Minster Care Management Limited

Three Elms

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**

Overall summary

This inspection took place on the 26 November 2014. The inspection was unannounced

At the last inspection of Three Elms took place on the 10 July 2014 we had identified breaches of regulations relating to consent to care and treatment, requirements relating to workers, assessing and monitoring the quality of service provision, care and welfare, notification of other incidents and records. Following this the provider sent us an action plan telling us about the improvements they intended to make. During this inspection we looked at whether or not those improvements had been made.

The home had a manager in post who had applied to be registered with CQC.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.

Three Elms is a care home which provides accommodation and personal care for up to 60 older people. There is a unit on the first floor specifically for people living with dementia. There were 8 people living in this unit and 22 people living on the residential care unit on the ground floor on the day of our visit. The home is situated in the Penketh area of Warrington and is close to the local shops and other community facilities.

Summary of findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw information that best interest meetings had taken place where people lacked capacity to make decisions for themselves. However, a number of staff still required training in topics such as the Mental Capacity Act and DoLS and dementia care. We have made a recommendation that this training is completed as soon as possible and will be following this up with the registered provider.

We found that other areas with regard to the recording of consent to care and treatment had been improved since our last visit. For example, there were completed documents in the care files which people had signed to state that they had given consent to be photographed and for care to be given. Risk assessments for the use of bedrails had been signed by the people living at the home. We saw that staff gained consent before supporting people with their needs. For example explaining to the person that they were going to assist them out of their chair and asking if that was acceptable before moving them.

We found care plans to be improved and were detailed and focused on the individual person. They contained guidance to enable staff to know how to meet people's needs and how they wished to be supported. Staff had a good understanding and knowledge of resident`s individual care needs.

People, relatives and staff said there were enough staff on duty each day to meet people's needs. We observed how staff spoke and interacted with people and found that they were supported with dignity and respect.

We saw that the menus were pictorial which made the choice of food easier for people who may not be able to understand the written menu. People said that food was good and plentiful and they had plenty of choice.

We observed that the home had a complaints procedure and complaints that had been made were recorded with actions taken. This showed us that concerns could be raised and that the manager is open to resolving any issues raised.

Staff recruitment had improved so that people were sure that staff employed were suitable to work with vulnerable people. Appropriate pre-employment checks were being carried out and application forms were more robust to enable the management of the home to have adequate information before employing staff.

Audits at the home were improved as action plans were now in place when shortfalls were found. This meant that improvements could be made and an audit trail could be followed to ensure all actions were met.

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 safe.

Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare.

Care plans contained risk assessments so that risks to people were managed and people were supported to be cared for as they wished.

Medicines were managed safely at Three Elms so that people were sure they received the right medicines at the right time.

A thorough recruitment procedure was in place and sufficient staff were available to keep people safe.

Good

Is the service effective?
The service was not always effective.

Choice was recorded in the care plans and people who were unable to make choices were assessed and Deprivation of Liberty Safeguards (DoLS) documentation was completed. However, a number of staff still required training in topics such as the Mental Capacity Act and DoLS and dementia care.

Mandatory training was up to date to support staff to care for people appropriately. Staff had received regular formal supervision.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, opticians and dentists.

Requires Improvement

Is the service caring?
The service was caring.

We saw that people were treated with respect and dignity by the staff at the home and that people were listened to.

Relatives spoken with felt their relatives were supported well and cared for.

Concerns raised were dealt with appropriately.

Good

Is the service responsive?
The service was responsive.

Care plans demonstrated that people were involved as much as possible in the decisions about their daily lives.

Complaints made were fully recorded and actions taken had been documented.

Good

Summary of findings

The service provided various activities for people to take part in if they wished so that people were responded to and their individual needs were met.

Is the service well-led?

Good

The service was well led.

People, relatives and staff spoken with said that they felt the manager was approachable and would listen to them.

The service had procedures in place to monitor and improve the quality of the service and actions were taken to address any issues that were found.

Three Elms

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 checked 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 27 November 2014 and was unannounced. The inspection team included two Adult social care inspectors. One of the inspectors was experienced in the field of the Mental Capacity Act and Deprivation of Liberty Safeguards. Before the inspection we reviewed the information we held about the service. This included a review of any notifications sent to us about incidents in the home, which the service is required to send us by law. At the time of our inspection the service had thirty people living there.

We did not request a Provider Information Return (PIR) from this service. The PIR is a form which askes the provider to give some key information about its service, how it meets the five questions and what improvements they planned to make.

This inspection took place over one day and during our visit we spent time in all areas of the home, including the lounges and the dining areas. We were able to observe how people's care and support was provided.

