MNS Care Plc

Mabbs Hall Care 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
Mabbs Hall is a care home which at the time of inspection was providing personal and nursing care to 20 older people, some of whom were living with dementia. The service can support up to 29 people.

People's experience of using this service and what we found
Not everyone had a sufficient and detailed care and risk management plan in place. This meant staff had not been provided with formal guidance as to the care support needed and how to identify specific risks to people's health, welfare and safety.

People mostly received their medicines as prescribed. However, we identified an area for improvement around the storage of prescribed creams and stock levels of a prescribed pain relief patch for 1 person.

Staff did not always feel valued and supported by the registered manager. Some relatives felt communication was not always effective between themselves and the management team at Mabbs Hall.

Whilst audits in place had identified some of the shortfalls we found at this inspection, progress on rectifying these concerns was slow.

Whilst people were supported by kind and caring staff, there were insufficient numbers of staff to meet people's needs in a timely manner.

People were protected from the risk of abuse because the provider had effective safeguarding systems in place. Overall, effective systems were in place to prevent and control the spread of infection.

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 good (published 17 April 2019)

Why we inspected
The inspection was prompted in part due to concerns received about a lack of personal care, people experiencing delays in receiving personal care, medicines concerns and language barriers with care staff employed. A decision was made for us to inspect and examine those risks.

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 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 Mabbs Hall on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to the safe management of risk and medicines as well as the providers governance 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Mabbs Hall 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
The inspection was carried out by 2 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
Mabbs Hall 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. Mabbs Hall 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with 5 people who lived at the service, however, not all people were able to tell us about their experience of living in the home, so observations of care and support were also made. We spoke with 11 relatives and had contact, both during the inspection visit and via email afterwards, with 21 staff members. These included the registered manager, the deputy manager, nursing staff, care staff, catering, housekeeping and maintenance staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

A selection of records was also viewed, and these included the care plans and associated records for 4 people who used the service. The medicines records for 4 people were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.

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; Learning lessons when things go wrong

- Improvements were needed to people's care plans and risk management plans to ensure clear guidance was provided for staff in how to meet people's needs and reduce risks to people's safety. People's care plans and risk assessments did not always give staff all the information they needed on how to safely care for people.
- People who were cared for in bed spent significant periods in sedentary positions without mobilising. We noted gaps in repositioning records of up to 12 hours. The failure to follow risk assessments and ensure that people were assisted to reposition at regular intervals placed people at increased risk of skin breakdown and acquiring pressure wounds.
- People were at risk of inadequate fluid and nutritional intake. Monitoring records were inconsistently completed.
- Some people needed their fluid intake monitored to prevent dehydration. The target amount people should be drinking had not been individualised for the person, nor was there any guidance for staff as to what action they should take if people had not reached the target.
- Where a person was on a fortified diet due to the risk of losing weight and malnutrition, this risk was not detailed with adequate advice for staff in the person's nutritional care plan. This meant staff were not advised on what action to take if the person was to lose weight.
- Risks to people from unstable wardrobes not secured to the wall had not been identified.

In relation to the above shortfalls, we found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the management of risk was effectively managed. This placed people at risk of harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider assured us that all wardrobes had since been promptly secured to the walls.

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.

Using medicines safely
● We found that some medicines for external application had been opened and were in use but had the prescription label removed. We also found some external medicines had not been dated when opened which meant there was a risk, they could have been in use for longer than their expiry times.
● We found a discrepancy with the stock of transdermal patches for one person. Transdermal patches are applied to the skin to aid pain relief. Stock levels did not match records and the 'body map' did not always have a record of where on the body these had been applied in line with best practice guidance.
● One person was prescribed a strong pain relief medication; however, this was not recorded on their medication profile, but staff confirmed they were administering it.

In relation to the above shortfalls, we found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the management of risk was effectively managed. This placed people at risk of harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our inspection the provider told us they had strengthened their systems and that medicines for external application were now being checked monthly to ensure they are appropriately labelled and remain in date to be safely used.

Staffing and recruitment
● People, their relatives and staff gave us mixed feedback in relation to access to staff available at all times.
● Some people told us staff were not always able to spend quality time with them and were rushed at times and that response times to call bells being used could be lengthy. One person told us, "I've got a buzzer to call for help but they are not quick coming as they are so busy."
● Some relatives told us of their concerns about staffing levels. One person's relative told us, "My [family member] says when they need to get to the bathroom, [care staff] do not come very fast but [family member] knows they [care staff] are very busy." Another relative told us, "I let myself in the front door, as lots of relatives have been given the code to the front door and had visited my relative in their room for three quarters of an hour and I did not see one member of staff."
● Staff told us, "Over my time working at Mabbs Hall, I have rarely seen us use agency care staff. We tend to only use agency for nurses; however, the day after [the CQC inspection] visit we had two agency carers on and one member of staff from another home. This is comical because we have in recent months often complained about the low levels of staff having an impact on the care we provide and have frequently been told that we are not short staffed, and it is simply our bad time management." Another staff member told us, "We are very often short staffed as no one wants to do overtime to help out as we feel very unappreciated. We never have agency staff but the day after [the CQC inspection] we had two agency staff turn up to help out for a few days. [People's care needs are greater] and take much more time. With no extra staff, we are told we are fully staffed."

