Barchester Healthcare Homes Limited

Mortain Place Care Home

Inspection report

93 Pevensey Bay Road
Eastbourne
BN23 6JF

Tel: 01323465150
Website: www.barchester.com

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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

Mortain Place Care Home is registered to provide residential care for up to 80 older people, including those people living with dementia. Accommodation was provided over two floors. and divided into four named units, known as communities. The ground floor provided care and support for people who lived with general frailty and a range of conditions such as Parkinson's disease and mobility problems. The upper floor was a dedicated Memory Lane Community for people who lived with dementia. There were 73 people living at the home at the time of the inspection.

People's experience of using this service and what we found
Risk management needed improvement to ensure peoples' health and well-being was protected and promoted. We identified shortfalls in respect of the management of specific health problems. For example, management of weight loss, and diabetes. Staff had not had the necessary training to meet people's individual needs including catheter care. Some aspects of medicine management needed to be improved to ensure people's safety.

The governance of the service had not supported the service to consistently improve and sustain safe care delivery. Audit systems and processes, whilst in place, had failed to identify risks to people's safety and other aspects of the service that required improvement. There was a lack of clear and accurate records regarding some people's care and support. For example, diabetes and support with hydration. Communication handover sheets were not informative and not used effectively to inform staff. They were missing vital points for staff to follow up on, such as food and fluids to be encouraged, and people being unwell. Changes to people's health and well- being were therefore not always planned for and monitored effectively.

We received positive feedback from relatives about the quality of care provided to people living at Mortain Place. Relatives told us they felt staff were kind and caring.

People received care and support from staff who had been appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible.

There were COVID-19 policies in place for visiting that was in line with government guidance. Families told us that they were welcomed into the home and followed the guidance currently in place.

Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

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 Good (published 03 August 2021).

Why we inspected
We received concerns in relation to staffing, risk management and care delivery. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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 safe and well led sections of this full report.

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

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

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment and good governance.

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

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 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**

Care Quality Commission

Mortain Place 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.

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 undertaken by 1 inspector.

Service and service type
Mortain Place 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. Mortain Place Care Home is a care home without 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. However, a manager had been recruited and had submitted their application to register.

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. The provider completed a Provider Information Return (PIR) on the 13 August 2022. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with 13 people who used the service about their experiences of the care and support they received and 8 visitors. We spoke with 11 members of staff including the regional manager, training manager, deputy manager, and care staff.

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. This was undertaken in two of the four communities.

We looked at a range of records. This included the care and medicine records for 7 people and 4 staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke with 4 relatives over the telephone and 5 healthcare professionals on the 12 February 2023.

Requires Improvement

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.

Assessing risk, safety monitoring and management
● Risks to people were not always managed safely, potential risks were not always fully identified, assessed or mitigated. For example, peoples' weight loss was not always entered into the plan of care or the risk assessment. This meant there was a risk of the weight loss being overlooked and not monitored, placing people at risk of associated issues such as skin damage and other health complications.
● For people who lived with emotions that cause distress, there was no information in the care plan to guide staff on how to manage these safely. Staff talked generally about certain triggers for people and what they did to manage a situation, but these were not recorded in the person's care plan or risk assessment. Documents to monitor people's changing behaviours were not routinely used and therefore staff lacked crucial information about what led to the incident, how staff dealt with the incident and if the de-escalation technique used was successful.
● For people who lived with diabetes, whilst there was a generic care plan to manage the diabetes, there was a lack of risk assessments regarding foot care, the need for chiropody, the need for specific skin checks, and there was no mention of diabetic eye screening to monitor for complications that may occur.
● Not all staff had received training that was specific to the health needs of people who lived at Mortain Place Care Home. For example, staff told us that they were looking after people who lived with a catheter, but they had not had any training. We were also told they had not had training in epilepsy, and diabetes The training matrix confirmed that staff had not received the training required to meet peoples' needs. The manager said staff could access this training, but it had not been actioned as a need.
● Some medicines had not been given as prescribed. We were informed that this was due to difficulty in obtaining the medicines from the pharmacy as there was a nationwide shortage. Staff recorded that it was not given but had not reflected the impact of some people not receiving their medicine for between 3-9 days (folic acid and atorvastatin). During the inspection evidence that this had been discussed with the GP however this was not in people's care plans, risk assessments or medicine administration charts. The impact of not receiving their medicines to lower cholesterol increases the risk of stroke or cardiovascular symptoms.