We contacted Warrington Borough Council who commission the service for some people living in the home. They sent us their report and issues raised by them had been actioned.

We spoke with people throughout the home and saw how care was provided to people during the day. We used a number of different methods to help us understand the experiences of people who used the service for example talking to people using the service, interviewing staff, pathway tracking, observation, reviews of records. During the inspection we spoke with six people who used the service, eight relatives, seven members of staff and the manager.

We used the Short Observational Framework for Inspection (SOFI). 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 five people's care records and documentation in relation to staff recruitment and training, risk assessments, quality assurance audits, policies and procedures and the management of medicines.

Good

Is the service safe?

Our findings

People living at the service said they felt safe at the home. They made various positive comments such as: "I'm fine in here – I`m well looked after. "And "I have always been happy here – the girls are all very nice with me." Relatives spoken with said "He (relative) is definitely kept safe – I have no worries about that; " "We come in a lot but when we go home we know he is being well looked after by the staff;" and "I come in at different times of the day and my relative always looks relaxed with the staff."

We looked at how medicines were managed in the home. We observed senior staff giving out medication to people who lived in the home and found they took their time to make sure each person had taken their medicines. Clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required. Records showed that people were getting their medicines, when they needed them and at the times they were prescribed. We saw that medicines were stored correctly. The controlled drugs had been checked following each shift change. Storage temperatures were monitored and the records showed that medicines were stored within the recommended temperature ranges to help make sure they remained safe and effective to use.

However, we found that people did not have adequate written guidance in place about the use of "when required" medicines. The medicine administration sheets (MAR) had stated times as to when these medicines should be taken but people did not always need them at these prescribed times. Staff had clearly recorded if medicines were given outside of these times. For example people were given pain relief when they needed it and this was recorded on the back of the MAR sheet. We discussed this with the manager and area manager and they assured us action would be taken immediately. Following the inspection visit an email was sent to CQC from the manager of the home with details of what actions had been put in to place to address this. We spoke to the senior staff on duty who were responsible for giving out medication and thye were aware that some medicines needed to be given at different time such as an hour before food It was recorded fully on the medicine administration sheet when these medicines should be given and why.

We saw that staff had received training with regard to safeguarding and staff we spoke with were aware of procedures to follow if suspicion of abuse or mistreatment was suspected. One staff member said: "We have all done safeguarding training – I know if I thought something wasn`t right I would be straight in to see the manager." Allegations of abuse were reported to the local authority safeguarding team and to CQC. Staff were also aware of the whistle blowing policy which was in place to support staff. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. One staff member said "We all know about the whistleblowing procedure, it`s been used in the past and I am sure all the staff would use it again if they suspected anything."

We were aware following our last visit and visits by Warrington Borough Council safeguarding team that the manager had worked together with them to address issues raised from safeguarding referrals. For example staff training has been improved so that people's risks are more fully assessed. Staff were aware of their responsibilities to keep people safe.

This included individual risk assessments for areas such as moving and handling, use of hoists and bedrails and nutritional assessments. We looked at the assessments and found them to be clear and up to date. These measures minimised the risks to people living at the home.

We looked at the duty rotas and found that there were seven care staff on duty each day which included a senior carer on each floor. In addition to care staff, a number of other housekeeping; laundry and kitchen staff and the manager were on duty to support the needs of the people who used the service. On night duty there was a senior carer supported by two care staff. People, relatives and staff spoken with said there were adequate numbers of staff on duty to meet the needs of people living at the home. The manager had completed a dependency tool to help to monitor the numbers of staff required.

We looked at five staff files to check that the appropriate checks had been carried out before they worked with people. This included records relating to an administrator, an activity co-ordinator and care staff. All appropriate checks were completed prior to the members of staff

Good

Is the service safe?

working in the home including references and a criminal record check so that the management could be assured they were safe to work with vulnerable people. This was an improvement since the last visit.

The environment was clean and fresh and the home's kitchen had been awarded a five star hygiene rating by the local authority. This is the highest award possible. We saw that the kitchen area was clean, tidy and well organised.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff at Three Elms. People said "The staff are great with us, the food is always nice, I wouldn`t be anywhere else" and "yes this is a good place, staff are really good and patient."

Each person had been assessed for their mobility needs and a moving and handling assessment was present in the care plans we looked at. Staff spoken with had a good understanding and knowledge of resident`s individual care needs including the safest way to assist people to be moved around the home.

We found that assessments had also been completed to determine people's risk of malnutrition and dehydration. This was to ensure their health was maintained. Care plans contained details to show how people's nutrition and dietary needs had been assessed and reviewed regularly. People told us they enjoyed their meals and had plenty of choice and alternatives were available if requested. We saw that the home had pictorial menus to assist people with dementia to make choices about what they wanted to eat and drink. People said "the food is always lovely;" "I love the food it is great;" and "The food is really lovely and if you want more you just ask."

