Minster Court (Bracebridge Heath) Limited

Minster Court Limited

Inspection report

Off York Way
Bracebridge Heath
Lincoln
LN4 2TS
Tel: 01522 521212
Website: www.retirementsecurity.co.uk

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Ratings

Overall rating for this service	Requires improvement
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?	**Requires improvement**

Overall summary

This inspection took place on 8 December 2015 and was unannounced. Minster Court provides a personal care service to adults of all ages with a range of health care needs who live within the Minster Court complex. People live in privately owned flats where they can receive support with their personal care if they require it. When we undertook our inspection there were 12 people using the service.

At the time of our inspection 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 felt safe with the care they received from their carers. Staff had completed safeguarding training and had access to guidance. They were able to recognise if people were at risk and knew what action they should take within the organisation, however they were unsure how to report concerns outside of the organisation.

Summary of findings

Where risks had been identified there were plans in some areas to manage them effectively. Risk assessments were not in place for falls. Staff understood risks to people and followed guidance. Staff were alert to changes in people's health. They recorded incidents and reported them.

There was sufficient staff to provide people's care. Recruitment checks ensured that people were protected from the risk of being cared for by unsuitable staff. People's care was provided by staff who were sufficiently trained and supported.

Medicine records were not consistently completed. Staff undertook medicines training. Staff had received an induction when they started employment with the provider and completed further training relevant to people's needs and were supported to undertake professional qualifications. Systems were in place to support staff and monitor their work.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). Staff treated people with dignity and respect. Staff asked for consent before providing care to people.

Care plans were updated regularly. People's needs in relation to nutrition and hydration were documented. Care plans were personalised and people were supported to maintain their choices. People were supported to access health professionals such as the GP and district nurse.

Staff felt supported and the manager ensured people had information and support to make complaints. Where complaints were made they were investigated and actions taken in response. People's feedback on the service was sought through a range of methods. Staff were encouraged to speak with the office about any concerns they had about people's care.

The provider had quality checks in place however these were not always effective and action plans were not in place to ensure issues were addressed. Staff were unclear about the whistleblowing policy.

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?

Requires improvement

The service was not consistently safe.

Medicines were not consistently recorded.

There were sufficient staff.

Staff were aware of how to keep people safe. Risk assessments were not always completed. Where risk assessments were completed action plans were in place to manage the risk.

Is the service effective?

Good

The service was effective.

The provider understood the requirements of the MCA.

People's health needs were recorded to enable staff to be able to respond to them.

Staff received regular supervision and training.

People had their nutritional needs met.

Is the service caring?

Good

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People's privacy was respected and their dignity maintained by staff.

Is the service responsive?

Good

The service was responsive.

Care was usually provided at the time people requested.

Care plans were personalised and people were aware of their care plans.

The complaints procedure was available.

Is the service well-led?

Requires improvement

The service was not consistently well led.

There were systems and processes in place to check the quality of care and improve the service however these were not always effective.

Staff felt able to raise concerns. Staff were unclear about the whistleblowing policy.

Minster Court Limited

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 8 December 2015 and was unannounced. The inspection team comprised of one inspector.

Before our inspection we reviewed the information we held about the service. This included the Provider Information Return that we asked the registered persons to complete. This is a form that asks registered persons to give information about the service, for example, what the service does well and improvements they plan to make. In addition, we reviewed notifications of incidents that the registered persons had sent us. These are events that the registered persons are required to tell us about.

During the inspection the inspector spoke with two care staff and the registered manager. We reviewed records which included 12 people's care plans and records relating to the management of the service. We spoke with five people who used the service.

Requires improvement

Is the service safe?

Our findings

Medicines were not always recorded appropriately. We reviewed people's medicine administration charts (MARS) and saw staff had signed to say what medicine had been administered. If a medicine was not administered, the reason and any action taken as a result was usually recorded. However, we saw in the records that codes were being used but it was not clear from the documentation what the code meant. It was therefore not clear from the record whether or not a person had received their medicines. The provider's medicine management policy did not include the codes. Where people required support with their medicines we saw that they had agreed to this support. People told us that they received their medicines on time and got support with managing their medicines. Staff had completed medicines training. They also told us that they had been observed when they first started to administer medicines but that they did not receive regular observations of their practice to ensure that their skills were maintained. Staff had access to the provider's medicines policy however despite this medicine records were not consistently clear. We spoke with the registered manager about this who told us they would review the codes and their use.

