

Herrington Mews Ltd

The Mews Care Home

Inspection report

South Burn Terrace
New Herrington
Tyne and Wear
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Mews care home is a residential care home providing personal and nursing care for up to 47 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 41 people using the service.

People's experience of the service and what we found:

People and their relatives spoke positively about the care and support provided. Comments included, "It's pleasant and friendly here. No complaints, I filled the questionnaire in the other day and handed it into the office" and "I come twice a week. It's the best thing that could have happened. When you can't look after yourself, the care here is second to none, she wants for nothing."

Improvements had been made regarding the administering of people's medicines. People's medicines were now managed safely. People were supported to have access to health professionals to meet their health needs.

Improvements had been made regarding care plans being person centred. People's care and support was planned in line with their individual needs and preferences. Care plans contained detailed information about the support people needed to meet their needs.

Risks to people's safety had been assessed and plans put in place to support staff to keep people safe. Safeguarding concerns had been referred to the local authority to be investigated.

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.

There were enough staff to meet people's care and support needs. Safe recruitment checks were completed before people commenced employment and an appropriate induction and training schedule were in place.

Staff spoke positively about the management of the service and the support they received. They felt there had been some improvements since the last inspection. Actions had been taken to improve the provider oversight. Audits were completed by the manager and a home improvement action plan had been implemented.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not care or support

anyone with a learning disability or an autistic person.

Rating at last inspection and update

The last rating for this service was requires improvement (published 06 January 2023) and there were breaches of regulation. We also recommended the provider consider current guidance on monitoring staffing levels and recruitment.

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 regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing and people's care and support. 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 this concern. Please see the safe, effective, responsive, and well-led sections of this full report.

We undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Mews Care Home on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Mews 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector, a regulatory coordinator and an Expert by Experience. 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

The Mews Care Home 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. The Mews Care Home 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 not a registered manager in post. A new manager had been appointed and was in the process of applying to become the registered manager.

Notice of inspection

The inspection was unannounced

What we did before the 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch, and 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 all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and 6 family members. We spoke with 11 members of staff including the manager, nursing staff, care staff, housekeeping staff and catering staff. We also spoke with a visiting health professional.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not ensured medicines were stored safely. They had not determined staff had the correct skills and knowledge to administer medicines. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff received the necessary training and had their competencies assessed before being permitted to administer medicines.
- People received their medicines as prescribed. Comments included, "I get my tablets regularly. I sometimes say there's one missing, but they explained it had changed to a different colour."

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

- The provider learned lessons when things had gone wrong. Accidents and incidents were regularly reviewed to identify any themes or changes to care.
- People were safeguarded from abuse and avoidable harm. Staff had the knowledge and confidence to identify safeguarding concerns and knew how to report them.
- People were kept safe from the risk of emergencies in the home. Personal Emergency Evacuation Plans (PEEPS) were in place.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Care plans were in place which included guidance for staff on how to keep people safe. People we spoke with felt the service was safe. Comments included, "They always keep an eye her. She's safe, very much so, we know she's safe."

Staffing and recruitment

At the last inspection we recommended the provider consider current guidance on monitoring staffing levels and recruitment and take action to update their practice accordingly to ensure a consistent staff team are deployed. The provider had taken the necessary action to address this.

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.

- People we spoke with said there were enough staff available. Comments included. "Yes, there's enough staff. They are always passing by and the door is open, they come in and see how she is."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. The provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

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. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. People's needs were assessed prior to them commencing at the service. This ensured the service could meet people's needs.

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

- People were supported to live healthier lives, and access healthcare services and support.
- People and their relatives told us people received the necessary support to manage their wellbeing. Comments included, "She gets to see the chiropodist and she had a dental check the other week. She sometimes gets water infections. They are proactive in sorting this out."
- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. Care records showed relevant health and social care professionals were involved in people's care.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. People received care from staff who had received the correct training to carry out their roles. A matrix was in place to monitor training requirements to ensure staff were up to date.
- Staff said they felt supported by the management. They confirmed they received regular supervision and support. Comments included, "The manager is very approachable and open. Improvements have been made since she started. I can make suggestions for improvements, and she is open to discussions."

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

- People were supported to eat and drink enough to maintain a balanced diet. There were drink and snack stations available throughout the home for people to be able to help themselves.
- People and their relatives spoke positively about the menu choices. Their comments included, "The food is very good, the tea trolley is here with biscuits" and "She's eating better. She's going to the dining room, they say she's had a good meal. She likes desserts, and she gets plenty of drinks."

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

- People's individual needs were met by the adaption, design and decoration of the premises. People's rooms were personalised with their belongings and pictures.
- The design of the service was suitable for the people who used it. There was adequate space for people

who used walking aids or wheelchairs to mobilise safely.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Assessments of people's capacity and best interest decisions were available in people's care plans.
- We saw staff offering people choice and seeking consent before providing care and support.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met.

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

At the last inspection people's care had not been planned in line with their individual needs and preferences. Care plans lacked detailed information about the support people needed to meet their needs. At this inspection the provider had made the necessary improvements to care plans.

- People were supported as individuals, in line with their needs and preferences. Care plans contained information that accurately reflected people's needs and preferences.
- People's needs were regularly reviewed. Where necessary health and social care professionals were involved. For example, where people's health had declined, health professionals had been consulted and changes to their care requirements recorded.

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.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported. Care plans contained information for staff on what support people needed with communication and accessing information.

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People had a range of activities they could be involved in. People were able to choose what activities they took part in.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. Complaints and concerns were taken seriously. They were investigated and responded to in a timely manner.
- People's concerns and complaints were encouraged. Comments included, "No complaints, I filled the questionnaire in the other day and handed it into the office."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. End of life wishes were recorded in people's care plans.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Continuous learning and improving care; 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

At our last inspection the provider lacked effective systems to monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no in breach of the regulation.

- The provider had created a learning culture at the service which improved the care people received. There was evidence that the manager had reviewed accidents, incidents, complaints and safeguarding concerns to ensure lessons could be learned and improvements made.
- The provider had systems to provide person-centred care that achieved good outcomes for people. An electronic care planning system had been introduced that ensured care plans contained up to date, person centred information which ensured people received the correct care and support.
- The provider understood their responsibilities under the duty of candour. The provider understood their responsibility to be open and honest when something had gone wrong and to put this in writing.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Since our last inspection the provider had implemented robust systems to monitor the quality of the service. Where improvements had been identified, they were added to the home improvement action plan for monitoring.
- There was a positive and open culture at the service. There were opportunities for people and their family members to provide feedback on the service. Comments included, "We had a questionnaire 3 or 4 months ago. I didn't have any concerns. The manager has been here 4 to 5 months. If wanted to say something, I would just knock on her door, no problem."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. There were opportunities for staff to engage with the management team. Staff received regular supervisions and appraisals.
- Staff, people, and relatives spoke positively about the manager. Comments included, "Yes, it's well-managed. I have no improvements really, always someone wandering round" and "I would say it's well

managed. Everyone is good to me, I have no complaints. Any complaints I would see the manager."

Working in partnership with others

- The provider worked in partnership with others. The service worked with health and social care professionals to ensure people's physical and emotional needs were met. Comments included, "Staff genuinely know and care for the patients. The attitude of staff is one of caring. I feel confident that if something was happening that wasn't right then nurses and senior carers would sort it and take appropriate action."