

Pressbeau Limited

New Meppershall Care Home

Inspection report

79 Shefford Road
Meppershall
Bedfordshire
SG17 5LL

Tel: 01462851876

Date of inspection visit:
21 April 2022
28 April 2022

Date of publication:
26 May 2022

Ratings

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

Summary of findings

Overall summary

About the service

New Meppershall Care Home is a residential care home providing personal and nursing care to up to 81 people. The service provides support to older people who may be living with dementia, a sensory impairment or a physical disability. At the time of our inspection there were 72 people using the service.

New Meppershall Care Home is split over two adapted buildings and two floors. One building is designed to support people living with dementia, and the second building supports people who require personal and/or nursing care. Each building and floor have access to outside garden space and each bedroom has en-suite facilities.

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

There had been a lot of improvements made regarding the safety and quality of care that people were receiving at the service since the last inspection. One person told us, "I could not be without the staff working here. They are all so kind and I feel so lucky to live here."

People felt safe living at the service and staff were knowledgeable about how to safeguard people from abuse. Risks to people were assessed in areas such as falls or pressure area care and measures were put in place to mitigate risks as far as possible. There were enough staff to support people safely and people did not have to wait long for their care needs to be met. People were supported safely with their medicines, and improvements to audit systems regarding medicines was ongoing. The service looked clean and good infection control measures were followed.

The registered manager assessed people's needs when they started using the service to ensure these could be met. Staff had the training and knowledge to do their jobs well. People were supported to eat and drink according to their support needs and preferences and gave positive feedback about their meals. Staff supported people to live healthy lives and see health professionals if this was necessary. The service was designed to meet the needs of people living there. 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.

People were positive about the kind and caring nature of the staff team. Staff were compassionate and friendly and treated people with respect and dignity. They supported people to make day to day choices about their support. People were supported to maintain their independence.

Staff had got to know people as individuals and supported them in line with their preferences, likes and dislikes. People were supported to understand information in line with their communication needs. Staff supported people to engage in social activities and interests if they chose to do so. There was a complaints procedure in place and complaints were promptly responded to. People received respectful and dignified care at the end of their life.

There were still improvements in progress in areas such as auditing medicines, communication with relatives and audits resulting in effective actions. The registered manager was aware that the service still needed to make these improvements and had plans in place to do so. There was a positive culture at the service. Staff felt well supported by the registered manager and were proud to be supporting people living at the service. People, relatives and the staff team were asked for feedback about the service. Staff linked and worked with other professionals to help ensure good outcomes for people.

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 requires improvement (published 16 August 2021). We found breaches of regulation in relation to the safe care and treatment of people using the service and the way in which the service was being governed and managed. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about the support people were receiving in relation to pressure area care and risk of falls. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. We inspected and found there had been improvements made at the service, so we widened the scope of the inspection to become a comprehensive inspection which included the key questions of safe, effective, caring, responsive and well-led. Please see all sections of this full report.

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.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

New Meppershall Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed 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

New Meppershall 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. New Meppershall Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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 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 ten people who used the service and five relatives about their experience of the care provided. We spoke with 16 members of staff including care workers, nursing staff, domestic care workers, senior care workers, maintenance workers, the cook, the registered manager, the quality manager and the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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; Using medicines safely