Where people had experienced falls, risk assessments were not in place to assess the risk of future falls happening. Accidents and incidents such as falls had been recorded. However, actions to prevent reoccurrence, for example, the risk of people falling had not been taken. Other risks to people had been assessed and identified in relation to areas such as mobility and use of equipment such as bedrails. Where risks were noted there were plans in place to manage them and maintain people's safety. For example, a person required specialist equipment at night and a risk assessment had been completed to ensure the equipment was used safely.

People we spoke with told us that they felt safe with the care they received from their carers. Staff understood their role in relation to safeguarding in order to protect people from harm. Staff were aware of what concerns they would report and how to do this within the organisation, however, they were unclear about how they would report issues outside of the provider if they needed to. The provider had identified potential safeguarding situations and reported them to the local authority, which records confirmed.

People told us that staff spent time with them and arrived at the agreed time to provide their care. Staff said that there was usually enough time to provide care appropriately. They told us that they thought there were sufficient staff to provide good care to people. The provider had recruited relief staff to support the regular staff and provide continuity to people if the regular staff were not available.

Records demonstrated the provider had a robust staff recruitment process. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People told us that they thought staff were well trained. One person said, "The [staff] are excellent." A member of staff told us, "I feel quite confident that I have the skills to do the job."

People were cared for by staff who received an appropriate induction to their role. All the staff we spoke with told us they had received an induction and they had found this useful. A training plan was in place which covered areas such as health and safety, fire safety and medicines. Staff told us that they had received regular training on these issues. Senior staff had also had access to more specialist training such as dementia care. The registered manager told us that this was also available to other staff but had not as yet been accessed by them. They told us that this was important as staff were beginning to support people living with dementia and it would help them to understand the issues relating to dementia care. They said that they would discuss this with staff.

The registered manager told us they provided regular supervision and appraisals for staff. Appraisals are important because they allow staff to review their progress and plan training to ensure that they have the skills to care for people. Staff we spoke with also told us that they had regular supervision and had received an appraisal. We saw records of regular supervision and appraisals.

When we spoke with staff they were able to tell us what they would do if people did not consent to their care and were considered at risk if they did not receive the care. For example if people refused their medicines. Records included agreements to consent for support such as assistance with medicines and access to people's property. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

Care records detailed what, if any support people required with their meals and contained clear information about their likes, dislikes and allergies. For example one person was allergic to shellfish and this was clearly documented. Another person had requested support with cutting their meal up and this was detailed in the care record. Where people had specific dietary needs due to a health condition such as diabetes staff were aware of this and information was available to ensure people received appropriate support. People received support to ensure they received adequate nutrition. For example staff assisted people to prepare meals of their choice.

Staff liaised with other professionals regarding people's health needs, for example, the GP and district nurse. Care records included details of other professionals who were important to people and when people had accessed them for support. Where people had specific health issues the information about this was included in the care records so that staff were aware of how to care and monitor people's health. For example a person had specific needs with regards to their arthritis and information was included in their care records.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "Care is always given with kindness and staff are helpful." Another said, "They [staff] will do extra things for you." People told us that they knew all the people who provided care for them and they understood their needs. When we spoke with staff they were able to tell us about people's needs and how they provided care according to their wishes. Four of the people we spoke with told us that they would like to know in advance who was going to be providing their care on a daily basis. One person told us that they received a list on a weekly basis which told them who was going to be providing their care. We spoke with the manager who told us that it was possible to provide this list to all the people who received care if they wished.

During our inspection we saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them. Staff told us how they provided care to people in order to meet people's wishes and needs. Care records explained clearly what support people required and their preferences and choices. For example, records indicated what name people preferred to be called and what assistance people required. We saw in one record a note which stated that the person had updated their care plan and requested diabetic ice cream at tea time. Another person preferred to eat the same items of food for their lunch and we observed that this was provided as requested.

People said that they were treated with dignity and respect. One person said, "Staff always knock on my door." A member of staff told us, "I always ask people if they are ready for support and what support they require." Staff told us they were aware of the need for confidentiality and ensuring that the care records were maintained and regarded as people's property. We observed staff speaking to people in a kind and respectful manner. We observed that when supporting people they respected their choices. For example, when supporting a person to move from one area to another so that they could speak with us they asked them where they would like to be and who they would like to sit next to in the group we were talking with.

