

Maesbrook Care Home Ltd

Maesbrook Nursing Home

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

Maesbrook Nursing home is a care home providing regulated personal and nursing care to up to a maximum of 45 people. The service provides support to older people, people living with dementia, people with a physical disability or sensory impairment and at times younger adults. At the time of our inspection there were 44 people using the service.

The home is large with bedrooms over three floors. There is a large communal lounge, dining room and access to outside space.

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

People were not always supported by enough staff; recruitment plans were in place but the feedback we received was that there was not always enough staff to meet people's needs in a timely manner. People's relatives worried the staffing issues impacted on how the staff could effectively meet people's needs.

Governance systems were not always effective and risks within the accommodation had not been monitored effectively. Concerns had arisen around fire safety and the electrical wiring system which were being addressed.

We found action was not always taken in a timely manner to ensure necessary improvements were made. Feedback was mixed and people, staff and families suggest more discussion time was needed. People and their relatives told us there was limited opportunity to give feedback on their care. The registered manager advised they had plans to improve this.

People received their medicine on time and the building was kept clean. Staff had access to personal and proactive equipment (PPE) to help keep people and themselves safe. The provider worked with outside agencies and could evidence improvements were being made to the environment and care planning process.

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

The last rating for this service was good (published April 2018).

Why we inspected

We received concerns in relation to fire safety and the management of risk. 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maesbrook Nursing Home on our website at www.cqc.org.uk

Enforcement and Recommendations

We have identified breaches in relation to the staffing levels and the overall governance of the service 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 ●

Maesbrook Nursing 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.

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

This inspection was carried out by two inspectors 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

Maesbrook Nursing 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. Maesbrook Nursing 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 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 (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 also contacted the local authority and Healthwatch to gather their views. 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

During this inspection we spoke to 11 people and 12 relatives. We also spoke with 9 members of staff which included the registered manager, administrator, care staff and auxiliary staff. We looked at 5 people's care plans along with 4 staff recruitment files and, other systems and records used to manage the service.

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 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.

Staffing and recruitment

- We received overwhelming feedback from people and their relatives that there were not enough staff to meet people's needs in a timely manner. One person said, "Sometimes I wait over half an hour when I press my buzzer." Another person said, "There is not enough staff especially at peak times. I couldn't get up till 10am today as there's not enough staff."
- People's relatives told us, "The staff are lovely but there is not enough of them and it worries me that my [relative] isn't supported to get up and be social often enough." Another relative said, "I worry the staff miss things because they do not have enough time to spend with people."
- We checked the rota and found staffing levels varied. We found days where the home operated on less staff than they wanted.
- We saw people in communal areas waiting for staff to be available to support them and visitors having to wait a considerable length of time at the door before someone could let them in. We also saw staff not being deployed in an effective manner. For example, several staff took their breaks at once limiting the number of staff able to respond to requests for help.
- Staff supported the view that there was not always enough staff on shift but said they did their best to get to people and offer people reassurance.

People were not always supported by enough staff to ensure their needs were met in a timely manner. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the registered manager about the staffing levels. They told us they had gone through a recent turnover of staff but had recruited new staff who would be starting shortly. We were advised due to the pandemic they had taken the decision to avoid using agency staff and utilised their existing staff.
- New staff were recruited following the application of recruitment checks which included looking at candidate's background, character and qualifications. However, we found the providers process did not include questions specific to candidate's health, which is a requirement. The provider took immediate action and updated their application form to include health questions.

Assessing risk, safety monitoring and management

- At the time of our inspection action was being taken to mitigate the risks presented by the accommodation. However, the provider had not consistently ensured risks within the property were fully mitigated. The 5-year electrical wiring certificate was significantly out of date. Furthermore, the fire service had visited the property and were not assured all fire risks were being fully mitigated. The provider was in

the middle of working through the list of actions they had been given.

- The registered manager told us they were having to resolve several issues they had inherited and there were concerns about the competency of previous contractors. New external contractors were being scheduled to visit the property and complete the required works.
- People's personal risks were assessed within their care file and staff were provided with clear strategies to support people to mitigate the risk of harm. We saw a range of risk assessments including; mobility, nutrition, skin integrity and time specific medicine administration. The provider had recently introduced a dedicated team to ensure people received adequate drinks to stay hydrated throughout the day. The staff knew who had been assessed as at risk of dehydration and were able to give them additional support to help them achieve a recommended fluid level.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had been trained in recognising and reporting abuse and felt comfortable raising concerns. Staff told us they knew the reporting process internally and for external agencies. For example, how to contact the local authority.
- However, several relatives told us they worried the staffing issues meant staff were inadvertently neglecting their relative's needs. For example, some relatives talked of an over reliance on incontinence aids, staff not helping people look presentable after their meal and not being able to spend time supporting people's emotional needs. We shared this feedback with the registered manager and the local authority.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. However, the quality of the recording of decisions was variable. At times it was not clear who had been consulted and decisions were not always specific enough.
- Where needed, the appropriate legal authorisations were in place or had been submitted to deprive a person of their liberty. We found no one who was subject to any conditions

Using medicines safely

- People received their medicine from staff who were trained in safe administration. One person told us, "When my meds are due, they give them to me. Every 4 hours I have them."
- Medicine audits were completed, and medicine errors were identified and investigated. Controlled drugs were being administered safely and in line with national guidance on Managing medicines in care homes (NICE).
- Nurses had access to protocols which advised them when to give medicine on an 'as required' basis and the electronic system they used ensured adequate time was observed between repeat doses. People were prevented from accidentally taking too much medicine.

