Mitrecroft Limited

The Old Prebendal House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection was carried out on 16 and 17 May 2016. At our last inspection on 1 October 2014 the service had met all of the standards we had inspected against .

The Old Prebendal House provides residential and nursing care for 34 older people in the Oxfordshire area. The home is located in a rural area of Oxfordshire. On the day of our inspection 31 people were living at the service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People were supported by staff that were not always appropriately trained. The records showed that the provider had not ensured that staff had received up-to-date training in the areas such as moving and handling equipment, fire awareness, safeguarding or infection control. However when we spoke with staff they demonstrated good knowledge about these elements of training. We have made recommendation regarding staff training and training updates.

People told us they felt safe. Staff were confident that if they reported any concerns regarding people's safety, health or welfare to the registered nurse or to the registered manager, these would be acted upon immediately.

Medicines were stored safely. Records relating to medicines were completed in line with the provider's medicines policy.

On the day of our inspection there were sufficient numbers of staff deployed to support people safely and effectively. Thorough recruitment practices and appropriate pre-employment checks ensured that staff were of a suitable character to care for people. Staff were supported through regular supervisions and appraisals.

Risks to people had been identified, assessed and were managed safely. Staff understood the signs of potential abuse and what action they needed to take if such suspicion arose. There were sufficient numbers of staff employed to meet people's needs and the service followed safe recruitment practices. People's medicines were managed and administered safely.

Thorough recruitment practices and appropriate pre-employment checks ensured that staff were of a suitable character to care for people. Staff were supported through regular supervisions and appraisals.

Management and staff understood and followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the

mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made on behalf of a person who lacks capacity are made in the person's best interests. People were able to make decisions concerning everyday aspects of their lives themselves, which helped them maintain their independence.

People were involved in the planning of their care and staff provided support that met people's needs and maintained their independence. The provider sought support from relevant healthcare professionals to maintain people's health.

Care plans were reviewed regularly on an annual basis and, reviews of people's care were carried out and if people's needs changed, people's care plans were amended accordingly. Staff were familiar with the contents of people's care plans and knowledgeable about people's individual needs, backgrounds and preferences. Individual risk assessments were in place and provided information about how to manage any of the identified risks to people.

The service had a complaints policy in place. People who use the service were made aware of the complaints procedure. They told us they knew how to make a complaint and who to complain to, should such a need arise.

People were given the opportunity to contribute to the enhancement of the service by providing feedback on its management at residents' meetings.

The service had systems in place to assess the quality of the service. However, the systems had not always been effective and had failed to identify the training issues highlighted in the report. The registered manager addressed the issue immediately and introduced new audits on the second day of our inspection. However to ensure improvements were made we have asked the provider to send us an action plan.

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.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Recruitment procedures were robust to ensure appropriate pre-employment
checks were in place before new staff started to work unsupervised with people.

People told us they felt safe. Staff knew how to identify and raise concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had not always ensured that staff had the relevant training to be able to promote and maintain people's safety.

The registered manager and staff were aware of their responsibilities regarding the Mental Capacity Act.

People were supported to eat sufficient and nutritious food and drink. People had timely access to appropriate health and social care support.

Is the service caring?

Good

The service was caring.

People were valued and treated with compassion, and their dignity was respected.

People we spoke with were positive about the kind and caring nature of staff.

Staff knew people well and responded to their needs appropriately.

Is the service responsive?

Good

The service was responsive.

People were involved both in planning and reviewing their care and support.

People told us that there were sufficient activities taking place which meant that people were not socially isolated.

Is the service well-led?

Good

The service was well-led.

Staff were motivated, valued and supported by their colleagues and management.

Staff were aware of their roles and felt supported by the registered manager and the provider. Staff members told us they were able to raise concerns and felt the registered manager provided good leadership.

The Old Prebendal House

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.

This inspection took place on 16 and 17 May 2016 and was unannounced. The inspection team consisted of an Inspector and a Specialist Advisor (SpA). A SpA is someone who can provide specialist advice to ensure that our judgements are based on up-to-date clinical and professional knowledge. The SpA who participated in this inspection was a nurse specialist with expertise in nursing, health and safety, and medication.

Before the inspection we looked at the information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also sought relevant information from the local authority safeguarding and commissioning teams.

