

# Mendips Residential Care Home Limited

# The Mendips Residential Care Home

## Inspection report

2-3 Shamrock Road  
Upper Eastville  
Bristol  
BS5 6RL

Tel: 01179518548

Date of inspection visit:  
31 October 2019

Date of publication:  
03 December 2019

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Mendips Care Home is registered to provide personal care and accommodation for up to seven people. The service supports people with complex mental health needs. We met the three people currently living in the home on the day of our visit.

### People's experience of using this service and what we found

At our last inspection in September 2018 we found that audits were not being used to check the quality of the service. We found that some actions had been taken to implement audits, however, these were very basic. This could put people at risk of receiving unsafe care. This was because the systems used did not show clearly if the service was being formally and regularly checked and monitored. The provider lived on the premises and they told us they had a constant and daily contact with the service and the people at the home. This in turn meant they were constantly informally reviewing and checking the services people received. We have made a recommendation around how the service could improve in this area.

People were safely supported with their medicines and these were managed safely by competent staff. To support staff there were medicines policies available.

Emergency procedures and contingency plans were in place. Staff had access to and understood the importance of personal protective equipment (PPE). An infection control policy and procedure were in place and staff had completed training in this area.

People said they were very well supported and their full range of needs had been assessed.

Care plans and risk assessments were in place to support staff so people's individual needs could be met and risks minimised.

People told us positive things about life at the home. One comment was "The staff team are all very, very good they keep the place clean and tidy, they are always keen to help, if you want to do anything. You can have a laugh with them."

Safe recruitment procedures were in place and staff were supported in their role with appropriate training and supervision. The staff and management team worked closely with health and social care professionals.

People knew about their care plans and told us they were included in regularly reviewing and updating them with the staff.

A small staff team had built up positive relationships with people and their relatives. They had a good understand of how to meet each person's individual needs and really understood their routines and preferences.

People's privacy and dignity was respected. People were supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests

People's dietary needs were assessed and met. People spoke positively about the choice of meals on the menu.

People took part in variety of activities and spoke positively about these. People were encouraged to maintain contact with relatives and friends.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Requires Improvement (report published September 2018)

Why we inspected: This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mendips Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# The Mendips Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector .

The Mendips Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

## During the inspection

We met the three people who lived at the home to talk to them about their experience of the care provided. We spoke with one member of staff and the provider who is also the registered manager. We reviewed a range of records. This included two people's care records and two medicine records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for further feedback from a professional who regularly visits the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were supported to stay safe and risks were minimised because staff understood how to reduce the risk of avoidable harm.
- People had individual risk assessments in place that reflected their individual needs. These gave clear guidance to staff to minimise or reduce risk and were reviewed regularly.
- Care plans contained clear explanations of the actions needed to support people to stay safe.
- Systems and checks were in place to check the safety of the environment and equipment.
- Regular fire safety checks were undertaken and a fire risk assessment was in place.
- Staff received training around fire safety and how to reduce health and safety risks.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the home. Comments included; "They are all very nice."
- Staff received safeguarding training and had access to a whistle blowing policy.
- Staff knew how to safeguard people from abuse and were confident to raise any concerns they had.
- The registered manager sent us statutory notifications when they had needed to tell us of an event where people could have been placed at risk of harm.

### Using medicines safely

- People received support with their medicines from trained and competent staff.
- People told us they received their medicines on time and staff explained what their medicines were for.
- There were effective systems in place which ensured medicines were ordered, stored, administered and disposed of safely.
- Policies and procedures for the management of medicines were available to staff along with up to date good practice guidance.

### Staffing and recruitment

- Recruitment procedures continued to be safe. Pre-employment checks were always completed.
- There was a very small staff team supported by regular agency staff. There was enough staff on duty at any time. Staff knew people well and had a good understanding of individual needs and routines.

### Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. This insured the service and care

continued to be improved.

- Accidents and incidents were regularly reviewed by the registered manager to pick up any trends or patterns within the service.
- Analysis was completed to minimise future risks and occurrences. Information from this process was used to ensure care plans were updated to help to keep people safe.

#### Preventing and controlling infection

- People were supported to live in a clean and hygienic home.
- Staff and people at the home worked together to maintain a safe and clean environment to live in. The service was clean and free from any offensive odours throughout our visit.
- Infection control procedures were followed and staff had all been on training.
- Staff used personal protective equipment (PPE) including disposable gloves and aprons.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered manager told us how they supported the staff team. They gave constant daily 'on the job' support to the staff. As this was a small service the care of people living at the service was discussed regularly.
- An agency staff member told us that they discussed issues with the registered manager. The agency staff member spoke positively about the support from the manager and the training they did with the agency they worked for.
- Staff completed an induction at the start of their employment.
- Staff had the necessary knowledge, skills and experience for their roles.

