Minster Care Management Limited

Ideal Home

Inspection report

Knowsley Drive
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Tel: 01743366701

Date of inspection visit:
06 December 2016

Date of publication:
11 January 2017

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

Ideal Home is a care home which provides residential care for up to 50 people. People living in the home have a mixture of needs, from requiring support with personal care to requiring support with mental health and dementia needs. At the time of the inspection there were 42 people living at the home.

This was an unannounced inspection that took place on 6 December 2016. The home has a registered manager who was present during the inspection. 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.

People were supported by staff who understood how to recognise and report abuse. The risks connected with people's care and support needs had been individually assessed and plans introduced to manage these. People were involved in decisions about the risks affecting them.

The provider assessed and organised their staffing requirements based upon people's care needs. They followed safe recruitment practices that ensured that those staff who were providing care were suitable to be working at the home.

Systems and procedures were in place designed to ensure people received their medicines safely. Staff followed the provider's procedures in administering medicines and medicines were stored safely.

Staff had the necessary skills and knowledge to meet people's needs. They received effective induction, training and support from the provider. People's rights under the Mental Capacity Act 2005 (MCA) were protected by the provider. The staff were aware of when people may be restricted and the need to submit applications to the supervisory body in relation to this.

People were provided with a choice of meals each day and those who had dietary requirements received appropriate foods. Staff followed the guidance of healthcare professionals where appropriate. People received the level of support they needed with eating and drinking. Staff helped people to access healthcare services.

There was a caring and calm atmosphere in the home where people and staff interacted together well. People and relatives were very happy with the care provided. Staff adopted a caring approach towards their work and took the time to get to know people as individuals. The provider encouraged people's involvement in care planning and decision-making. Staff protected people's dignity and privacy.

Staff supported people to take part in various activities. Staff were attentive to people and knew them well.

People received care and support that was tailored to their needs and preferences. Staff had the time to

read and followed people's care plans. People and their relatives knew how to complain about the service and felt comfortable about doing so.

Care plans contained information to guide staff on how someone wished to be cared for. Staff had a good understanding of people's needs and backgrounds as detailed in their care plans.

The registered manager encouraged an open, on-going dialogue with people, their relatives and the staff team. Quality assurance checks were carried out to help ensure the environment was a safe place for people to live and they received a good quality of care. People and relatives were given the opportunity to provide feedback on the care they received.

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.

People's risks were assessed and action taken to minimise risks to them.

Accidents and incidents were recorded and monitored for trends.

The provider ensured there were enough staff on duty to meet people's needs.

The provider carried out appropriate checks when recruiting new staff.

Staff understood how to keep people safe from abuse. They knew how to report any concerns.

Staff followed medicines management procedures to ensure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff understood the Deprivation of Liberty Safeguards and followed legal requirements in relation to the MCA.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care that met people's needs.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss their performance and development needs.

People had access to external healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring

People were treated with kindness and received dignified attentive care.

Staff respected people's own decisions and encouraged them to make choices in their care.

Relatives were made to feel welcome and included in the home.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in daily activities of their choice.

Care plans contained relevant and detailed information about the care people required.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

Quality monitoring audits were carried out to help ensure quality of care within the home and to drive improvement.

Staff felt supported and valued by the registered manager and people said the home was well managed.

Everyone was involved in the running of the home and feedback obtained was used to improve the service.

Ideal 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 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 unannounced inspection took place on 6 December 2016. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We also received feedback from the local authority and Healthwatch prior to the inspection.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service, the registered manager, operations manager, care manager and five staff. We reviewed a variety of records, which included five people's care plans, one staff file, and various records related to the running of the service.

We 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.

Good

Is the service safe?

Our findings

We received good feedback from both staff and people in relation to staffing levels. People considered there were enough staff and did not feel they had to wait to receive support from staff. One person told us, "I know I have the security of the staff and all I have to do is press the bell and staff are there." A dependency tool was used to determine the number of staff on duty each day. We observed that staff had the time and resources to care for people safely. We were told that agency staff were occasionally used to cover short notice sickness. We were told that the registered manager had received information from the agency that staff were safe to work at the service.

Staff we spoke with said that following training, they had the confidence to identify concerns about abuse and said they would act to keep people safe. Staff knew of the procedures they should follow if they suspected any abuse was taking place. They were able to tell us who they could contact in the event they wished to report concerns outside of the home. One staff member said, "The manager deals with safeguarding issues I would report to them and they would follow up." Another member of staff told us, "I would report it to the manager and I am confident that they would take action. I can also report to the area manager, safeguarding or police and CQC."

