

Caring Homes Healthcare Group Limited

Miranda House

Inspection report

High Street
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Swindon
Wiltshire
SN4 7AH

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Miranda House is a residential care home providing nursing and personal care for up to 68 people. The service supports people living with dementia, mental health conditions, adults under and over 65 years of age. At the time of our inspection there were 29 people using the service.

Accommodation was provided on two floors accessed by stairs and a lift. People had their own rooms and access to communal areas such as lounges, dining rooms and a conservatory. There was a secure garden accessed from the ground floor.

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

People had their medicines as prescribed. Staff had been trained to administer medicines and had their competency checked. When people were prescribed multiple 'as required' medicines for the same health condition, guidance for what medicine to give first needed to be clearer. The registered manager took action during our inspection and told us they would review the prescriber's instructions with people's GP's.

At our last inspection we found high numbers of safeguarding incidents between people living at the home. At this inspection the numbers of incidents had reduced, and the provider was taking action to improve dementia care and support. A new dementia strategy had been produced and the provider was providing training, guidance and additional support to staff to improve dementia care.

Risks to people's safety had been assessed and management plans were in place. These were reviewed by nursing staff regularly. Where needed additional monitoring records were in place which had no gaps in recording. Property and equipment were serviced and checked for safety on a regular basis.

The home was clean and smelt fresh. Cleaning schedules were in place for staff to make sure all the home was cleaned regularly. Staff were seen to be wearing personal protective equipment safely and staff told us they had plenty of stock. Staff were testing regularly for COVID-19.

People were supported by enough staff. The provider used a dependency tool to calculate numbers of staff needed. Some feedback we heard was that at times staffing was a challenge. The registered manager told us when staff called in sick at short notice it was not always possible to get agency staff. The provider told us they were reviewing deployment of staff to make sure they had the right staff role doing the right work.

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. Visitors were welcomed and there were no restrictions on visiting arrangements. Relatives were able to visit when convenient to them or if they wished they could book a visit in advance.

Staff enjoyed working at the home and people told us they felt safe and happy to be at Miranda House. Staff

had training on safeguarding, and all told us they would report any concern.

Quality systems were in place and there were different levels of quality checks taking place. The provider had good oversight of the home and had improved ways in which learning was cascaded following incidents and accidents. Complaints received were logged and monitored by the provider until resolved.

Since the last inspection there had been changes in management both with the home manager and deputy manager. There was a new registered manager in post who was making changes to improve outcomes for people. Some staff did not appreciate the new management approach which had impacted on morale. However, we observed staff working together as a team and some staff told us they viewed the changes as a positive for the home.

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 requires improvement (published 15 November 2021).

Why we inspected

The inspection was prompted, in part, due to concerns received about the provider's approach to visiting, responding to concerns and risk of a closed culture. A decision was made for us to inspect and examine the concerns across a range of Caring Homes services.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Miranda House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Miranda House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Miranda House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people and three relatives about their experiences of care and support. We spoke with five members of staff, the registered manager and regional manager. We reviewed care records for seven people and various medication records. We also reviewed accidents and incidents, quality monitoring, complaints and compliments, medicines competence records, staffing rotas, health and safety records, three staff files for recruitment, safeguarding records and meeting minutes.

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.

After the inspection

We continued to validate evidence found. We spoke with nine relatives and six members of staff on the telephone. We contacted four professionals for their views about the service. We reviewed dependency tools to calculate staffing and practice observation tools.

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.

Assessing risk, safety monitoring and management

- At our last inspection we found some risk management plans and supporting records that were not accurate. Staff had not recorded their actions and some records were conflicting.
- At this inspection we found this had improved. People had their own risk management plans which had been reviewed by nursing staff. Information seen matched monitoring records and guidance from professionals.
- People had a risk assessment in place for the sustained hot weather experienced prior to and during the inspection. We observed staff were following the measures to help keep people cool.
- Health and safety checks were in place to monitor the premises and equipment used. Records were kept up to date and shared with the provider so they had oversight.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found there were high numbers of incidents where people had altercations with other people in the service. The provider told us they would make sure staff received guidance on using a different approach.
- Since that inspection incidents involving people had reduced. The provider was rolling out a dementia strategy in Miranda House and staff were being supported with additional guidance and training.
- People and relatives told us people were safe. Comments included, "Love it here, very kind to us, give us everything. Indeed, I do love it here", "Safe with a capital S because of all the care and attention. Of course, there will be bits and pieces but more than outweighed by the good bits" and "People in the office fantastic, always lovely carers, fantastic, care wise and safe wise can't fault it."
- Staff we spoke with understood their responsibilities to keep people safe. They had received training on safeguarding and told us they would report any concern without delay. One member of staff said, "I would report to management, I would go higher if they did not do anything. I would not hesitate to report any concern."

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.

