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Mistley Manor

Inspection report

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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 inspection took place on 23 March 2016 and was unannounced.

Mistley Manor is registered to provide accommodation and personal care for up to 66 people. On the day of our inspection there were 48 people living in the service. The accommodation was located over three floors. The third floor had four suites which could accommodate two people in each to be used for couples wishing to receive care and support while living together. The service had an onsite licensed bar and a cinema.

The service had two registered managers. 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.

During our previous inspection on 20 October 2015 we found that this service had breached our regulations in some areas and we carried out this inspection to check that they had carried out the work required to improve the quality of the service as set out in their action plan to bring the service within regulation.

During that previous inspection there were concerns in several areas, including concerns that arrangements for gaining people's consent under the requirements of the Deprivation of Liberty Safeguards were not being met effectively. That there were not enough staff on duty to keep people safe and concerns that some people did not get medicines at their preferred time of day or when they were required.

During this inspection we found that the service had taken the necessary action and was offering a good service overall.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent, staff and the manager ensured their rights were protected.

There were enough staff to support people safely and they were clear about their roles. Recruitment practices were robust in contributing to protecting people from staff who were unsuitable to work within the care profession.

Staff knew what to do if they suspected someone may be being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in care. There were enough staff to support people safely and they were clear about their roles.
Records showed that staff had received training to perform their role.

Medicines were managed and stored properly and safely so that people received them as the prescriber intended.

People had enough to eat and drink to meet their needs and were able to eat in comfortable and attractive surroundings. The service had a restaurant on the ground floor and people were served the meal of their choice by waiters. Non-alcoholic drinks were available or people were able have a drink from the licenced bar with their meal if they wanted. Staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who were becoming unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's needs and preferences so that they could engage meaningfully with people. Outings and outside entertainment was offered to people and staff offered activities on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that they were confident that any complaints they made would be addressed by one of the managers.

The service had consistent leadership. The staff told us that the managers were supportive and accessible if they wanted to talk with them. The management team were responsible for monitoring the quality and safety of the service. There was an effective audit system in place.

The providers told us that they visited the service several times a week to check that the quality of the service was maintained and spoke with people who used the service to pass time and to give them the opportunity give their view of the way the service was managed.

People were also given the opportunity to voice their views about the service on the organisation's website and in an annual survey; we saw that there were many positive comments recorded.

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 had received training in how to recognise abuse and report any concerns and the provider helped to maintain safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Is the service effective?

Good

The service was effective. Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Is the service caring?

Good

The service was caring. Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity was maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive. People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Good

The service was well-led. People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Mistley Manor

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 23 March 2016 and was unannounced. The inspection team consisted of three inspectors

Before the inspection, the provider completed 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.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During this inspection we observed how the staff interacted with people who used the service, including during lunch. Some people were unable to speak with us directly because of communication needs relating to dementia. We used the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with twelve people living in the service, three relatives and two visiting health care professionals. We also spoke with the two registered managers, the providers and seven care staff.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and the staff supported them. When we asked a question about whether they felt safe and secure people's comments included "I feel safe, there are plenty of staff here." Another person said, "Nothing horrible happens here." Some people were not able to talk to us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

During our last inspection on 20 October 2015 it was highlighted that this service did not use a dependency tool, which would calculate the number of hours of care each person required and therefore how many staff would be needed to support them. This meant that they could not be sure that there were enough staff on duty to keep people safe. Since that inspection the tool had been introduced and the staffing compliment was calculated using the dependency tool. The rota was prepared using the proposed number of staff needed. One of the managers told us that they now felt the staffing levels were good and explained how they regularly assessed people's care needs and changed the number of staff on duty if assessments showed that more were needed. For example, someone may move into the service that had complex needs and needed a higher staff ratio to ensure their safety.

During our inspection we observed staff responding to people's requests for help and support without delay. People had access to call bells in their bedrooms and told us that staff responded promptly when they called. A staff member told us "I think the service is safe as there are enough staff on duty to look after people well."

Recruitment procedures were in place and records showed that staff had completed an application form and attended an interview. However, the application forms did not capture all the information they needed to enable the recruitment team to make an informed decision about whether or not to interview the candidates. For example they did not ask why the candidate had left their last employment, which is a required check that employers must do, this is so they can make sure staff were fit and proper persons to be working with vulnerable people. Nor was there evidence that this question was asked during the interview.

Immediately after our inspection the service had made changes to the application form and interview questions to ensure that only suitable staff were employed. The provider had obtained written references from previous employers and had done Disclosure and Barring Service (DBS) checks to check that the staff were of a good character and suitable to work with vulnerable people.