● The ethnicity of people working at the service was diverse. There were a high number of staff who did not speak English as a first language. Some people and staff told us that this was of concern because basic communication with those staff was not possible. The registered manager told us, "Only a handful of staff have good grasp of English language. I inherited this situation from the previous manager. I need to ask the [provider] what they can do to help staff to learn the English language. [People] tell me the carers don't understand them. I tell the care staff to please make sure they speak in English and speak slowly."

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Required safety checks when employing staff and volunteers were in place but further work was needed to ensure all gaps in employment were explored and that checks such as references were appropriately verified at the point of recruitment.

We recommend the provider review their processes to ensure all necessary pre-employment checks are carried out at the point of staff recruitment.
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● Following our inspection, the provider assured us they have taken action to address the gaps in employment records found during the inspection.

Systems and processes to safeguard people from the risk of abuse
● People looked comfortable and had a good rapport with staff supporting them.
● Staff had received training in safeguarding and had an awareness and understanding of how to recognise abuse and their responsibilities to protect people. They were able to explain what they would do if they had concerns and who to report to.
● Most relatives told us they felt their family member was safe living at Mabbs Hall, however some also expressed concerns about safety due to the staffing levels. One relative said, "They do the best they can to keep [family member] safe." Another person's relative commented, "Sometimes I worry that [family member] isn't safe. There was an incident with another resident."
● We noted that people's preference as to the gender of staff they preferred to support them with personal care had not been considered as part of their care and risk management plan for all people. One person told us they had a preference for a particular gender of staff, but this was not honoured. The registered manager assured us they would review this.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections. Many relatives told us that the care home bedrooms and bathrooms were kept spotlessly clean.
● 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

● The registered manager was following current government guidance in relation to visiting at the time of the inspection. People and their relatives told us there were no restrictions on visiting.

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 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; Continuous learning and improving care

- We found shortfalls in the management of risks to people's safety and welfare including, oversight of repositioning, fluid and nutritional intake. Whilst audits in place had identified some of the shortfalls we found at this inspection, progress on making the necessary improvements was slow.
- Risks to people as referred to within the safe section of this report had not always been fully assessed and recorded. There was a failure to maintain accurate and fit for purpose care records and ensure effective governance systems.
- Assessments and admissions into the home were not consistently well considered and explored to ensure the service could meet people's needs. This had the potential to cause unnecessary moves and distress to people.
- People's care records were not being regularly reviewed and updated to ensure they remained accurate and up
- There had been 3 changes of managers since January 2023 which had impacted on the oversight of the quality of care and people receiving a good service. to date.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of their regulatory responsibilities and had notified us of all but one incident that had occurred to enable us to have oversight to ensure appropriate actions were taken. A retrospective notification was made immediately at the time of the inspection visit to address their oversight.
- The provider was open and receptive to our feedback and acknowledged where improvements could be made. They recognised improvements were needed to bring the service fully up to date and compliant.
- Following our inspection, the provider shared with us details of their 'Resident, Friends and Family Survey' responses. They told us they had received positive feedback about the service such as about the staffing levels and the caring approach of the staff.

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

- We received mixed feedback from relatives about their experiences at Mabbs Hall and not all relatives told us they would recommend the care home to others. One relatives said, "I am not sure if I would recommend

the home, it depends what people are looking for."

● As well as some concerns, we also received positive feedback about Mabbs Hall. One person's relative told us, "My [family member] likes it because people are friendly and welcoming, [family member] is happy there." Another relative said, "I would recommend it, it is home from home, not hospital-like. The staff all chat with me. [Family member] calls it 'the Mabbs family'!"

● Staff morale was mixed. Some staff spoke of supportive hands-on management support, whilst others told us there was a lack of support and the registered manager was not approachable. One staff member told us, "The staff feel a bit demoralised, however, I feel that with better and improved communication and working practices, they will feel happier in their work and the home will soon improve." Another staff member commented, "Staff are overall exceptionally caring towards to the residents and are more than willing to help each other. It is just a case of not having enough time in the day to be able to provide 100%-person centred care to every [person] at all times. Things would improve if senior management would take notice of staff that are working. At the present time, I would not recommend this service until significant improvements are made."

● Staff understood people's preferences and were keen to promote good 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.

● The manager was open with us about ongoing service development. There was an in-depth action plan which demonstrated they, and the provider, had recognised that there were a number of improvements needed.

● The registered manager had informed healthcare professionals, people and their relatives if concerns about people's care had been identified. This was in accordance with the duty of candour.

● There was a system in place for the management of complaints. A relative told us of their satisfaction with the provider in responding to a complaint made.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not always been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There were failures to assess, monitor and mitigate risks relating to people's health, safety and welfare.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There was not always sufficient staff to meet people's needs.