We carried out a Short Observational Framework for Inspection (SOFI) at lunchtime on both floors and found interactions between staff and people were positive. The food looked appetising and appealing. Where necessary staff checked frequently that people were managing to eat their food and offered appropriate support when needed. Additional drinks were offered during the meal and people had a choice of desserts. People were encouraged to be independent during mealtimes. People who required assistance were provided with discreet and sensitive support.

The meal time experience was calm and unhurried and people were chatting to each other and staff whilst eating their meals.

Staff working at Three Elms had a programme in place to ensure that staff received regular supervisions and training to support them to care for people living at the home. We looked at the training records which demonstrated that staff had received updated mandatory training in areas such as moving and handling, safeguarding, fire safety and health and safety. Some staff had received training with regard to dementia awareness and the manager told us that further detailed dementia training was planned. Staff spoken with confirmed that training and supervision took place but felt they needed further training with regard to MCA and DoLS and dementia. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

One staff member told us "We have done some basic training around capacity but not enough – we need more specific training related to dementia – we don`t know enough."

We found Three Elms had a policy in place with regard to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests. The manager had assessed people living at the home and had applied for DoLS authorisation. We found that all applications/ authorisations had been completed appropriately with best interest meetings being held and records of these were in people's care records. However, we found that few of the staff had received this training and staff spoken with had little understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected. However, the lack of training in this particular area had already been recognised by management and we saw evidence of arrangements for further more detailed training in January 2015 this would ensure staff had the skills and knowledge to help them recognise when a person lacked capacity to make choices about their care.

We saw in care files that people had been referred to GPs, district nurses, dieticians and other health care professionals. Visits were recorded in care files so staff would know what they had been referred for, who to and

Requires Improvement

Is the service effective?

what treatment had been prescribed. One staff member said "We have a good relationship with the doctors and others, nurses – we only have to call and they come in – really good."

We spoke with a physiotherapist who was assessing a person's need and giving advice on the use of oxygen and medications. They said they were happy with the response and knowledge they had received from staff during their visit.

Staff ensured they knew about the changing care needs of people. This included daily handovers between shifts, team meetings and reading people's care plans. One staff member said "We review care plans monthly and all the risk assessments, or earlier if necessary and any changes the staff are made aware – all staff have signed the care plans"

We also saw that communication with family members was recorded. Relatives confirmed they were informed of any changes to care and asked for their views on the care and support that was in place. One relative said "A while back my relative wasn`t well at all and they kept in touch all the time letting me know how she was" and another said "They let you know if anything happens."

We recommend that training regarding the MCA and DoLS, and dementia care is delivered to all care staff so they have the skills, knowledge and confidence to assist people in a way that meets current best practice.

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people, and between staff and relatives. People living at Three Elms told us ""Staff are excellent – anything you need you just ask" and "You can`t fault the staff – there is always someone around to help if you need it" They said they were happy living at the home and that they felt well cared for.

Relatives spoken with were also happy with the care at the home and told us "All the people working here are so nice and helpful;" "The staff here are dedicated, they really are – I mean it`s a hard job but they really care;" "Staff are good, they are good with the little touches that make all the difference;" " Excellent care, excellent staff you can't fault them."

We spent some time in lounges observing interactions between staff and people living at Three Elms. We saw people walking around the home when they wanted to. We saw people were able to choose what they wanted to do. The atmosphere in the home was warm and friendly. During the day we observed staff interacting with people and they were comfortable and relaxed with staff and we saw cheerful exchanges where people were laughing in their interactions with staff. Throughout our inspection we saw that staff were courteous, caring and patient when supporting people and we saw that residents' dignity and privacy were respected. We saw that staff gained consent before supporting people with their needs. We saw consent forms in care files which people had signed to state that they had given consent to be photographed and for care to be given.

People were given time to make decisions. For example, staff were seen to use pictures where one person was having difficulty in understanding what meal was on offer.

The service had a specific unit for people living with dementia and although staff had received some training to give them an insight in to the needs of people with a dementing illness the staff felt more training could be given so that they could give the best care they could. Staff spoken with said "Everyone here really cares for the residents there`s no doubt about it" and "I think if we had more specific dementia training it would help but we all care for the residents here."

Good

Is the service responsive?

Our findings

During our inspection people we spoke with said that there were good levels of activities on offer at the home. One person told us "You can say if you want to do anything. It is Christmas lunch out today but I didn't want to go." On the day of our visit people were being taken out for Christmas lunch and relatives were also going with them. We observed people being asked if they would like to take part in activities such as, games, attending the hairdresser, going for Christmas lunch, watching TV or listening to music.