During our inspection on 20 October 2015 there were some concerns that people were not getting their medicines at the times they were prescribed. On this occasion we found that people were receiving their medicines when needed and were managed and administered safely. The service had a medicines policy which had been reviewed and updated in March 2016. We observed people being given their medicines, in a pleasant and unhurried manor. Staff ensured the medicines trolley was locked between administering medicines to keep the medicines safe.

We examined two of the medicine rooms of the service. Work had been completed to improve the regulation and control of the room temperatures. The temperatures for the rooms and fridges were recorded daily and were within acceptable limits to protect the medicines from the detrimental effect of being over heated. The rooms were clean and tidy and we were informed they were always locked when not in use.

The staff did not have access to the British National Formulary (BNF), a reference book for healthcare professionals who administer medicines. But staff were able to show us how they found information about medicines that they needed to know. One of the managers told us that they would arrange for copies of the (BNF) to be available throughout the service so that staff could easily find information about the medicines people were taking. A member of staff told us. "I know to keep people safe, we must know why the medicine has been prescribed and be able to tell the person about the medicines if they ask."

Staff responsible for administering medicines had received training. We saw records of the staff that had attended training and the contents of the training program. There was a register of staff initials and signatures so that it was clear which staff member had administered which medicine and when. This is essential so mistakes could be investigated.

We checked the MAR for 22 people and found all were signed appropriately. The medicines in stock tallied with the records of how many medicines had been administered and how many medicines were still in stock to be given. Staff had used the MAR for recording information such as reasons for when medicines were not administered. A member of staff told us. "Recording this information was covered in our training."

The controlled medicines were booked into the service appropriately and the records were accurate. We inspected ten entries in the controlled drugs book (CDB) against the respective MAR charts and saw that the medicines were physically present and they were securely stored. A member of staff told us that they checked with a colleague the stock for each controlled drug at shift handovers.

Staff told us, and records confirmed they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. Staff were able to tell us what action they would take if any form of abuse was suspected, they were clear who they would go to internally and also said they would go to the local authority safeguarding team if they needed to report a concern externally. Information was on display from the local authority detailing how to report a concern.

One member of staff said, "I have done my training and know what to do if I thought anyone was being abused, I trust [the manager] to do things right." And another said, "These people are like my family, I wouldn't let anyone hurt them." Staff were also aware of the whistleblowing policy and said they felt that they would be supported and protected if they used the process. One staff member told us that if they needed to report abuse they believed, "I would not be penalised by [the providers] if I spoke out."

The managers both demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place, they were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Specialist equipment, such as bedrails, was used where it was felt necessary.

We saw a person who was choking over their food. Staff responded quickly and came to their assistance. Once the person had cleared their throat, staff made sure they were comfortable and gave them a drink. When they started eating again, staff advised them to take their time to chew their food.

Whenever we saw staff support people it was done with good interaction between them and the person they were supporting, to move to a different area using a hoist or to go and use the toilet for example. Staff explained what was happening and provided reassurance throughout the process. Records showed that people assessed as being at risk of developing pressure areas were receiving the care they needed to prevent deterioration. Specialist equipment was being used, such as pressure reliving mattresses and seat cushions.

There were also policies and procedures in place to manage risks to the service of untoward events or emergencies. For example, dealing with an outbreak of a contagious disease or carrying out regular fire drills so that staff understood how to respond in the event of a fire.

There were sufficient staff on duty to keep people safe and protect them from harm. One person told us, "I don't have to wait too long for help. The carers are never far away." One relative told us, "My [relative] loves the staff and just asks when [they] need help. I never have to search for staff if they need them."

Staff told us they thought there were enough staff to meet people's needs throughout the day. One said, "The managers will help out if something happens and we need extra people."

Good

Is the service effective?

Our findings

During our inspection on 20 October 2015 we found that the service was not implementing the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The first floor of the service was locked with key pads. People did not have the number to the key pads and it was not accessible to them. A number of people on this floor were subject to continuous supervision and were not free to leave. However, the service had not applied to the appropriate authorities for a DoLS authorisation as required. During this inspection we found that the service had completed a number of DoLs referrals to the local authority in accordance with guidance to ensure that restrictions on people's ability to leave the home were appropriate.

Staff had attended MCA and DoLS training. The managers and the staff had a good understanding of both the MCA and DoLs and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions. We observed staff putting the principles of the MCA into practice. For example we saw one person was reluctant to leave the room so that they could receive personal care and was becoming upset at being disturbed. A member of staff discreetly spoke with the person and distracted their attention by looking at a newspaper together. Then they explained that they wanted to help them to freshen up so they felt more comfortable. The person agreed and they left the room together with the staff member chatting with them as they went.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Mental capacity assessments had been carried out for a variety of activities and were individual to each person. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives.