The above evidence shows that care and treatment had not always been provided in a safe way. Risk of potential harm to people had not always been mitigated. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We saw good examples of risk management that had been completed, including for risk of choking. Staff reviewed risk assessments monthly and put actions in place to reduce these risks. For example, ensuring a person who was at risk of choking was provided with a pureed diet and modified texture fluids.
● There were detailed fire risk assessments, which covered all areas in the home. People had Personal

Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs.
● Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.
● People told us, "I feel safe here, there is always someone around, when I am up and out of my room," " The staff are kind, I get my pills as I should be," and "The staff here are nice, I feel safe, and everything is okay," and "Nice here, I feel safe."

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 and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Care records showed how consent from people had been obtained and/or their capacity to make a decision assessed. Where necessary a DoLS application was completed if a person lacked capacity to make a decision about a specific restriction. For example, staff were knowledgeable about the possible use of a sensor mat and lowered beds to prevent falls if it was needed and the use of locked doors to keep people safe. At the time of inspection there was no one in need of lowered beds, but there is use of sensor mats when required.

Staffing and recruitment
● Staffing levels were not always sufficient to meet peoples' individual needs. People did not always receive their preferred personal care, for example, showers and oral health. One person told us, "I have not been able to have a shower as staff told me, there wasn't time," and "I have been helped with a wash but not a shower as the staff are a bit stretched."
● Staffing levels at Mortain Place Care Home were currently being reviewed due to concerns raised by staff. The regional director explained that the staffing tool used was accurate for peoples' needs based on dependency levels but due to the large footprint and layout of the building, it was acknowledged that it may impact on timely care delivery.
● During the inspection, concerns were raised by staff and people that staffing levels were sometimes not sufficient to give appropriate time to people. Staff members comments included, "Sometimes, it is really difficult, the bell rings and you can't get there because you are doing something else, sometimes people can't have a shower," and "Sometimes on Montacue, there are just two of us and it can be really hard work." Some staff however had no concerns about staffing levels. One staff member said, "Our staffing levels are good."
● Feedback from people was also mixed. One person said, "I worry at night time, there needs to be more staff around." And "Always a staff member when I need them," and "Very nice staff, I think there are enough staff, I've not had any problems. Relatives said, "Not always able to find someone, but I think that's normal in a busy home".
● We looked at four staff personnel files and there was evidence of robust recruitment procedures.

● The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely
● Medicines were stored, administered and disposed of safely.
● Protocols for 'as required' (PRN) medicines such as pain relief and mood calming medicines described the circumstances that it may be required but it was not person specific. We saw that people had received pain relief when requested, however, the staff do not complete a pain chart as to the effectiveness of medicines. This was addressed during the inspection process.
● We asked people if they had any concerns regarding their medicines. One person said, "I don't have any concerns, they tell me if my medicines change," and "I rely on staff to give me my medicines, I totally trust them to get it right."
● Relatives confirmed their family members were supported to take their medicines as prescribed. One relative told us, "The staff are keeping them comfortable; they keep us updated of any changes."
● Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely.

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.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people.

Learning lessons when things go wrong
● Accidents and incidents were recorded.
● There was evidence that learning took place when errors occurred. For example, following a fall in their room, staff had risk assessed the person and introduced a sensor mat to alert staff the person was up and at risk. Staff had also commenced regular checks to ensure they were safe.
● We had requested the analysis and overview of accidents and incidents, as we have concerns regarding the increase in the number of falls, these were received during the inspection process.

Requires Improvement

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 remained requires improvement.

This meant whilst the service management and leadership was now consistent, there were areas that still needed to be developed to ensure safe, effective and consistent care.

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

At our last inspection the provider had had not operated effective systems and processes to make sure they assessed and monitored the service.

This inspection found there were still areas identified that needed to be developed.