People were helped to stay safe and free from risk as staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. When people had accidents or incidents these were recorded and monitored by senior management. Appropriate action was taken in the event that people had recurrent accidents such as falls. For example, providing people with mobility aids and referring them to the falls clinic.

Risks to people's safety had been assessed and plans were in place to minimise these risks. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. We saw people used mobility aids to assist them in walking around the home unsupported, but being supervised by staff, so they could remain as independent as possible. People's mobility aids were placed close to them and they were repeatedly asked by staff if everything was alright and where they wanted it. Other people were moving around the home independently without staff support. A staff member said, "If a person has an accident we will give first aid and complete the accident form for the manager. It all goes onto the electronic system so we can monitor the frequency of accidents. We monitor the person afterwards." We observed a staff member supporting a person to sit in their chair. They encouraged the person to feel for the arms of the chair and then to push themself back into the chair. This was done in a patient manner.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with older people. The DBS helps employers to make safer recruitment decisions. The staff we spoke with confirmed that they had undergone these checks and they described their recruitment process as very thorough. One staff member said, "I could not start until the references and DBS were done."

People were satisfied with the way staff managed their medicines. One person said, "They look after my tablets and I am pleased with this." Another person told us, "The staff help me with my medicine." We observed medicines being given in a professional manner. People were given the medicine and discreetly assisted to take it. We saw that staff checked each person's medicines with their individual records before administering them. This made sure people got the right medicines and preserved the dignity and privacy of the individual, in relation to their medicine. People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at the right temperatures so that they did not spoil.

Good

Is the service effective?

Our findings

The Mental Capacity Act (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 as least restrictive as possible.

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).

The registered manager and senior staff had a good understanding of the MCA and DoLS. They spoke to us about their understanding of the legislation and guidance. Staff said they a person's capacity was always assumed. They ensured that people's rights and freedoms were protected. The registered manager was able to name the people living at the home who were having their liberty restricted. We saw relevant records that showed people's needs regarding this had been assessed. The registered manager had consulted with the local authority about these assessments. Staff we spoke with had an understanding of the implications of the MCA. This included the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A staff member told us, "People are always given choices. With some people, if you encourage them enough, they will do what they can do for themselves." We discussed with staff and the saw the record of a best interest decision for a person's medication. Discussion had taken place with the family and GP around the best way to treat the person's refusal to take important medicine and that if omitted could affect their well-being.

People were supported to make important decisions. These decisions included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and records showed that relevant people, such as relatives, legal representative and other professionals, had been involved.

One person told us, "I can have something different to what is on the menu board. Definitely, I do ask quite often." People told us they liked the food and were able to make choices about what they had to eat. We saw water was available in people's rooms and the lounge. People were offered a choice of meals each day and menus showed a good range of nutritious food was provided to people. We observed the lunchtime activity. People were seen to be provided with meals in line with the menu. Staff were encouraging people to eat by themselves, but also providing assistance towards those who needed help. Staff interacted throughout the lunchtime, sitting with people and chatting socially. The food looked and smelt appetising. Lunch was nicely served and the tables laid out with napkins and condiments. It was a social occasion with most people coming to eat in the various dining rooms. Some people wore tabards at their request to protect their clothes.

People's dietary requirements, likes and dislikes were known by staff. People were weighed regularly so staff could monitor if a person was suffering from weight loss. People's nutritional intake was monitored in line

with their assessed level of risk and referrals had been made to the GP and dietician as needed.

People told us their health care needs were well supported. One person in the home said, "I see the Doctor if necessary. It's never a problem." We saw that staff monitored people who had fragile skin closely and supported them with special pressure relieving aids such as, cushions and mattresses. People's care records demonstrated that staff sought advice and support for people from relevant professionals such as the district nurse. For example, certain staff had been trained and deemed competent to supervise a person administer their own insulin, maintaining their independence in their health care management. Outcomes of visits were recorded and reflected on within the plan of care so that all staff had clear information on how to meet people's health care needs.

People were supported by staff who stated they had received training and one on one support for their role during which their performance was reviewed and discussed. We saw that new staff members were required to complete an induction programme. Staff were not permitted to work alone until they had completed induction training such as moving and handling. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs.

Good

Is the service caring?

Our findings

People were cared for by staff who knew them well. We saw that they were treated with respect and dignity. One person said, "It's very nice here and they (staff) are very nice people and look after you." Another said, "I have my own key to my bedroom so I can keep my belongings safe and private."

During our observations we saw a person became upset as they were missing their relative. A staff member was quick to attend to them, knelt down by their side and asked what was upsetting them and provided reassurance. The staff member offered to get the person's mobile phone for them so they could make a call. They asked the person if they would like to go to their room to make the call in private. The staff we observed were attentive and treated people with kindness and respect. When staff spoke with people they knelt or sat by the side of them making eye contact and tried to involve others in their conversation where possible and appropriate.