Records showed that staff received training and support to enable them to do their jobs effectively. Training was provided by in-house trainers. We were told that the trainers kept their knowledge up to date with support from a local training organisation which specialised in providing training for the care sector. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities. The organisation's training matrix, which was how they tracked staff's training, showed us that the levels of training people had completed were up to date and that a high percentage of staff were up to date with their training. One staff member told us, "We do training quite often and get everything up to date." Another staff said, "We do training such as dementia care, moving and handling, health and safety, fire safety, safeguarding, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards."

On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service

supported staff to gain industry recognised qualifications in care, "I have an NVQ level 2 and I hope I can do the Health and social Care Diploma level 3 soon." This meant people were cared for by skilled staff trained to meet their care needs. Staff told us they were provided with regular supervision and were supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to discuss any issues relevant to their performance and development.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and other healthcare professionals. The healthcare professionals that we talked with were positive about the service. One told us, "I have no concerns about the way people are looked after, the referrals I get are always appropriate." Another said, "Staff call us when they need to, they know the residents well and have the information I need ready when I visit."

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. We observed the mealtimes in two locations. People could choose where they liked to eat, some in their bedrooms, others in the dining areas. The tables in the dining areas were dressed with place settings, tablecloths and condiments. Staff supported people appropriately, bringing people their meal and checking that the food was alright for them and changing it if people changed their minds. People were able to enjoy their meal at their own pace.

One of the dining areas was in a quieter area so that people could eat in a relaxed atmosphere. The other dining area was on the ground floor and had a licenced bar and cafe attached to one side that people living in the service were encouraged to use to entertain their family and visitors. The dinning area was designed as an attractive restaurant and meals were served by waiters. Visitors were welcome to eat with their family members and were able to use the restaurant for special family events.

People told us that they enjoyed the food offered to them, had enough to eat; they were able to make choices from an extensive menu. Weekly menus were planned and rotated every four weeks. People told us, "I enjoy my food, there is a good choice and it is well cooked." Another person told us, "The food is good, I always get just what I want." And another, "I get something different If I change my mind."

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs.

People told us that meal times were flexible and that they could chose to eat when they wanted to. A staff member told us, "People have their breakfast when they choose. Some like a lie in, but they don't miss breakfast." The managers were very clear with us that they expected staff to be flexible and encourage people to eat and drink when they choose to throughout the day and during the night. Snacks such as sandwiches, cakes, fruit, biscuits and crisps were available.

Recognised professional assessment tools, such as the Malnutrition Universal Screening Tool, were used to identify people at risk nutritionally and care plans reflected the support people needed. People's weights were monitored so that action could be taken if needed. For example, they would increase the calorific content in food and drinks for those people losing weight. There were systems in place to communicate people's dietary needs and requirements to the catering staff. The cook spoke with was committed to providing people with good quality food in line with their preferences.

Good

Is the service caring?

Our findings

People and their relatives commented very positively about the staff. They told us they were kind, caring and well trained. One person said, "The staff are kind." Another said "They help me and are always kind and patient with me."

Interactions between staff and people who used the service were caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people's needs. They spoke about people respectfully and behaved with empathy towards people living with dementia. Staff spoke with people during the day as they went about their work and did not miss opportunities for interaction. A relative said, "The staff take their time and are caring with my [relative]."

Throughout the day we observed staff treating people in a respectful manner. People's needs and preferences were understood and the atmosphere was calm, staff engagement was positive and people and staff were comfortable in each other's company. When a staff member took someone from the dining room the person indicated that they wanted to stop to have a few words with a friend they were passing. After they did this they thanked the staff for stopping, the staff member said, "No problem, my pleasure… Let's not forget your handbag, and then we'll get you a cup of tea."

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. Staff sat in the lounge chatting and being sociable. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snacks if they were unable to voice a preference. We saw genial banter and laughter between people and staff. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

One relative told us, "The staff are kind and make me feel welcome when I visit." Another relative told us that, "We are always made welcome, I can come as often as I like." Care plans contained information about how people liked to be cared for. This included what food they liked and how they wanted to be cared for at night, for example if they wanted the light on or off. People and their relatives were involved in regular reviews of their care plans. The manager told us that people were encouraged to be involved in planning their care where they were able and that relatives were consulted about their family member's care. One relative said, "The staff keep me informed of things about my relative, it's good to be kept up to date."

