan our inspection.

During the inspection

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 spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included 12 care plans. We spoke with 5 people living at the service and 1 visiting relative. We also spoke with 7 members of staff, including the registered manager, a registered nurse, care staff, administration staff and ancillary staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

At our last inspection, the provider had not ensured the premises were well maintained or well presented. People were protected from the risks of infection, however the home was not always clean and well maintained. This was a breach of regulation 15 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At the last inspection, the premises were safe, but were not well maintained or well presented. We saw that improvements had been made. Extensive work had been carried out at the service and the environment was clean, pleasant and well maintained.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs. For example, some people were at risk of falls or choking. Their care plans contained comprehensive and specific details for staff on how to manage these risks.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.

Visiting in care homes

People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Specific details and any follow up measures to prevent a re-occurrence were recorded. Any subsequent action was shared and analysed to look for any trends or patterns.
- People said they felt safe and they had no concerns around safety. One person told us, "I'm not worried, I'm very safe."
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if anyone witnessed or suspected abuse was displayed around the service.

Staffing and recruitment

- The deployment of staff met people's needs and kept them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- People and staff told us the service had enough staff to keep people safe. One person told us, "There all around the place the staff are." A member of staff said, "I think we have enough staff, we're a good team."
- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Using medicines safely

- Registered nurses were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate. They also showed us how they ensured that stock levels of medicines were accurate. People told us they had no concerns about their medicines.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- Medicines were stored appropriately and securely, in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received relevant training in looking after people. They were knowledgeable of relevant best practice and regulations. Staff supported people with confidence and professionalism. A member of staff told us, "The training is good and [registered manager] is always pushing us to do more."
- Systems of staff development including one to one supervision meetings and annual appraisals were in place. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice was sought from healthcare professionals on how people's diets should be adapted to suit them. Information was available in the kitchen to ensure people received appropriate drinks, meals and snacks.
- Where people were at risk of malnutrition, food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.
- People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. One person told us, "I'm enjoying it today, it's a roast."
- People's needs were assessed before they moved into the service. This allowed staff to assess risks to people and if staff were able to support people in a safe manner or identify if they required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People told us they received effective care and their needs were met. A relative told us, "My [relative] hasn't been here long, but they're doing everything they can for her."
- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation supported this. Staff recognised when people were poorly and had contacted the relevant professionals. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Slopes and a passenger lift allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets. Clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. A relative told us, "The staff all appear very good and friendly."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service and could stay as long as they wanted.

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

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, people were given a variety of choices of what they would like to do and where they would like to spend time. A member of staff told us, "We see what the residents want to do. It's up to them how they spend their day, we're very flexible."
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. One person told us, "I can do what I want, I'm going out later."
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, people were encouraged to shower and dress independently.
- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service. One person told us, "I just ask them [staff] and they do what I want."
- People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are very kind."
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they enjoyed doing during the day and their preferences around clothes and personal care.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide person centred care.

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

- People told us that the service responded well to their care and recreational needs. There was a range of activities on offer which included, music, arts and crafts, quizzes, exercise and visits from external entertainers. For people who chose to stay in their room, staff scheduled one to one activity time with them.
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited, so that people could observe their faith.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access.
- People living at the service and their relatives told us that they were happy to raise concerns.

End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the service instead of being admitted to hospital. Furthermore, people's choices around their funeral arrangements were discussed and organised by staff. For example, one person wished to have a 'Universe' themed funeral and have their ashes taken into space. The registered manager ensured their wishes were carried out and respected.
- Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support people.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Continuous learning and improving care

- At the last inspection, we identified areas of practice that needed improvement. This was because the provider had not acted on the findings of a maintenance and environmental audit that recognised the service was in need of repair and maintenance. Furthermore, staff told us that managers were slow to act on issues raised around the environment, Improvements had been made.
- The service was now, clean, pleasant and well maintained. Staff fed back that there had been an extensive refurbishment take place and that managers acted on their feedback.
- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented they all worked together and approached concerns as a team. A member of staff told us, "We can go to [registered manager] whenever we want, she listens to us and always asks us what we think."
- Up to date information was made available for staff including details of specific topics, such as infection prevention and control and the Mental Capacity Act, to ensure they understood and had knowledge of how to assist people.

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

- The registered manager undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control, care planning and health and safety. The results were analysed to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. One person told us, "I like it here, I can't complain." A relative added, "From what I have seen so far, I think it is well run."
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt

supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this. The registered manager said, "I'm very proud of my team, they are fantastic. We have turned the home round and now we are back giving excellent care to people. Each of them are individuals with individual needs and we respect that. "

- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group, to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. The service also engaged with the local community.