● There were organisational quality assurance processes in place that were used to monitor and improve the service. However, there were areas that had not been identified in these audits that had the potential to impact on safe outcomes for people. For example, appropriate management of possible medicine errors and gaps in peoples care records that related to their health and well-being.
● There was a lack of information in the care plans and risk assessments regarding peoples' health conditions. For example, diabetes, emotional complexities and heart conditions such as people who had pacemakers. This meant staff were not aware of these conditions and therefore could not mitigate the potential risks safely. 'The provider informed us that a new tool for staff to use to track people's journey in Mortain Place has been introduced, which staff have responded positively to'.
● Handover sheets were not informative and not used effectively. They were missing vital points for staff to follow up on, such as poor fluid and food intake. This was acknowledged and a more comprehensive handover sheet was introduced immediately.
● Fluid charts for some people stopped being completed between 4pm and 8 am the next day. This gave the impression that the person hadn't had a drink for 16 hours. Running totals were also not used consistently to alert staff when someone was not drinking enough. This meant that the provider could not be assured that people were receiving the fluids they needed to remain hydrated.
● Oral health care support and personal care was not being given consistently. People told us they were not offered showers when they wanted and staff confirmed this. We found unused toothbrushes and some people with no toothpaste. People's care plans and risk assessments did not reflect that staff had attempted oral hygiene or that there was a specific reason why this care need could not be given.
● Not all falls and visits to the hospital were reflected in individual care plans to prevent a re-occurrence. For example one person fell at night when visiting the bathroom and suffered a fractured shoulder. The person told us it was because it was very dark and they couldn't see where they were going. There was no

exploration by staff as how to prevent a further fall without impacting on the persons independence, such as night lights.
● Incidents regarding altercations between people were documented and short-term action was taken. However there was a lack of analysis to determine strategies to prevent further altercations. There was no review of individuals risk assessments after incidents.

The provider had failed to assess, monitor and mitigate risks to people. The provider had failed to maintain accurate, complete and contemporaneous records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The manager had a good understanding of the regulatory responsibilities of their role and of the duty of candour. There were policies in place to support staff to respond appropriately should anything go wrong.
● The provider had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.
● There was mixed feedback regarding the leadership in the home. Some staff said, "Good communication," other staff said, "Communication needs to be better."
● There were some staff that had found changes to the leadership difficult over the past eight months due to three different managers and staff leaving. This had had an impact on team working and some staff felt that they weren't listened to when they raised concerns. Staff felt however that things were improving.
● People mentioned changes to staffing and managers, and some said they didn't know "Who was in charge," and one said "Not sure who the manager is now." We were also told, "Can't fault the home and staff," and "Lovely atmosphere," "I have made really good friends here," and "I am really happy here." A relative said, "Dream team on today, the staff are brilliant."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, their relatives, staff and professionals were given opportunities to provide feedback about the home through informal conversations, meetings and the complaints procedures. One relative commented, "My family are very happy with how the staff look after my relative, no complaints at all." People told us, "I love it here, I'm regaining my mobility," and "I think I'm looked after very well."
● The provider analysed the results of surveys from people to improve the service. The results showed people felt that activities had improved.
● Resident meetings were held regularly, and minutes taken. Not all people could partake but those that could said, "I enjoy the meetings but not many people turn up."
● Staff told us they felt the staff meetings were helpful. They said, "It allows us to raise our thoughts, and hear what is going on in the organisation." They spoke of how they had been given more responsibility and felt listened to.

Continuous learning and improving care
● The manager understood the importance of continuous learning to drive improvements to the care people received.
● The manager told us they continued to use complaints, safeguardings and accidents/ incidents, as learning tools to improve the service. The monthly clinical governance confirmed this. One staff member said, "The manager shares results of reviews with us and gives us direction of how to improve"

Working in partnership with others
● Staff and the registered manager understood the importance of partnership working and worked well with other professionals to meet people's needs. The manager felt that the relationships had improved with the GP surgery and that they worked closely with the local authority. Feedback from these health professionals included that communication and partnership working could be improved further. This was fed back to the management team.
● Staff worked closely with speech and language therapists, community rehab teams and occupational therapists to ensure people received the specialist support they needed. The provider had also formed links with a local hospice to provide support and guidance for people who were at the end of their lives.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. Regulation 12 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that there were effective systems to assess and quality assure the service. Regulation (17) (1) (2) (a). The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c).