Staffing and recruitment

- People we spoke with told us there were enough staff to meet their needs. Comments included, "Staff always there if you want them, come in and out all the time", "Staff about everywhere when you want them. Have got a push thing in my room but don't use it" and "Plenty of caring people to help you when you need it. Don't wait, staff are just there."
- Comments from relatives and staff about staffing were mixed. Comments included, "Enough staff about and do come along quickly now", "Sometimes staffing levels aren't enough, not their fault but a lot of the people here are needing labour intensive care" and "We are running low on staffing anyways, when staff go off sick it makes things extra difficult."
- We shared the feedback with the registered manager and provider who told us they were reviewing staffing. They were looking at what roles of staff needed to be working in different areas of the home and whether they had the right deployment of staff.
- The provider used a dependency tool which helped them calculate the staffing needed based on people's needs. During our site visit we observed there were sufficient numbers of staff to support people safely.

Using medicines safely

- People had their medicines as prescribed. People had their own medicines administration record (MAR) which staff used to record administration of medicines. MAR reviewed had no gaps in recording.
- For people who needed 'as required' medicines there were protocols in place to give staff guidance. For some people on multiple 'as required' medicines types for the same health need, the guidance on the order of administration was not clear. For example, one person had two types of 'as required' medicine for pain. It was not clear which medicines to give in which order.
- The registered manager took action during the inspection and told us this would be clarified with the local GP. The regional manager also told us this point would be added to the provider clinical meetings to be discussed as lessons learned for all the provider's homes.
- Medicines were stored safely and staff checked storage temperatures daily.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could have visitors when they wished, there were no restrictions on visiting. The registered manager told us relatives could visit with or without booking in advance. They told us some relatives wanted to drop by when they were in the area without booking, which was fine.

Learning lessons when things go wrong

- Incidents and accidents were recorded. Staff recorded immediate action taken and then further action to prevent reoccurrence. There was a daily head of department meeting where incidents could be discussed further.
- Clinical governance meetings were held, and minutes kept. There was a 'lessons learned' section in the meeting to cascade learning across the organisation. Staff were informed of incidents in other homes and actions taken in response. These meetings helped to share actions to prevent reoccurrences across the providers services.

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 improved 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; Continuous learning and improving care

- At our last inspection we found the management of the service had been inconsistent. Since that inspection the management had continued to change at the service.
- There was a new registered manager in post who had registered with CQC in March 2022. There was also a new deputy manager and clinical lead. Whilst these posts were filled time will be needed to make sure the management team at the home stabilise.
- Some staff we spoke with told us morale had been low amongst the staff. This was due to the changes being made by the new registered manager. However, some staff we spoke with recognised some changes needed to take place. One member of staff said, "We have lost a lot of staff recently, they don't like the new management style. We are weeding out the staff who don't want the home to be good."
- The regional manager told us they had visited the home and heard from staff that they were finding change difficult. The regional manager told us they would continue to monitor staff morale and feedback during their visits. Support was available for staff if they needed it.
- At our last inspection we found clinical governance meetings did not take into account what was happening in the service accurately. At this inspection we found this had improved.
- Clinical meetings were held with the quality support team and detailed minutes were kept. Nurses were able to attend and contribute to discussions on a range of clinical practice topics. The quality support team also visited the home to carry out audits and identify improvements.
- Quality monitoring systems were also in place at home level. Staff and the registered manager carried out a range of audits to monitor quality and safety. Actions identified were monitored by the registered manager and the provider until completed.

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

- People told us they were happy living at the service. Comments from people included, "They [staff] have all got nice smiles", "It is a happy place, kind carers around and about" and "We've had so much fun here."
- We observed good teamwork and saw staff working together to meet people's needs. The home felt relaxed and calm. Comments from people and relatives about the atmosphere included, "I do think it is a lovely feel here, everybody is kind", "Staff get on with each other, feels good here" and "Pleasing place to visit, carers so helpful- a good family atmosphere."
- People and relatives told us they would recommend the home for others. Comments included, "Would recommend Miranda House on my personal experience" and "Oh my goodness 100% can recommend

Miranda House, wonderful support."

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 and registered manager were aware of their responsibilities under the duty of candour guidance. There had been no incidents which required a duty of candour response.

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

- People and relatives told us there was good communication at the service. Relatives felt involved in people's care and had been invited to reviews. One relative told us, "We have e-mails, ask opinion of this and that. We went to sit in with the nurse and went through the paperwork recently." Another relative told us, "Very welcoming, they ring with the slightest concerns. If I need the manager, she is there for me."

- There were meetings held for people and relatives so communication could be shared about news and events.

- The provider used surveys to gather views on different aspects of the care received. Results were collated and shared with people, relatives and staff. We saw in minutes for a 'resident's meeting' results from the survey in January 2022 had been shared. 100% of people had feedback they felt safe at the home.

Working in partnership with others

- Staff worked with healthcare professionals to make sure people's health needs were met. We saw evidence in people's records that referrals had been made in a timely way.

- People were able to see GP's, community nurses, speech and language therapists and specialist dementia nurses.