Mr & Mrs P C Kadchha

Noss Mayo Residential Home

Inspection report

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Tel: 01754810729

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 9 June 2016.

Noss Mayo Residential Home can provide accommodation and personal care for 14 older people and people who live with dementia. There were 14 people living in the service at the time of our inspection all of whom were older people.

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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including financial mistreatment. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 (MCA) and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. No one living in the service was being deprived of their liberty and so the registered manager had not needed to seek any DoLS authorisations.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. This included people who lived with dementia and who could become distressed. People were supported to pursue their hobbies and interests and there was a system for resolving complaints.

Quality checks had been completed to ensure that people received the facilities and services they needed. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

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.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Good

The service was effective.

Staff had received training and guidance to enable them to support people in the right way.

People were helped to eat and drink enough to stay well and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who lived with dementia and who could become distressed.

People were supported to purse their hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Good

The service was well led.

Quality checks had been completed to ensure that people received the facilities and care they needed.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Noss Mayo Residential 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 registered persons were 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.

Before the inspection the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 9 June 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

During the inspection we spoke with six people who lived in the service. We also spoke with a senior care worker, a care worker, the chef and registered manager. In addition, we met with one of the two partners who owned and operated the service. We observed care being provided in communal areas and we also examined records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection visit we spoke by telephone with three relatives. We did this so that they could tell us their views about how well the service was meeting their family members' needs and wishes.

Good

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. One of them said, "I feel completely at home here because the staff are so kind to us." During our SOFI exercise we observed another person who had special communication needs and we saw them holding the hand of a member of staff, smiling and nodding their head to show their approval. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I visit a lot and would immediately see anything wrong. I've never had any concerns at all. It's just a like a family setting there."

Records showed that staff had completed training in how to keep people safe from harm and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns which remained unresolved.

We saw that there were robust arrangements to protect people from the risk of financial mistreatment. This included the registered manager carefully assisting people to manage their personal spending money by securely holding money for them, recording each time it was spent on their behalf and checking that the remaining cash balances were correct.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. In addition, we noted that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved a person agreeing to have a special mat placed on the floor beside their bed. The mat discreetly sounded an alarm at night when the person got out of bed so that staff knew to offer them assistance. This arrangement helped to reduce the risk of the person falling and injuring themselves.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the

week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. In addition, the registered manager told us that in the 12 months preceding our inspection there had not been any incidents when a person's medicines had not been correctly administered.

People who lived in the service said that there were enough staff on duty to meet their needs. One of them commented, "I consider myself to be very well looked after. The staff are always around and help me with whatever I need." Another person said, "If I need help at night I ring on the call bell and night staff arrive quite quickly. I don't recall having to wait long at all."

Documents showed that the registered manager had regularly reviewed the care each person needed and calculated how many staff were needed. We noted that arrangements had been made for there always to be a senior care worker on duty who was supported by a care worker. We saw that there were enough staff on duty at the time of our inspection because people promptly received all of the care and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Good

Is the service effective?

Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "The staff know how to run the place and they know me well." A relative spoke about their confidence in staff saying, "Yes I am confident about the staff because they know each of the residents so well. For example, I've noticed how they know which people need to be helped by using the hoist and two of them just seem to silently arrive to do it. That's good team work."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that most of the care workers had obtained a nationally recognised qualification in the provision of care in residential settings.

Records showed that new staff were provided with brief introductory training before working without direct supervision. However, new staff had not benefited from being supported to complete the Care Certificate. This is a nationally recognised training programme that is designed to ensure that new staff have all of the knowledge and skills they need to care for people in the right way. The registered manager acknowledged that they needed to introduce the Care Certificate and said that in future it would be used to deliver the introductory training provided for all new care workers.

We noted that established staff had completed refresher training in key subjects such as first aid, infection control, fire safety and how to safely assist people who experienced reduced mobility. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Other examples included staff knowing how to help people keep their skin healthy, eat and drink enough to stay well and to manage safely with reduced mobility.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. Although people's weights had not been analysed using a nationally recognised model, records showed that this had not adversely affected them because staff had remained vigilant so that any significant changes could be brought to the attention of a healthcare professional. We saw that staff were tactfully checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. Records showed that as a result of this one person had been prescribed a high calorie food supplement to help them to maintain their weight after a period of time when they had been unwell and not eating as much as usual.

We were present when people dined at lunchtime and we saw that when necessary staff gave people individual assistance when eating and drinking so that they could enjoy their meal in safety and comfort. We

noted that staff had agreed with some people to have their meals specially prepared so that they were easier to swallow.

We saw that there was a written menu which provided people with a choice between different dishes at each meal time. People were positive about the quality of their meals and one of them said, "The food's pretty good here and I certainly always get more than enough."

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person remarked about this saying, "The staff are always straight on the telephone if I'm under the weather and ask for the doctor to call to see me. There's no delay." Relatives also commented on this matter with one of them saying, "I'm very confident that my family member gets the right medical care as soon as needed and the manager always lets me know if they've called the doctor, which I appreciate."