We saw that people had been referred to an advocacy service if they needed support in making decisions and had no family or friends to act on their behalf. Meaning that decisions made on their behalf would be made after discussions with someone who put their best interest to the fore.

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person's dignity. One person was taken to be changed. The staff gently assisted them out of the room

saying, "You will feel better when you have had a bit of a clean-up."

Good

Is the service responsive?

Our findings

During our inspection on 20 October 2015 people using the service told us that they did not contribute to the assessment and planning of their care and that the care plans were not reviewed regularly. During this inspection we found that care plans were reviewed and that people were now being involved with planning their care. When care plan reviews were planned letters were sent to family members inviting them to attend the meeting. Staff told us that they consulted with people to ask their views when care plans were reviewed and updated. Care plans were clearly written and had been reviewed and updated. One relative told us that they were asked for their opinion about their relative's care needs and said, "I was sent a reminder that there was a meeting planned to review my [relative's] care plan."

A relative told us, "Yes, I am asked my opinion about the care and support my relative receives and about six monthly I take part in a review of the service provided." A staff member said, "The team leaders do monthly reviews and write down any changes. They involve the relatives when they can."

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, "I took a long time to check out different homes, I was happy with this one. My [relative] is kept well presented, just like [my relative] would want to be." Another told us, "[My relative] is very relaxed here, it is a pleasure to visit [them] here, we will have a drink together at the bar."

Relatives told us that they had been provided with the information they needed during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. Care plans were kept on paper and electronically and were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could.

The service was responsive and took action if people's needs changed, a staff member told us, "If we think the care plan has to be updated because the person's health has got worse we tell one of the managers and it is reviewed."

Staff received a handover at the beginning of each shift so they were aware of what was planned for the shift and if anyone needed extra support or help. A staff member told us that they found these handovers useful and they helped to make sure appointments were not missed, they said, "We are given time to handover so we know what has happened and what to do."

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned social activity. Some of the activities offered included animals visiting the service and pottery making. The service employs an activities coordinator, one had recently left and they were in the process of employing another. We saw evidence of craft activities that had happened around the

service.

People were supported to keep in touch with people that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited. People with family away and not able to visit as often as they liked, were supported to keep in touch via the internet using social media.

Sky was available to people throughout the service and there was a cinema room where special film nights are put on where people can enjoy a film of their choice and enjoy popcorn while they watched it.

Entertainments that were on offer included visits from local schools, singers that encouraged people to join in with popular songs, live music played by a young guitarist and rock and roll dancers demonstrated their skills. There were also visits from comedians that people told us they enjoyed and visits from 'Elvis' and 'Dean Martin'.

Focal points of interest had been developed that had created quiet places for people to sit. The themed areas contained memorabilia for people to try on or touch. People who were living with dementia were invited to the activities and entertainment that was in place and dementia based activities were offered to them, such as working with sand.

The service had a mobile shop that offered small items such as toiletries, refreshments and sweets. Outside vendors brought in clothing and shoes for people to browse and buy if they wanted to.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed openly in the entrance hall. The provider told us they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that if they had a problem they would speak with the staff or the manager. One person said, "I can talk to staff if I don't like something." Another person said, "I have no complaints, I am comfortable and well looked after." A relative told us, "We haven't had any complaints or concerns, but I know how to make a complaint if I need to."

Good

Is the service well-led?

Our findings

During our last inspection on 20 October 2015 we found that the service did not have effective quality assurance systems in place and was not well led. During this inspection we saw that these systems were now in place and the service was well led. Relatives told us that the managers and providers were approachable and made themselves available if they wanted to speak to them. Staff told us they felt supported by the manager and could approach them at any time. One relative told us, "We never have trouble talking with the managers, they make themselves available and the providers are often at the home." A professional healthcare visitor told us that the home was well managed and communicated effectively with their service.

All the staff we spoke with told us they felt supported by the management team and were positive about the culture of the service and told us that they felt they could approach either of the managers if they had any problems. A member of staff told us. "I have had arranged supervision and we will have a yearly appraisal in the future. The team leaders are friendly and helpful so you do not have to wait for a supervision session to ask anything."

The whole management team, including the providers, were knowledgeable about the people living in the service. The managers told us that they spent time around the service, talking with people and monitored staff and the delivery of care closely.

People were asked their views about the way the home was run on the provider's website and by annual surveys. They were also given the opportunity to attend meetings and give their comments about the running of the home and action was taken to rectify any areas of improvement identified. The records we saw showed that people's comments were positive.

There were systems in place to monitor the quality and safety of the service. The managers carried out regular audits which were monitored by the providers. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed and were used to identify, monitor and address any trends that needed to be addressed.

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.