The home had two activity coordinators whose role it was to organise and plan any activities within the home. Activities were varied with quizzes, reading newspapers, church services and lunches out in local pubs and café's available. Activities attended were recorded so staff would know which people had attended an activity and if they would like to attend again. We spoke with the activity co-ordinator on duty and she told us that she was visiting local libraries to access reminiscence information and that she was to attend specialist training on dementia and suitable activities at the "House of Memories." The House of Memories is an interactive museum which targets carers, health and social providers and helps them to deliver a positive quality of life experience for people living with dementia. The training programme provides participants with information about dementia as well as skills and resources for practical memory activities.

People felt that staff responded well to their needs. People living at the service said "If I`m in my room and press the buzzer one of the girls comes in straight away" and " the girls know what I like we get on well."

We spoke with relatives and comments included "It`s all good, we`re more than happy;" "We have two religious services a week here which suits everyone – one on a Thursday and one on a Sunday;" "I`ve got no complaints whatsoever – everything is fine here" and "We had a few problems I know but over the last few months things have improved so much I think." The home had been working with CQC and Warrington Borough Council following our last visit to improve the outcomes for people living there.

We observed staff supporting people promptly when asked, call bells were answered promptly and we saw staff supporting with personal care needs.

We looked at care plans for seven people living in the home. We found these to be improved from the previous inspections findings as they were now detailed and focused on the individual person. Care plans contained adequate guidance to enable staff to know how to meet people's needs and how they wished to be supported. For example choices were recorded in the plan as to what time people liked to get up and go to bed. When they would like a bath or shower and if they preferred female or male staff to attend to their needs. Care plans had been signed by the people living at Three Elms. Staff we spoke with had a good understanding and knowledge of residents' individual care needs.

We saw daily records were very detailed and gave a picture of how people had spent their day. For example," (person) wanted to get up early this morning and the night staff assisted them to do this. They wanted to have breakfast with other people in the dining room so waited until later for their breakfast. A cup of tea had been given."

Care plans had been updated and reviewed on a monthly or as needed basis. For example we saw one person had fallen more than once. The care plan detailed what had been done to support the person to maintain their independence and there was evidence of referral to the continuing health falls team for advice.

The home had a complaints procedure in place and we saw that complaints were fully investigated and actions taken if any were recorded. People and relatives we spoke with said if they had concerns they would speak with the manager. One person said "If I`m ever worried about anything I talk to one of the staff – they are all lovely."

Good

Is the service well-led?

Our findings

Three Elms had a manager in post who had been working as an interim manager but had now been offered the post of Registered Manager on a permanent basis and had applied to be registered with CQC.

We saw audits that had been completed which included, mattresses, health and safety and medication. If issues were identified an action plan would be produced and actions were monitored monthly. We saw care plans and risk assessments were reviewed and amended to reflect people's changing care needs. We saw audits had also been completed by the regional manager on a monthly basis and action plans that had been given to the manager when shortfalls had been found. This meant that learning from incidents and investigations took place and appropriate changes were implemented. We saw that the manager had completed checks on the home at night to ensure that there was consistency of care at all times and to speak to night staff about any issues they may have. This was a shortfall at our last visit and some care at night was not at the same standard as day time.

The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. They said "We have had regular meetings since the new manager took over – we had one last week and we all had a chance to speak "and "things are changing, more training, meetings." We saw minutes of staff meetings copies of which were present in the main office and in the staff room so staff felt included in the running of the home and were enabled to have their say.

People living at the service said "There`s a new manager I know and he is very nice – he comes in and talks to us quite a lot" and "The staff know us all very well and if we say anything they always listen to us."

Relatives said ""Yes I remember filling in a couple of surveys and coming to meetings" and "The staff are all really friendly and I think everyone here is well cared for and kept safe."

We saw results of the surveys sent out and these were positive. A comment from the survey said "Knowing both my relatives are well cared for gives me great peace of mind." This showed that the management valued the views of the people living at the home and their relatives.

Records we looked at showed that the CQC had received all required notifications A notification is information about important events which the service is required to send us by law in a timely way. This meant that CQC were aware of any incidents that had taken place and what action the home had taken to address any issues that had arisen such as referral to safeguarding teams or people who use the home being taken to hospital for treatment or admission.

We looked at how accidents and incidents were recorded and investigated. We saw that action plans had been put into place where necessary to try to prevent accidents happening more than once. For example, people that had a recurring fall had been assessed and referred to the necessary health care professionals for advice and support such as the continuing health falls team.