At our last inspection systems were either not in place or robust enough to demonstrate how safety was effectively managed in relation to assessing risks and medicines management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had ensured people living with diabetes or who needed support with eating and drinking had appropriate support in place. Guidelines were in place for staff to follow and the amount that people ate and drank was monitored carefully so that action could be taken if this was necessary.
- Risks to people had been assessed depending on their support needs. These covered areas such as support with pressure sores, walking independently and oral care. One person said, "I feel safe and I like walking by myself, so it is good that staff know how to help me with this."
- Staff completed checks to help ensure risks at the service were mitigated in areas such as fire safety and maintenance checks of equipment. One person told us, "[Staff] are always running around making sure things are how they should be. They check [equipment] before they help me use it as well."
- People who were being supported with pressure area care or who were at risk of falls had these areas of their support robustly monitored. The registered manager took action such as referring people to external professionals if this was needed.
- There had been improvements made to medicines management systems since our last inspection. Medication administration records (MAR) gave staff accurate guidance as to the correct amount of medicines to administer to people. Protocols for 'as and when required' medicines were in place for people. Systems were now in place to help ensure staff knew how to use medical devices and they had their competency to do so checked regularly.
- We found some errors relating to the amount of medicines that should have been in stock. The provider and registered manager responded immediately and adapted medicines audits to ensure checks of the stock of medicines were more robust. They sent us evidence these had been effective in reducing errors.
- People felt safe being supported with their medicines. One person said, "[Staff] know what they are doing, and they give me my medicines the way I like it which is important to me."

Systems and processes to safeguard people from the risk of abuse

- People felt safe being supported by staff. One person told us, "I feel very safe living here. [Staff] make sure I

am okay, and it feels very secure. No concerns from me."

- Staff were trained in safeguarding and knew how to raise concerns both at the service and to outside organisations such as the local authority safeguarding team or CQC.

Staffing and recruitment

- There were enough staff to support people safely. People received support in a timely manner when this was requested and did not have to wait a long time for call bells to be answered.
- People and relatives felt there were enough staff to meet their needs. One person said, "I have a call bell which I use if I need help and the staff come quickly if I press this. No worries at all." A relative told us, "I am so happy [family member] is here and can get the support from staff whenever they need it."
- The provider had processes in place to recruit staff safely in line with legislation. They also completed checks on agency staff to help ensure they were suitable to work at the service.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- The provider was supporting people to have visitors in the service in line with current government guidance.
- The service looked and smelled clean. One person said, "[Staff] keep my room very clean for me. It is spotless."
- Domestic staff followed cleaning schedules and checklists to help ensure infection control measures were maintained.

Learning lessons when things go wrong

- The registered manager had systems in place to review incidents and accidents such as falls. They put actions in place such as reviewing risk assessments or referring people to health professionals if this was needed.
- The registered manager updated risk assessments and informed the staff team when there were changes to people's support to promote lessons being learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. Assessments focused on people's preferences as well as their support needs. One relative told us, "[Staff] are making efforts to get to know [family member]. The staff have asked us lots of questions about what they like and dislike and this is good as we were worried about this side of things. The staff have all been very warm and welcoming."
- The registered manager kept up to date with best practice guidance relating to supporting people living with dementia. They ensured they shared this guidance with the staff team.

Staff support: induction, training, skills and experience

- Staff had the training, skills and knowledge to perform their job roles effectively. They told us about specific training they had completed in areas such as supporting people living with dementia and specific health conditions and how this had made them more confident when supporting people. One person said, "[Staff] definitely know what they are doing. I am very confident in their abilities."
- The management team held supervisions and completed competency assessments with staff to help ensure that training had been effective.
- New staff were supported with a thorough induction period which included working with more experienced staff, before they began supporting people independently.

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

- People were supported to eat and drink in line with their dietary needs and preferences. Food looked and smelled appetising and the mealtime experience was a relaxed and sociable occasion. People could eat their meals at times of their choosing. One person told us, "I enjoy the food here and we get plenty of it. We can always ask for more and I often do."
- Staff monitored the amount that people were eating and drinking if this support was necessary. There were various drinks and snacks available to people throughout the day and staff promoted people to eat and drink regularly.
- The cook and kitchen staff at the service knew people's dietary needs well and were kept updated when people's needs changed. They were passionate about the food they served to people and asked for feedback about this.

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

- People were supported to see health professionals if this was needed. One person told us, "I see [health

professional] regularly and if they make any changes then the staff have to listen to them. It is good to have all this help and I feel much better because of it."