Assessing people's needs and choices; delivering care in line with standards, guidance

- People's needs were fully assessed. These assessments considered mental health, physical and social needs prior to moving in to the service. Staff worked closely with health and social care professionals in the development of these plans.
- Care plans showed people's individual needs, preferences and personal choices. They included guidance for staff to follow to meet their needs.
- People told us they were involved in their care and were happy that staff understood their needs very well.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to enjoy a varied and well balanced menu in accordance with their assessed needs and personal preferences.
- Guidance was available for staff to follow which included risk assessments around nutrition.
- Staff had a very good understanding of people's food and drink likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care

- People went to see their GP and other healthcare professionals as required. They said staff gave them support if needed.
- Staff worked with external agencies and professionals including the commissioners of the service.
- Up to date records were kept of all healthcare visits to ensure staff had access to the most up-to-date information to support people with their health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection there was no one at the home under a DoLS authorisation.
- The registered manager and team understood if people had been assessed as not having capacity to make specific decisions, systems were put in place. This would be to ensure they retained maximum choice and were supported by staff in the least restrictive way.
- Staff received training in the MCA and DoLS and understood the importance of assuming a person has capacity to make decisions, unless assessed otherwise.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People all told us the staff team and registered manager treated them well and were respectful.
- Staff were observed speaking to people in a way that was supportive and polite. The staff organised their day flexibly around people's needs and wishes. Staff offered people comfort through gentle humour that was well received.
- Staff were attentive to people and their moods When people looked sad or anxious staff responded with attentive responses.
- The registered manager showed they had an insight and good awareness of people's likes, dislikes and their care needs.
- Care records included a personal life history that gave each person's life story and experiences. These were documented in clear detail and this information gave staff essential facts and past experiences about the people they supported.
- The registered manager had taken the time to listen to people and their relatives and recorded this information. This also helped ensure people received person centred care.

Supporting people to express their views and be involved in making decisions about their care

- People told us how the registered manager was the first person they could go to, to express their views and be involved in making decisions about their care.
- People were encouraged and supported to express their views and opinions through regular house meetings.
- Every person also told us the registered manager was very approachable and they could speak to him at any time about anything.
- People's specific communication needs were clearly documented, and guidance was in place for staff to meet these needs.

Respecting and promoting people's privacy, dignity and independence

- People told us how well the staff treated them.
- Staff supported people to choose what they wanted to wear and ensure clothes were suitable and dignified.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they knew the staff very well.
- Staff understood people's needs very well and life histories, families, as well as their care needs and how they liked their care to be delivered.
- Care plans were up to date and contained clear information about people for their individual needs to be met. For example, information about likes, dislikes and what was important to people.
- Assessments and care plans included information about people's preferences relating to culture, religion and sexuality was included. The registered manager told us some ways they supported people using the information in people's assessments.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a format they understood. This meant their communication needs were well met.
- There was clear guidance on how best to communicate with each person recorded in their care plan.
- Staff understood how people communicated and used sensitive methods when communicating with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were well supported to develop and maintain relationships and to take part in activities that were socially and culturally relevant to them. For example people went to the local shops, they went to see family and friends and they sometimes went out for day trips.

Improving care quality in response to complaints or concerns

- Everyone told us they had no complaints or concerns about the service. However, they also said they would go straight to the manager if they did.
- The registered manager had a complaints policy and procedure available in different formats.

- Complaints were investigated and responded to in line with the service's policy.
- Any complaints were analysed and used as opportunities to further improve the service.

#### End of life care and support

- At the time of the inspection no-one was receiving end of life care so this was not reviewed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A very basic quality checking system was in place to review, check, monitor and improve the service. This was in the form of a note book the registered manager kept and wrote in when he had completed checks on the quality of the service. This was difficult to read and understand. There was a risk that this could impact negatively on the overall quality of service people receive. This was because formal audits around different areas of how the service was run were not up to date.
- The registered manager was able to tell us in clear detail how they kept an overview of what checks and improvements they did. They said as they lived on the premises and worked in the home daily they kept a very close overview of care and support.
- The registered manager said visual checks on other areas were completed daily. This included checks on the building, cleanliness and care plans. There were also regular spot checks carried out on staff.
- The provider informed CQC of important events that effected people in the home in a timely way. This is one of the legal responsibilities of the role of a registered manager. Providers must notify us about certain changes, events and incidents that affect their service or the people who use it. This information is used by CQC to keep an overview of a service and the care and welfare of the people who live there.

We recommend the provider seeks guidance around putting in place a more effective quality checking system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had built up positive relationships with the people they supported and their relatives.
- People were very relaxed, comfortable and familiar with the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the registered manager spoke to them daily about the service and how they felt about matters at the home. Care plans included people's responses and these were positive and actions plans were developed when needed.
- The registered manager worked alongside them on daily basis. The staff said the registered manager

always engaged the team when making decisions about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear vision for the service. They said this was to enable people to feel they lived in their own home. Staff understood and embraced this value.
- The registered manager had a clear understanding of their responsibilities and acted on the duty of candour. People told us they were kept informed of any changes in the home and around their care and support.
- The rating from the last inspection was on display in the home.

Working in partnership with others

- The registered manager told us they worked in partnership with other agencies and sought advice about people's care from health professionals. They also worked with health specialists to ensure people had the right help and support.
- Staff supported people to take responsibility for their health and wellbeing. When any concerns were noted, staff contacted relevant professional to ensure matters were resolved as quickly as possible.
- Records showed there were other health professionals involved in people's care. We saw guidance in place written by other healthcare professionals.
- The registered manager had joined a local network in the South West region that linked care home providers together. They attended meetings with other providers in the region for shared support and learning.
- Accidents and incidents were analysed to look for actions needed to prevent reoccurrence. For example, one person's risk assessments had recently been updated when they were out in the community.
- The registered manager ensured notifications to the care quality commission (CQC) were completed. These were to inform us of certain events, in line with the requirements of their registration.