Interhaze Limited

Minster Lodge Care Home

Inspection report

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Ratings

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

Overall summary

We carried out this inspection on 27 October 2014. The inspection was unannounced. The service provides accommodation and personal care for up to 27 people who may have mental health needs.

Twenty two people were living at the home at the time of our inspection. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our previous inspection in June 2014 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There was a breach in meeting the legal requirements for the safety and suitability of premises and for assessing and monitoring the quality of service provision. The provider sent us a report explaining the actions they would take to improve and told us the actions would be completed by 30 July 2014. During this inspection we found improvements had been made and the actions had been completed.

Everyone we spoke with told us they felt safe living at the home. Care staff understood what their role was in

Summary of findings

protecting people who lived at the home, from abuse. We saw any incidents in the home were appropriately recorded and reviewed by the manager. The manager had identified risks to people's health and welfare. We saw there were enough care staff to support people with their individual care and support needs. Medication was administered and disposed of safely.

During this inspection we found some areas of the home were not clean. We decided to include checks on how the provider made sure people were protected from the risks of infection. Care staff we spoke with knew how to minimise the risk of spreading infections.

We saw safe recruitment practices were followed and checks were made prior to staff beginning work with the provider. We found all care staff had an induction programme and training was appropriate to staffs role. Care staff told us they received supervision from their manager.

We found all staff were aware of their responsibilities under The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had received the relevant training.

We saw care staff monitored people's health and wellbeing and shared information with other staff and relevant health professionals.

People who lived at the home told us care staff were caring and listened to them. We saw positive interactions between staff and people who lived at the home. People's privacy was respected and their dignity was promoted.

People's care plans were reviewed and updated when their needs changed. People were supported to maintain and improve their health.

We saw the provider's quality assurance system involved people who lived at the home, relatives, health professionals and staff. We saw the manager took account of people's comments and took action to improve the service as a result. We found quality assurance checks identified issues and action plans were put in place and followed.

Summary of findings

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 consistently safe.

Some areas of the home were not clean. We found the laundry procedure required improvement to ensure people were kept safe from risk of infection.

Everyone we spoke with told us they felt safe living at the home. Care staff understood what their role was in protecting people who lived at the home, from abuse.

Requires Improvement

Is the service effective?
The service was effective.

All care staff had an induction period and training was appropriate to their role.

All staff were aware of their responsibilities under The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had received the relevant training.

Care staff monitored people's health and wellbeing and shared information with other staff and relevant health professionals.

Good

Is the service caring?
The service was caring.

Staff supported people to maintain their independence and respected people's privacy and dignity.

People were supported to express their views and were actively involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

People's care plans were regularly reviewed and updated when their needs changed.

People had been involved in their care planning and had signed their care plans to confirm they agreed with the care and treatment they were receiving.

People were supported to maintain and improve their health.

Good

Is the service well-led?
The service was well led.

The provider's quality assurance system involved people who lived at the home, relatives, health professionals and staff.

Good

Summary of findings

The manager took account of people's comments and took action to improve the service as a result.

Quality assurance checks identified areas of concern and action plans were put in place and followed.

The manager was following recommendations put in place by local authority commissioners.

Minster Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection on 27 October 2014. The inspection was unannounced.

The inspection team included two inspectors and an expert-by-experience in mental health and substance abuse. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

The provider had completed a Provider Information Return (PIR) detailing key information about the service, what they did well and any improvements they planned to make.

During our inspection we spoke with the registered manager, a senior member of care staff, three care staff, the laundry assistant and the cook. We spoke with five people who lived at the home. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care plans and checked the records of how they were cared for and supported. We checked three staff files to see how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager made to assure themselves people received a quality service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at the home. One person who lived at the home told us, "If residents start arguing then a staff member steps in to sort it out before it gets out of hand." This demonstrated how care staff helped people to feel safe. We saw information was available in a communal area advising people, relatives and staff who they should contact if they had any concerns about people's safety.

At our previous inspection we found there was a breach in meeting the legal requirements for the safety and suitability of premises. We found improvements were needed to the environment to ensure it was adequately maintained for people. During this inspection we found the provider had liaised with the local authority and worked with them to make improvements to the service. We made checks on five people's bedrooms which included seeing if there was hot water available to them and the quality of their bed linen. We were satisfied the provider had taken positive steps to improve the environment for people who lived at the home.