There was a comfortable and relaxed feel in the home during the morning when we saw several people sitting together in the lounge area enjoying a drink and snack. Other people were taking a walk around the garden or going to the shop. There was good interaction between people and staff consistently took care to ask permission before intervening or assisting. Staff were skilful in their approach to people and more experienced care staff were seen to support the newest recruits.

A staff member told us, "The more you get to know people, you get to know their ways." The way staff spoke demonstrated that they knew people well. For example, how one person liked to have their hair brushed and styled.

People could make their own choices. One person told us, "Staff usually ask how I like things done." One person chose to put the table cloth on the dining table. Another chose to do some washing up throughout the morning and after lunch. Staff approached them in a calm and positive manner and respected their space whilst carrying out their activity.

People were supported to maintain relationships with people close to them. Some people had been in the home for many years. Staff had forged good relationships with their family members. This ensured communication was maintained with relatives that could not visit in person anymore.

Good

Is the service responsive?

Our findings

We observed the care throughout the inspection was consistent and focussed on the individual and their wants and needs. Individual preference about getting up early or later was respected and staff knew who preferred what.

People's care needs were assessed before they moved in to the home. This was to ensure staff could meet the needs of that individual. We saw care plans for people were detailed and written in a person-centred way. They included information about a person's mobility, personal care, nutrition, skin integrity and communication.

People said their care was provided exactly how they wanted it to be. Care plans were reviewed and updated regularly by staff to help ensure any new staff would have access to the most up to date information about a person. Staff used a communication book to ensure that urgent issues were dealt with on a daily basis. The care documentation included how the individual wanted to be supported, for example, when they wanted to get up, their likes and dislikes and important people in their life. Staff were sensitive to people's preference for personal care to be delivered by a staff member of the same gender. For example, a male person who used the service preferred to be assisted to shave by a male care worker. This was facilitated where possible.

People said they were consulted in the day to day running of the home. We saw minutes of resident meetings that discussed the service and what people felt could be done better. For example, people were able to comment on the quality of the meals and to put forward any suggestions for new dishes.

People told us activities and social events were available to them. One person said, "I spend time watching television and like to read. Entertainers come in which I enjoy. It's nice to see new faces." The registered manager said they wanted to create a dementia friendly environment. Decoration was in progress and people had chosen the colours of their bedroom doors. A small lounge was being transformed into a cosier quiet lounge to give a more 'homely' feel. There were various picture collages displayed on walls that people could touch. CDs and books were available for people to enjoy. One staff member explained that a person used to like to walk a lot. They sometimes went to the shop and out with relatives. Staff were exploring other ways they could support them to go out now they didn't walk so much.

A copy of the complaints procedure was displayed in the home. This gave people information about who to complain to initially but not how to escalate it if they were not satisfied. It did not inform people of external authorities they could approach if they were not happy with the way their complaint had been handled by the provider. This was addressed during the inspection. People said they would be happy to talk to the registered manager if they had any concerns and were confident they would address any issues.

Good

Is the service well-led?

Our findings

The registered manager had management oversight of the home and worked to keep improving the quality of the service provided. They carried out regular audits, for example, on health and safety, care plans, accidents and incident and medicines. Plans were put in place to meet any shortfalls identified through these audits within set timescales. The registered manager was aware of their statutory requirements in relation to notifying the Care Quality Commission (CQC) of incidents and safeguarding concerns. Notifications and safeguarding concerns had been received in line with requirements.

People were involved in the running of the home. Residents meetings were held and people told us staff asked for their opinions. A regular survey was carried out and any issues were discussed individually with people. Relatives had just been given a survey to complete and results had not been collated yet. Initial feedback had been very positive including comments such as; 'You have fallen over backwards to give all the support possible. I am always informed of developments', and 'You all have my (person) interests at heart'.

Staff described a culture within the service in which they were able to speak openly with the registered manager and senior staff. They felt the provider generally valued and listened to their opinions, but they expressed an interest in being involved in the development of the service more. Staff were given the opportunity to give feedback through their meetings. Staff were asked for their opinions on the home, how supported they felt, training and development and how they felt people were cared for.

Staff told us the registered manager frequently worked alongside them to monitor their practice and support their development. Staff told us they were confident to report poor practice or any concerns, which would be addressed by the registered manager immediately through the whistleblowing process.

A representative of the provider visited the service regularly. A report was seen of their recent visit. It gave an overview of the service including speaking to people who used the service and staff on duty to ascertain their views. The registered manager received the report, which outlined any necessary actions as a result of the visit.