Preventing and controlling infection

- We were somewhat assured that the provider was using Personal Protective Equipment (PPE) effectively and safely as we observed some staff not wearing the masks correctly. The registered manager reminded staff of the need to ensure protection was in place.

- 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.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
- However, we were concerned the policy in place went over and above the national guidance, as some relatives felt they could not visit, without advance planning. A booking system was still in operation and visitors were still being asked to take a lateral flow test although, we were told they would still be allowed access if they refused. We discussed this with the registered manager as people have the right to a family life. The registered manager acknowledged they were being over cautious but felt people were still vulnerable. They advised they would continually review their practice.

Learning lessons when things go wrong

- We saw evidence confirming the staff completed a form following any accident or incident. These were then reviewed by the registered manager to assess if action was needed and, whether there were any lessons to be learnt.
- We found trend analysis had not taken place when people experienced unwitnessed falls to see if there was any correlation to the staffing numbers on shift at the time. The registered manager told us they felt confident the staffing had not impacted but would make this a consideration when reviewing forms in the future.

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 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

- The provider had not ensured they had oversight of all risks associated with the accommodation. We found several checks were significantly out of date and immediate action had been recommended to ensure both the fire and electrical safety was to the required standard.
- Staffing levels and staff deployment issues were raised by several people. However, we did not see any mechanism in place where the impact of staffing levels were being monitored to ensure action could be taken when needed. The impact of the staffing issues were not being considered when looking at trend analysis. For example, when people experienced unwitnessed falls.
- People did not always have the opportunity to actively contribute to conversations regarding the quality of the care they received.
- Some relatives did not feel their loved one was getting the service they needed and found discussing this with the provider somewhat challenging. One relative told us, "There is never an opportunity to have a proper conversation. Management always seem too busy."
- Where concerns were indicated about how the regulations were being met, we saw little evidence of follow up. For example, when visitors left the building, the provider asked them to score aspects of the service from 1-5. Low scores were not followed up to see why or what improvements were needed. This meant the process was ineffective at driving improvements as people's concerns were not being explored further.

The governance processes in place were not adequately identifying risk or concern with in the service. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider sent us a copy of their latest electrical wiring certificate to confirm the required checks have since been completed.

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

- People and their relatives consistently told us they did not always have an opportunity to share their feedback on care and felt communication was sometimes limited. One person told us, "There's no opportunity to give any feedback or be involved in the running of the home." Another person said, "We're not told anything. Not given an opportunity to give any feedback. Not given any questionnaires."
- People told us they wanted to give feedback on areas such as the food, activities and to know when they

would have access to physiotherapy. We discussed this with the provider who told us they would speak to people and were about to reintroduce the relatives' meetings which had been popular prior to the pandemic.

- We discussed the new meal preparation system with the registered manager due to some of the comments we received about this. The service had recently introduced pre-packaged meals. Some people advised us there were concerns in relation to portion size and overall flavour of the meals. One relative told us "My [relative] finds a lot of them quite bland." The registered manager told us they were monitoring this very closely and working with people to ensure they could choose meals they liked which provided adequate sustenance. We will check this area on our next inspection.

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

- We received mixed reviews on the care home. One person said "I'm happy here, other than more staff and more activities. There's a lot of work to do to bring it up to scratch. There's been no activities since COVID." Another person said, "A physio, more staff and more activities would improve it. The atmosphere is good, they are always cheerful and singing and dancing."
- One relative told us, "I don't think we will get better care. We think [relative] looks 10 years younger since being here a very short while. They are much more alert."
- Staff told us they worked well together but the past few months had been challenging. One staff member said, "We need more staff and better conversations with the management and then we will be fine again. We have always been a good team."

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

- The provider was aware of their obligations under duty of candour and understood they would need to be open and honest if anything went wrong with people's care..
- One relative told us, "They keep me updated at all times." Another relative said, "I do get told information, but it is more when I ring or visit the home, rather than them contacting me direct."

Continuous learning and improving care

- The registered manager had recently implemented several changes to the service provision. For example, electronic care planning had recently been rolled out. Staff told us, "There is lots of change going on and hopefully it will make things better. We do like the care planning as it saves time and information is much more accessible."
- Staff told us the training was good. Some staff said, they needed more individual and team discussions, to ensure all were working consistently. We checked the supervision records and meeting records and found these were not completed on a regular basis. However, the registered manager stated these would be increasing in the coming months.

Working in partnership with others

- The provider could demonstrate they had built partnerships with other agencies. For example, they worked with a local university to support the development of nurse practitioners.
- We saw evidence confirming the provider had worked well with Public Health England (PHE) when needed during the COVID-19 pandemic.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Effective governance systems were not in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People's reported there was not sufficient staff to meet their needs in a timely manner.