Care staff we spoke with told us they had training in safeguarding and whistleblowing. Staff were able to describe different types of abuse and the signs to look for. They understood what their role was in protecting people who lived at the home, from abuse. We saw any incidents in the home were appropriately recorded and reviewed by the manager. We found the manager had notified us when they made referrals to external agencies such as the local authority safeguarding team. This meant people were protected from the risk of abuse because care staff knew what to do if concerns were raised.

We saw specific risks to people's health and welfare had been identified and assessed. Care plans gave detailed instruction to staff about how each person should be supported. For example we saw one person had been assessed for their mobility needs within the home. We observed the support care staff gave this person, reflected the instructions in their care plan. This showed care staff provided support which protected that person from identified risks.

People who lived at the home and staff told us there were enough care staff to meet their needs. One person told us, "I like it here the staff look after me." We observed and care staff told us they had time to chat with people as well as fulfil their functional role. We saw people received the support they needed whether they spent time in the communal areas or alone in their bedrooms. This meant there were sufficient care staff to meet people's needs.

The manager followed safe recruitment practices and checked care staff's suitability to deliver care to people who lived at the home. In the three staff files we looked at we saw records of the checks made before care staff were employed. We found references were obtained from previous employers which gave information about staff's past performance. Checks were made with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records.

We observed medication being given to people by a senior member of care staff and saw that it was administered safely. We looked at people's medical administration record (MAR) sheets and saw these were completed accurately. We saw a senior member of staff completed a daily medication audit to count medicines. We saw controlled drugs were administered appropriately and were stored securely. We found medicines were disposed of effectively.

We checked the quantity of medication for three people. Two people's medication matched their records; however the other person did not have any of their medication on the premises. We spoke with care staff about this and found the prescription had not arrived from the GP. Care staff who administered medication were aware of the problem and told us they had been chasing the prescription from the GP for five days. The manager was not aware of the issue until the afternoon of our inspection. The manager took action straight away to ensure that the person's medication was obtained and medical advice was sought prior to its administration to ensure it was administered safely.

We found some areas of the home were not clean. We decided to include checks on how the provider made sure people were protected from the risks of infection. We spoke with care staff about how they maintained a clean environment for people to live in. One member of care staff told us how they used personal protective equipment (PPE) such as gloves and aprons, when they supported people with their personal care and how they disposed of these appropriately. They told us how they washed their hands regularly to reduce the risk of spreading infection. We

Is the service safe?

observed staff using PPE. We saw appropriate cleaning equipment and hand washing supplies were maintained in the home. This showed care staff understood how to protect people from the risks of infection in the prevention and control of infections.

We found dining room tables contained food in indents in their surface and were sticky to the touch. An awning outside in the garden over the smoker's area was visibly dirty. We found some surfaces such as unpainted bedroom doors and cracked tiles in the sluice area could not be cleaned properly and there was a risk of spread of infection to people.

We looked in the laundry to see how infection control standards were maintained. We found there was no clear area in the laundry for clean and dirty items. This created a risk of cross infection.

The cleaning schedules did not include the laundry and sluice area. The manager told us they were in the process of writing new cleaning schedules. We found several chairs in communal areas with ripped cushions which meant they could not be cleaned effectively. The manager told us new furniture was on order to replace damaged items. Nine new upright armchairs were delivered during our inspection. This showed the manager was taking steps to improve the environment and protect people from the risk of infection.

Is the service effective?

Our findings

Everyone we spoke with told us they were happy with the care provided by staff. One person who lived at the home told us, "I like it here the staff look after me."

Care staff we spoke with told us they were happy with the induction they received. They told us it included training and shadowing more experienced staff. One member of care staff told us they received a lot of training during their induction and there were competency tests afterwards. We saw training was appropriate to care staff's role. For example, during induction, care staff were trained in the role of the care worker and the Mental Capacity Act (MCA) 2005. This meant care staff received training to provide them with the knowledge and skills to care for people.

We found that a range of training methods were used including online or paper based, to suit staff's different ways of learning. We found the manager had planned training events in advance to support care staff's development. Care staff told us this training would help support them to deliver effective care to people.

Care staff told us they received regular supervision meetings with their manager and attended staff meetings. This supported them to keep up to date with any changes. Care staff we spoke with told us they felt supported by the provider to study for care qualifications and this would help them to provide effective care to people.