- The management team ensured that advice from professionals such as speech and language therapists or physiotherapists was recorded in people's support plans. This enabled staff to follow health professional's advice to support people. One relative said, "Since [family member] has been at the service they have not suffered from [health condition] because of the support they have."
- Staff promoted people to be healthy in ways such as encouraging regular food and drink and exercising. One relative said, "[Staff] are always making sure [family member] has a drink in their hand. Staff know they need a lot of support with this, so it is reassuring this happens all the time."

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

- The service had been designed to support the people living there. Signage was used to help people orientate themselves to the environment. The registered manager and provider told us they were continuing to adapt the service design in line with best practice and showed us the plans to do this.
- Staff took pride in making the service look like a 'home' and supporting people to personalise areas such as bedrooms and lounges. One person said, "It's lovely here- it is my own home now. Just look around and you can see how nice it is." Another person indicated to us they were 'happy' with their bedroom.
- People had access to large garden areas at the service and told us they enjoyed using these.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the MCA. If necessary, capacity assessments and best interest decisions were completed to support people to make decisions.
- Staff asked people for consent before they supported them with any aspect of their care. One person said, "I get choices in everything here. If I want a shower, I get one and this isn't on the same day. The staff know what I like but always ask if I want something else anyway."
- People who had DoLS in place were supported according to the conditions on the DoLS in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the kind and caring nature of staff. Their comments included, "This is a very pleasant place. The staff really do care." and, "It's lovely here. The general attitude of staff is kind and friendly and they always take time to speak with you."
- Relatives were also positive about the support staff gave to their family members. Their comments included, "[Family member] is very happy here. We are so happy they are here and not anywhere else." and, "The service is immaculate, and we have had no problems since [family member] moved in. They are very happy and so are we."
- Staff knew people as individuals and spoke to us about their preferences likes and dislikes. Staff spoke to people kindly and compassionately and people were happy and relaxed when being supported by staff.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make day to day choices about their support. One person told us, "Nothing is too much trouble, I can have a shower when I want, have something to eat any time and staff help me choose what to wear."
- Staff supported people who found it hard to make choices in different ways such as using pictures or physical objects. This meant people were still supported to make choices and we saw people were happy to be offered choices in this way.
- People and their relatives were asked to be involved in the forming and updating of support plans. One relative told us, "I am asked about the support plan quite regularly. There are always changes going on and I know staff ask [family member] for their opinion as well."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent if this was their choice. One person said, "Staff help me do most things by myself. When I was unwell, they had to help me more but as I got better, they started helping me get back to doing more again."
- Another person told us how staff supported them to walk as independently as possible. "[Staff] know how important it is that I walk by myself. I embrace the support they give me and am very grateful for this."
- Staff had a good understanding of how to respect people's privacy and dignity. One person said, "[Staff] are very polite. They know I like my own space and always make sure they leave me alone if I need my own time."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care based around their specific support needs. People's comments included, "[Staff] understand how to support me and are very patient when I do things by myself." and, "I like it here. [Staff] look after me well and make sure I get support with [specific health need] so I can be safe and happy."
- People's support plans contained details of how they like to be supported, however some of these could have been more detailed around people's specific preferences. The registered manager agreed with this and assured us actions would be taken to improve in this area.
- The registered manager and staff team were committed to improving people's experience of care and support. There were numerous examples of how staff had listened to people's requests and put actions in place. For example, people wanted more social pastimes to be available so options such as gardening or going out had been offered to people.
- Staff ensured that they were flexible to meet people's preferences and choices. One person said, "It is not 'rigid' here if you know what I mean. Every day is different and [staff] do not make assumptions."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate in line with the AIS. Staff supported people to talk in ways they preferred. One relative said, "It can be difficult for [family member] to talk but I see staff taking a lot of time to make sure they feel listened to."
- There had been some attempts made to produce documents such as a complaints procedure in different formats to aid people's understanding. The registered manager told us this work was ongoing and would extend to minutes from meetings with people and support plans as well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had employed a number of staff, dedicated to supporting people to follow their interests and take part in social pastimes. These staff worked evenings and weekends to help ensure that people avoided social isolation throughout the day.
- People were supported to follow interests such as pet therapy, cooking, gardening and playing games.