The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take a medicine that had been prescribed for them. The member of staff reminded the person about their last consultation with their doctor and explained to them how they would benefit from taking the medicine in question. After this, we saw that the person was reassured and was pleased to accept the tablet that had been given to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's relative and hospital doctors after it became apparent that they needed to have special treatment for a dental condition.

People can only be deprived of their liberty in order 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 found that no one was being deprived of their liberty at the time of our inspection visit. However, we noted that the registered manager had made the necessary arrangements to seek a DoLS authorisation if one was needed in the future. By doing this the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.

Good

Is the service caring?

Our findings

People were positive about the quality of care that was provided. One of them said, "I think that we're all very well cared for here and I've no complaints at all." Another person who lived with dementia and who had special communication needs was seen standing close to a member of staff so that they could both look out of the window at some birds that were sitting on a branch. The person concerned smiled and laughed when a squirrel surprised the birds which then flew away. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "I'm absolutely confident that the staff are caring. Whenever I go to see my family member it's like visiting them as part of a large family. There's no 'us and them' feeling between staff and relatives."

During our inspection we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their grandchildren. The member of staff asked where the grandchildren were living and what jobs they were doing and we saw the person concerned smiling and enjoying chatting about them.

We observed another occasion when a member of staff who was helping someone sitting in the lounge to find an art book that they had misplaced. The member of staff was called away to answer a call bell that had been used by another person who was in their bedroom and who needed assistance. We noted that before the member of staff left the lounge they explained why they were leaving the room and assured the person that they would return as soon as possible. A few minutes later we saw the member of staff go back to the lounge where the art book was eventually found tucked under the person's cushion. Later on we spoke with the person concerned and they said, "I find the staff to be very helpful and they're just the right people to have working here."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of running their own business in the local area. We noted that the person was pleased to recall the experiences in question.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. Most people had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. There were four double occupancy bedrooms and we noted that there were room dividers in place so that people could have their own private space if they wished. We saw that staff had supported people to personalise their rooms with their own pictures,

photographs and items of furniture.

We also noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when staff provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "It's completely my choice where I see my family member. I usually stay in the lounge because it's more convenient but I'd be free to go to my family member's bedroom and no one would comment on it I'm sure."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Good

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. Examples of this included people being supported by staff to use aides that promoted their continence. Another example was the way in which staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person remarked about this and said, "I sleep easier knowing there are staff on duty to help me if I need it."

We noted that staff were able to effectively support people who could become distressed. During our SOFI exercise we saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person who was sitting in one of the lounges was becoming upset because they had asked another person a question and not received a reply. The member of staff realised that the other person had been distracted and not heard the question. After the member of staff had gently pointed this out the person repeated their question and smiled when they received an answer. The member of staff had known how to identify that the person required support and had provided the right assistance.

Although there was no activities coordinator records showed that people were being supported to take part in a range of social activities. These included things such as arts and crafts, quizzes and gentle exercises. The activities usually took place in the afternoon when care workers had more time because most people needed less personal care then. People told us that they had enough social activities to enjoy with one of them saying, "There's usually some sort of social thing in the lounge in the afternoon and we all look forward to it because it breaks up the day and passes time. I don't really get bored as such as there's always someone to chat to and things to watch."

We noted that there were arrangements to support people to express their individuality. The registered manager said that people were assisted to meet their spiritual needs by attending a regular religious ceremony that was held in the service. We also noted that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Although no one living in the service at the time of our inspection had asked to have special meals, the registered manager said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative commented about this saying,

"There's a very informal atmosphere there and the manager is a very genuine person and I'm sure she would do something straight away if I asked. But I've never had anything to complain about."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had not received any complaints in the 12 months preceding our inspection.

Good

Is the service well-led?

Our findings

People who lived in the service said that they were asked for their views about their home as part of everyday life. In addition, we noted that people and their relatives had been invited to complete quality questionnaires to suggest any improvements they would like to see introduced. Records showed that people had said that they were happy with how the service was being run and that no significant changes had been requested. A relative commented on this matter saying, "Because it's such a small home there's a real sense of everyone being involved. When I go in to visit I have a chat with the staff and if I mention something it will usually get done without any fuss."

Records showed that the registered manager had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

We noted that checks were also being made to ensure that fire safety equipment, hoists, electrical services and gas appliances remained in good working order. However, we noted that more general checks of the accommodation had not always resulted in repairs being quickly completed. Examples of defects that needed to the addressed were numerous areas where paintwork was chipped and scored, tears in the seat cover of the stair-lift and a broken item of furniture in one of the bedrooms. The registered manager said that the defects in question would be immediately addressed and assured us that more robust environmental checks would be competed in future.

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They knew in detail about the care each person was receiving and they also knew which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care they needed. There was a senior care worker in charge of each shift and during out of office hours there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be

listened to and that action would be taken if they raised any concerns about poor practice.

We noted that the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager contributing to a local scheme that was designed to promote good standards of hygiene in residential care settings. We saw that as a result of this the registered manager had supported a member of staff to complete a detailed check to ensure that the right steps were being taken to promote a high level of hygiene in the service. We saw that this commitment was reflected in the way that people were protected from the risk of acquiring infections by the accommodation and equipment being kept in a clean and hygienic condition.