We attended a handover meeting between care staff. Care staff were given clear guidance about any changes to people's needs and risks to their wellbeing by the outgoing senior care staff member. We observed care staff asked questions if they had any concerns and senior staff responded. We listened to how care staff organised the following shift to enable a member of staff to support someone to a healthcare appointment that afternoon. The handover was documented for all staff to refer to. One member of care staff told us, "We are told if things change with someone." This demonstrated care staff communicated effectively and shared information to improve the care they provided to people.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. We saw the manager made DoLS applications when any potential restrictions on a person's liberty had been identified. We found one person at the home had a DoLS application authorised. The conditions of the authorisation had been updated on the person's care plan, so the person's freedom was not unnecessarily restricted.

We looked at three care plans which showed the manager had assessed people's mental capacity and this was regularly reviewed. Care staff told us they read people's care plans and were aware of people's capacity to make decisions. The manager told us three people in the home had advocates who helped them make decisions about their finances. An advocate is an independent person who is appointed to support the person to make and communicate decisions. We found information about people's advocates was recorded on their care records, so it was clear how these people were supported to make decisions.

We saw care staff gave people choices. For example people were asked if they wanted drinks or snacks and they were asked what they would like to do. One member of care staff told us how they helped people choose and let them do what they could for themselves. Care staff told us they had received training on the MCA, DoLS and how to manage behaviour that challenged. Staff understood their responsibilities under the MCA. They were able to tell us how some people could not make their own decisions and how decisions were sometimes made in people's best interest.

People we spoke with told us the food was good. One person said, "The food's nice, hot and fresh." People ate at the dining room table and were provided with different types of cutlery and cups which were specially adapted to meet their individual needs. We observed people eat their meal and saw care staff provide appropriate support to people who required it.

We spoke with the cook who told us the food they served was cooked off the premises and delivered daily to the service. We saw there were processes to ensure the food was stored at appropriate temperatures to serve safely to people. We found there were two options available at each meal time and people chose on the day. If people did not like either option, staff told us they would prepare them another meal of their choice. We saw there was fruit available for people to help themselves to. The cook told us

Is the service effective?

there were snacks available to people in the evenings following the teatime meal. Two people who lived in the home told us, “I can have more food at night should I get hungry” and “I can have a drink any time I want.”

A member of care staff showed us how people’s food and fluids were monitored. We observed five people’s records being updated following their lunch time meal. The staff member explained how the information helped them to identify people’s likes and dislikes. Another member of care staff explained how they supported individual people at meal times and how they encouraged one person to eat because their weight was being monitored due to their risk of poor nutrition.

Everyone we spoke with told us they were happy with the health care they received. Two people who lived in the home told us, “The chiropodist comes every two weeks” and, “We see the optician about every two years.” We saw people were supported to access additional health services when they needed to. For example one person had wanted to stop smoking. We saw care staff had referred them to a specialist nurse for support and they had followed the professional’s advice. This showed people were supported to maintain good health. We looked at three people’s care records and these showed that care staff monitored people’s health needs and referred them to other health professionals, such as GPs and dieticians, appropriately.

Is the service caring?

Our findings

Two people told us, “Staff have made me feel welcome” and “Staff listen.” We saw people were given the choice of where they wished to spend their time, either in their bedroom, in communal rooms or in the garden and we observed care staff respected their decisions and supported people wherever they were in the home.

Care staff told us they had time to get to know people and had time to chat with people. A member of care staff told us it was a, “Happy home.” Care staff told us they had time to read care plans and were able to tell us about different people’s preferred routines, hobbies, interests and spiritual beliefs. This meant care staff were able to form positive relationships with people who lived in the home and knew their individual needs.

During the afternoon we observed care being delivered in the lounge. We heard care staff engaging people in conversations about things they were interested in and asked them questions. We saw people responded to care staff and freely joined in conversations. We found care staff acted in a caring way and responded in a timely way when needed. We saw one person showed signs of anxiety and care staff understood the triggers for this and knew how to support the person to resolve it.

We asked people if care staff listened to them. One person told us, “We have a choice of food but I would really like a steak.” The manager told us this person really enjoyed steak and frequently requested it. The manager told us they had taken this person amongst a group of people, out to a restaurant for steak. We saw people had regular meetings where they discussed things which were important to them such as the food. A meeting was held on the day of our inspection and we observed people freely participating in discussions with care staff. We observed care staff listened to people’s opinions.

We found the day’s menu was written on a white board in the dining room. We saw people looked at the board. This gave them information and helped them to make a decision about their lunch choices.

People told us care staff respected their privacy. One person who lived at the home told us, “The staff always knock on my door and wait to be invited in.” We observed care staff encouraged people to dress in a way which supported their dignity. One member of care staff told us, “I let people decide.” This showed people’s independence was promoted and their dignity was respected.

Is the service responsive?