Staff also took time to support people on an individual basis and speak to them about their preferred past times. One person told us, "There is always something going on if you want to do it. If not, then [staff] still make sure they say hello and make sure you are okay. It is very calm and comfortable here."

- The registered manager told us about their plans to reintroduce social events outside of the service in line with current COVID-19 guidelines. People were supported to stay in contact with friends and family.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service and people and relatives knew how to raise concerns. One relative told us, "I am sure if I raised any concerns with the staff team they would be addressed quickly."

- The registered manager kept a log of complaints to help ensure they were responded to promptly. They reviewed these to help drive improvements at the service.

End of life care and support

- People received dignified and respectful support when they required end of life care. We were shown numerous compliment cards from relatives thanking the staff team for the support their loved ones received during this time.

- The management team supported people and their relatives to put plans in place for the end of their life. These detailed what people's preferences would be at this time.

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. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection systems were either not in place or robust enough to demonstrate the service was effectively managed, that training needs and competency of staff were reviewed, and safe, and good communication systems were in place for people and relatives. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been improvements at the service since our last inspection. Effective measures were now in place to support staff and give them the training and knowledge to perform their job roles well. Audits had been effective in addressing areas in need of improvement such as ensuring risk assessments were up to date. Communication systems had been improved to help ensure people and relatives were kept up to date with relevant information.
- Whilst audits were effective, some still required some improvement to help ensure they would identify issues which needed addressing. For example, medication audits had not been effective in identifying where medicines had potentially been missed and some stocks of medicines were not correct. Other audits identified actions to take where improvements needed to be made but were not specific as to what actions should be taken and when they would be achieved by.
- Some people's support plans still needed to be more personalised to help ensure that staff knew how to support them in line with their preferences.
- Whilst improvements had been made relating to communication with people and relatives, we still received mixed feedback about this. One person said, "I do not know [management team] and am not sure they really ask for my thoughts on things." A relative told us, "It is still very hard to get hold of someone if you need to talk, although they do get back to you eventually."
- Some relatives also told us they had not been involved in discussions regarding their family members support or support plans. They also told us they were not sure who the registered manager was and often received replies from different staff when contacting the service.
- The registered manager and management team accepted and told us the plans they had in place to

continue working on improvements at the service. These included continued reviews of audit and support plan systems

- We also received positive feedback from some people and relatives about communication at the service. One person said, "[Staff] are always keeping us up to date with what is going on." A relative told us, "I have no problem with the management of this service and have been asked about updates to [family member's] care plan before."
- Staff felt fully engaged at the service and were asked for feedback regularly in supervisions and in meetings.

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

- There had been a significant improvement in the culture of the service following our previous inspection. People appeared happy and comfortable being supported by the staff team. People's comments included, "I am very comfortable here. The staff are lovely" and "I love it here. It has become my home from home."
- Relatives also gave positive comments about the support their family members received. One relative told us, "[Staff] are hardworking and friendly and the place has a nice feel to it."
- Staff morale was good, and they spoke to us about the changes made since the last inspection. They praised the support they had received from the registered manager and how they wanted the support people had to be the best it could be.
- Feedback about the registered manager was also positive from people and their relatives. The provider recognised the impact the registered manager had at the service and assured us they would continue to support them in driving improvements.
- The management team notified CQC about what was happening at the service if this was necessary. They were open and honest with people when things went wrong and put changes in place where this was appropriate.

Working in partnership with others

- Staff linked with health professionals to ensure good health outcomes for people.
- The registered manager worked with various networks of professionals to help ensure they stayed up to date with current best practice.