Good

Is the service responsive?

Our findings

People's care records demonstrated their needs had been assessed prior to them being offered a service. Care plans were detailed and personalised to support the person's care and treatment. Where people were unable to communicate verbally, records detailed how they preferred to communicate. For example one record explained how to communicate with a person who used lip reading to support their communication.

One person told us, "Highly delighted with the service." Another person said, "They always do what they are supposed to do and more" and another person told us that they thought staff were familiar with their needs and cared for them how they wanted to be cared for. A member of staff said, "Overall people seem happy with their care. If they are not they can raise their concerns and we will change things to what they need." For example, a person who used to have support with baking on a weekly basis said that they were bored with this and changed their support to assistance with a leisure activity. Staff told us that if people required additional support they were able to provide this in order to meet their needs.

Staff were aware of what things people enjoyed and this was documented in the care records. For example one person enjoyed chatting about the news in their daily newspaper and staff told us that they always spent time with them doing this. Another person received support to play dominoes once a week. However care records did not document people's past life experiences so that staff had an understanding of people's history and could chat with them about this if they wished. We spoke with the registered manager who said that they would speak with people about including this information in the records.

When we asked staff how they knew how to care for people they told us that they read the communication book which was kept in the office and that the duty manager would ensure that staff were updated before providing care. They also told us that care records were available in each person's home so that they were able to see what care had previously been provided and if any changes had occurred. We saw that care records had been updated and where people's needs had changed or increased measures had been put in place to meet these. For example, one person required more specialist care to provide support to them and we saw that an external agency had been provided to support their care. Another person had had their medicines changed and required different support to assist them with their medicines and this was detailed in the care record.

People were provided with information about the compliments and complaints procedure, in written format. Records showed all written complaints had been logged, investigated and where required action had been taken, for example, discussions with the person and their family and changes made to care. However, we saw in the survey carried out with people who used the service that people said they were unaware of the complaints policy. We spoke with the registered manager who told us that this was now included in the owner's manual which was distributed on a yearly basis. People told us that they would go to the office if they had a complaint and that these were usually resolved. The registered manager confirmed this, however they did not keep a record of these issues. People also showed us that there was both a comment and complaints box available in the entrance area for people and their relatives to use if they wanted to make a comment or raise a concern.

Requires improvement

Is the service well-led?

Our findings

Systems and processes were in place to ensure that a quality service was provided. Quality monitoring included checks of care records, medicine administration charts and health and safety.

However, it was not always clear from the audits what actions had been taken because there was not always an action plan. We observed that some issues as a consequence had not been addressed, for example, gaps in MARs were still evident.

People had been asked about their views of the service. People said they would contact the office and during the inspection we observed people entering the office for queries and clarification of issues. However, people told us that they didn't have opportunity to discuss issues as a group with the registered manager. They said that they would welcome a meeting to discuss common themes and plans.

A quality assurance questionnaire had been carried out in May 2015. People said that they were happy with the care they received. For example, there was a comment which said, 'More than happy with the care.' However people did raise issues with regards to wanting to know who their carer was going to be on a daily basis and not being aware of the complaints policy. We saw that the provider had taken action to inform people about the complaints policy since the survey. However, when we spoke with people they were still concerned about not knowing who was due to provide their care on a daily basis.

Four of the people we spoke with told us that they did not receive a rota and would like to have one so that they knew who was due to visit. The issue of not knowing who was coming to provide care had also been raised in the quality survey by a number of respondents.

Details of the whistleblowing policy were available to staff. However, when we spoke with staff they were unclear about the policy. Staff told us that they felt able to raise day to day concerns and were confident that these would be listened and responded to appropriately. One member of staff said, "Feel supported in the role."

Team meetings had been held and a member of staff told us that they felt able to raise issues at these. They also told us that if there were specific issues then the registered manager would call a meeting to discuss this. Senior staff had been allocated specific responsibilities to ensure that issues such as supervision and audits were carried out on a regular basis and used to improve the quality of care.

We observed that the registered manager was familiar with people's needs and what was happening on a day to day basis. They were able to tell us about the care that people received and any changes that had recently occurred such as a person being admitted to hospital.