Our findings

Two people told us, “We have lots of activities like singing and we also have singers come in, crafts and keep fit” and, “In the day we watch television, do quizzes and a lot of singing.” We saw people were busy during the day. One person had a relative to visit. We saw other people doing ‘karaoke’ in the lounge. The manager told us, “We ask people on a daily basis what they’d like to do. There is an activities programme with a residents meeting this afternoon.” This showed people were supported to follow their interests.

Care staff told us they knew when people’s needs changed because they had time to read care plans and were given updates during handover at each shift. One person who lived at the home told us, “I can’t remember if I have seen a care plan but I sign something regularly.” We saw people’s care plans were reviewed and updated by the manager. We saw people who lived at the home were involved in this process because they had signed their care plans to confirm this.

We saw people’s care plans included their life history, important things in their life and information about their favourite hobbies or interests. We saw one person’s relatives had helped to provide information about their life history. This showed people and their families had been involved in planning their care.

We looked at three people’s care plans and saw their needs and abilities were described. Care plans gave care staff instructions on how to support people. We saw the support care staff gave matched the information in their care plan. We saw how care staff supported the person to move around the home using specialist equipment. This meant staff knew how to support people according to their needs.

Care staff told us that one person had received advice from the nutrition nurse about the type of diet they should have. We saw the risks to this person’s well being had been assessed. Care staff told us the person sometimes made a decision which was not in line with the health professional’s advice. One staff member told us, “[Name] can have what [name] wants.” This showed people were given appropriate information and supported to make their own decisions and care staff reviewed their well being.

Care staff told us they would help people to make a complaint if they wished. This demonstrated people were given support by care staff to make their views known. We saw the provider’s complaints policy was accessible to people. It was included in the visitor’s information pack, it was displayed in a communal area and it was included in everyone’s care plans. We saw there had been two complaints which the provider had responded to in accordance with the complaints policy. We saw the outcome of the investigations and saw the provider had taken appropriate actions to resolve the issues in an effective and proportionate way. This showed people’s concerns were listened to and acted on.

Is the service well-led?

Our findings

Everyone we spoke with was happy living at the home. They were aware who the registered manager was and we saw people stop as they were passing the office to have a chat. One person told us, "The manager is lovely." This showed the manager was accessible to people.

At our previous inspection we found there was a breach in meeting the legal requirements for assessing and monitoring the quality of service provision. We found some audits carried out by the provider were not effective. During this inspection we found improvements had been made. We looked at the way quality was assessed within the service and found audits were effective and action plans had been followed. We found the manager was aware of the challenges which affected the service. These included the concerns we and the local authority commissioners had previously raised, including the safety of the premises and infection control. The manager told us, "It has been ongoing keeping the home up to standard."

We saw the manager sent out a questionnaire to people, relatives, health professionals and staff. We saw the manager analysed the results of surveys and took action to improve the service where people identified any issues. For example, following a comment made in the health professional's survey, the manager showed us they had introduced a new form to give GPs and hospitals a summary of information about people's health issues when they attended routine appointments. The manager told us this form had helped to improve the service provided to people and to health professionals, because important information was made easily available. This showed the manager involved people in developing and improving the service.

The manager was registered with us and was aware of their responsibilities as a registered manager. They had sent notifications to us appropriately about important events and incidents that occurred at the home. We found they also notified other relevant professionals about issues where appropriate, such as the local safeguarding authority.

All the care staff we spoke with told us the manager was open and they could speak with them at any time. The manager told us they felt supported in their role, by their own manager and received regular supervision. They told us, "I think I run a happy care home." The manager told us they observed care staff practice, where they monitored their performance. They told us, "If a concern is raised at observations, I would carry out a supervision." This showed the manager understood their responsibilities and supported care staff to provide a good standard of care to people.

The manager told us they met with other managers in the providers group once every two months. They told us they used this time to share ideas and discuss things to improve their service, such as new training.

We found the provider's quality assurance system included regular checks made by the manager and senior care staff. The checks included environmental audits, care plan audits and medication audits. The manager observed senior care staff who administered medication on an annual basis, to check their competence in the administration of medication. We found that checks identified areas of concern and action plans were put in place and followed. This showed that changes were implemented to improve the service.

We found there was a data management system in place. Records held by the provider were up to date and were kept securely. Records were easily accessed by the manager when required during our inspection.

The manager told us the provider's senior management team and external agencies such as the infection control community nurse and the local authority commissioners, audited the provider. They had provided the service with recommendations. We saw that the manager was following these recommendations and making improvements to the service.