We spoke with seven people, six care staff members, the care co-ordinator, the head of housekeeping and the registered manager. We looked at care records for six people, four staff recruitment records, medicine administration records and a range of records relating to the management of the home. The methods we used to gather information included pathway tracking, observation and Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Good

Is the service safe?

Our findings

People we spoke with were confident the service they were using was safe. One person told us, "I do feel safe here. I know the carers, they are all very good." None of the people we spoke with had any concerns about the way they were treated or supported. One person said, "It's at the top of the range and I don't think I'd like to be anywhere else."

People's individual risk assessments were incorporated into their care plans. This gave staff detailed information about how to support people in a way that minimised risk for the individual and others. Identified areas of risk were based on the individual person and included areas such as self-medication, use of bedrails, and trips and falls.

The service had clear systems and processes in place for managing safeguarding concerns and these were understood by staff. We spoke with staff about their understanding of safeguarding vulnerable adults and whistleblowing policies and procedures. They were able to clearly describe how they would escalate concerns should they identify potential abuse. A member of staff told us, "You can recognise signs of abuse. For example, when somebody changes their emotional state, you see bruising, change in financial situation, neglect of care, fear or anxiety".

The staff were aware of who to contact to make safeguarding referrals to or to obtain advice from. Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (informing others) if they had any worries. One staff member told us, "I would contact the manager first; if the manager does not act, I would take it further to the safeguarding board or the Care Quality Commission (CQC)."

Recruitment checks were completed to ensure staff were of a suitable character to care for people. Apart from written applications handed in by candidates, the recruitment process involved holding face-to-face interviews. The checks included an identification check, evidence of applicants' right to work in the UK, a health check, references and a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The number of staff available on each shift was sufficient to provide support to and keep people safe. Staffing levels were determined by the number of people using the service and their needs. People told us they felt there was enough staff. One person said, "Staff are always there when I need them".

Medicines were stored safely, including controlled drugs which were stored in line with required legislation. Staff responsible for the administration of medicines had completed relevant training and had their competency assessed before they were allowed to administer medicines unsupervised.

People's accidents and incidents were recorded and these were monitored so that reoccurring themes and triggers could be identified. This helped staff to take proper action to prevent further reoccurrences. For example, one person had developed a pattern of falls. This had been reviewed and new ways of supporting

the person's safety had been implemented. The registered manager obtained a hip protector and other equipment to reduce the risk of injury to the person.

Regular checks and tests were completed to promote and maintain safety in the home, such as weekly fire alarm tests and external checks on fire fighting equipment. People were protected from risk caused by faulty equipment. All electrical portable appliances had been tested in January 2016.

There were robust contingency plans in place in case of an untoward event. This assessed the risk of such events as flood or bad weather conditions affecting the continuation of the service. The contingency plans also provided guidance on what action would be taken to deliver care and support to people uninterruptedly.

Requires Improvement

Is the service effective?

Our findings

People received care from staff who were not always sufficiently trained to promote and maintain people's safety. We noted staff had overdue training in the areas of fire awareness, safeguarding and infection control. Also, 17 care staff members had not received food hygiene training, all of whom did handle food.

However, the staff we spoke with were knowledgeable about the outdated training described above. They provided us with examples of how to recognise signs of abuse and told us how they use colour coded cleaning equipment to reduce the risk of cross-infection. The staff told us that their practice was observed on daily basis by the registered manager and they were confident they received training and support to do their job effectively. A member of staff told us, "We are all trained really well. The manager supports us to have National Vocational Qualifications (NVQ) so we constantly review our knowledge".

We recommend that the training and training updates are provided regularly in line with good practice from a reputable source.

People told us staff knew how to support them. One person said, "They know me really well and they know how to support my needs". Another person told us, "I think they have the right skills and knowledge".

Newly recruited staff had completed an induction course based on nationally recognised standards and had spent time working with experienced staff. This ensured that new care staff had the appropriate knowledge and skills to support people effectively. A member of staff told us, "When I finished moving and handling and fire alarm training I was shadowing for period of two weeks on early and late shifts. I have requested to extend the shadowing period until I was confident enough and they (the management) were quite happy for me to do it".

Staff were supported through regular two monthly supervision meetings with their line manager. This gave each member of care staff and the line manager the opportunity to discuss any issues that may have arisen, as well as areas where the member of staff excelled in their care duties. Appraisals took place annually. Both management and staff felt these were useful processes for people's development.

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 Act 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 the least restrictive option is used.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager and

staff were knowledgeable about how to ensure the rights of people who lacked the necessary capacity were protected.

At the time of our visit no people were subject to a Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent at all times. Staff explained to people all actions and activities involved in their day-to-day care and offered them choices. Where people expressed a preference, this was respected. For example, some people preferred assistance of a care worker of the same gender.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people refused to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately and the outcome was clearly recorded on the front of the care file.

People's nutritional requirements had been assessed and documented. For example, care plans contained advice concerning people's eating and drinking provided by a Speech and Language Therapist (SALT). Staff followed this guidance to ensure people were sufficiently nourished and hydrated. People's weight was regularly recorded and closely monitored where appropriate to promote their health and well-being.

The kitchen staff were aware of people's dietary needs and preferences and were able to adjust the menu to specialist diets as needed, for example, a diabetic diet. People confirmed they were offered meal choices and alternatives to the menu on request. One person told us, "The food is excellent. The only trouble is that it's too much of it. It is difficult to avoid helpings".

People's medical and care needs were also assessed. The assessments included medical conditions, tissue viability (skin condition), mobility and eating. Care plans were developed from these assessments and where risks were identified, referrals were made and specialist advice sought. For example, we saw records confirming people had been referred to the SALT, the district nurse, a GP or an optician. All GP's and specialist professionals' visits were recorded in people's care plans. Their advice were followed and incorporated into the care plans.

Good

Is the service caring?

Our findings

People told us they were satisfied with the care they received at the service. One person told us, "I think this place is brilliant. It's extremely comfortable and the staff are very kind". Another person stated, "We are well looked after".

We observed that staff respected people's dignity and privacy. We heard them ask people quietly whether they felt comfortable, needed a drink or required personal care. Staff always remembered to knock on people's doors before entering their rooms and they also ensured that curtains were closed and doors were closed when providing personal care. One person commented on staff's attitude, "Staff are very friendly. They treat me with respect and dignity".

People told us that they had developed good relationships with staff who understood their needs, preferences and goals. People felt they received regular and consistent care. One person told us that staff were always 'focused on them, listened to them and valued their opinion'.

People were given choice of where and how they preferred to spend their time. We saw staff enabling them to be as independent as possible, while providing support and assistance where required. Staff gave examples of people's choices in their day-to-day routine, for example the time they went to bed and got up and the activities they joined in. People who use the service were supported by staff to maintain their independence and this was reflected in their care plans. When we asked a staff member how they promoted people's independence, they told us, "I encourage them to do as much as they can until they are able to do it".

People had "Life Story" documentation in their care files. This provided staff with information about things important to people. It helped to engage staff with people as it gave them crucial information about each individual, for example, information about people's past lives. As a result, staff could talk about topics which were meaningful to people. Staff told us that this practice strengthened the friendly relationships between people and staff. A member of staff stated, "Care plans give us insight, knowledge of people. We can access them whenever we want to".

Throughout the inspection staff were attentive but not intrusive and people felt relaxed with staff providing them with support. We spent some time observing people in the lounge and dining area. We saw they were well-cared for by staff who were considerate and, when needed, affectionate. When we spoke with staff they told us how they enjoyed working with the people who lived at The Old Prebendal House. One of the staff members said, "The teamwork is brilliant. If you see a resident who is distressed you don't just pass by. You talk to them, you take care of them". Another member of staff told us, "We have laugh on the floor. We take our jobs serious but we have fun with our residents".

The home had policies and procedures that covered areas such as confidentiality, privacy and dignity. We saw that staff were aware of this guidance and were following it whilst providing care to people who use the service.

Staff supported people to maintain contact with friends and family. One visiting relative told us, "They were always made to feel welcome and were able to visit people at any time". Another person told us, "I can have visitors anytime I want". People were able to see their visitors in one of the lounges or in their own rooms.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to moving in to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. They made decisions about any new admissions by considering and comparing the needs of a new person with the needs of the people already living at The Old Prebendal House. Initial assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. People told us they knew such plans were in use and the plans had been confirmed and agreed with them.

When we looked at people's care plans, we saw that they were person-centred. A 'person-centred' approach focuses on the individual's personal needs, wants, desires and goals so that they become central to the care and support process. The care records contained details of people's personal histories, likes, dislikes and included such information as people's preferred names, previous occupations, interests, hobbies and religious needs.

Where people had specific health needs, relevant information had been added to their care plans to help staff to understand these better. For example, some people had difficulties with eating and drinking, and guidance had been printed from the National Health Service (NHS) website on how to fortify their food. Advice from the speech and language therapist was also incorporated into the care plans.

People told us they had been involved in discussions about their care in the review process, and the records confirmed this. Care plans were reviewed on a yearly basis and changes were made to the support if needed. Staff told us they were kept fully informed about any changes in the support people required. This was achieved either by face-to-face discussions with the registered manager, or by handovers and team meetings.

Staff told us the care plans were informative and gave them the guidance they needed to care for people. Staff were encouraged to give feedback on people's changing needs to help ensure information was available for updating care plans and sharing it at handovers. Daily records detailed the care and support provided each day. They also contained additional information on how people spent their time, for example, what activities they were involved in.

A variety of social activities were available, including trips outside the home. Day-to-day activities ranged from games and quizzes to shopping trips and gardening. People were regularly provided with the services of a chiropodist and a hairdresser. One person told us, "I enjoy the activities. They are on everyday and I can choose to take a part if I wish to". Their spiritual needs were fulfilled by regular visits of a pastor. One person told us, "I enjoy going to library where the vicar is and holy communion takes place".

The home maintained strong links with the local community. The local embroidery group held regular sessions in the home in which people could take part and interact with the local community. The mobile library visited the home and regular trips to the local shopping area were arranged for people.

The home had a large garden area for people to enjoy. During our visit we saw people sitting outside, being served tea, enjoying the fresh air and views of the garden. Access to the garden was unrestricted and was easily accessible for people who used wheelchairs. Staff regularly visited the garden to make sure people were safe and provide support if needed. One person told us, "It's such a lovely place, such a lovely garden".

A complaints policy and procedure was in place and displayed in the reception area. People knew how to complain and were confident they would be listened to. The provider's complaints process was included in the welcome pack given to people when they commenced their stay at the service. People told us they had no complaints or concerns about the service. One person said, "No complaints whatsoever".

Good

Is the service well-led?

Our findings

People were complimentary about the management of the service. Communication with the management was good and enabled people to develop positive relationships with them. One person told us, "I think [the registered manager] is approachable. He is around a lot". Another person commented on the running of the service, "It is managed really well. Everyday there is someone at the desk. You can ask about something, make a complaint or ask about help".

The service had an 'open door' policy whereby they encouraged people who use the service and staff to share their views on the service. Both people and staff were welcome to make comments freely with the management team at any time. A member of staff told us, "His (the registered manager's) doors is always open and he's always around the home".

Communication among people, their families and staff was encouraged in an open way. The registered manager told us they wanted to involve people, relatives and staff in the day-to-day running of the service as much as possible. Staff said that the registered manager was very approachable and would resolve any concerns raised by staff. A member of staff stated, "He is really good. He comes on the floor when he's needed. He has covered my shifts when I was unwell".

We saw evidence of regular staff meetings. The recent meetings included topics such as the timing of the food tray distribution to prevent people from getting cold food, changes in procedures and maintenance issues.

The members of staff we spoke with had a clear and consistent understanding of the provider's vision, values and view about the quality of the service provided. Their common goal was to deliver a service that was safe. They also aimed to offer person-centred care provided by dedicated staff who understood how to look after each individual.

Staff told us they enjoyed working at the service. They were provided with job descriptions and their contracts of employment clearly outlined their roles, responsibilities and duty of care. There were clear lines of accountability and responsibility within the service's defined organisational structure.

The provider had systems in place to monitor the standard of care delivered to people. However, these were not always effective. The audits carried out by an external company hired by the registered manager failed to address the training issues highlighted in the report. We raised this issue with the registered manager who took immediate action and set up new audits that were supposed to be more effective.

There was a whistleblowing policy in place that was available to staff. The policy contained the contact details of relevant authorities for staff to call if staff members had any concerns. The contacts included the Care Quality Commission (CQC) and a national helpline run by a charity who gave advice and guidance to staff in relation to whistleblowing concerns. Staff were aware of the policy.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC) of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.