Hollyberry Care Limited

Margaret's Rest Home

Inspection report

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15 March 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 14 and 15 March 2016.

Margaret's Rest Home is a residential care home registered with The Care Quality Commission (CQC) to provide the regulated activity, accommodation for persons who require nursing or personal care. The service provides care for up to 27 older people, including people living with dementia and physical disabilities. On the day of our inspection 27 people were using the service.

The service had a registered manager. 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.

Each person had a mental capacity assessment (MCA) completed, although as set out in the Mental Capacity Act 2005 code of practice, 'specific decision' MCA assessments were not always considered.

People received their medication as prescribed and the systems to receive, store and administer medicines were appropriately maintained.

The provider notified the Care Quality Commission (CQC) of events, such as serious injuries, deaths and other events as required by law. They had also notified CQC of people placed under Deprivation of Liberty Safeguards (DoLS) authorisations also required by law.

Staff were aware of what constituted abuse and of their responsibilities to report abuse. Risks to people using the service and others were assessed, and control measures were in place to reduce any identified risks.

Staffing levels were adequate to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Consent was gained from people before any care was provided. People had a choice of meals, nutritional assessments were carried out and special diets catered for, and people were supported to see healthcare professionals as and when they needed to.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. The views of people living at the service and their representatives were sought and areas identified for improvement were acted upon to make positive changes.

People and their families were fully involved and in control of their care. Care was based upon people's individual needs and wishes. The care plans were reviewed and updated, to ensure they reflected the most recent and up-to-date information regarding people's care.

Social, leisure and recreational activities were provided for people to participate in if they wished.

The service had a complaints procedure in place, to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

Regular management audits were carried out to assess and monitor the quality of the service. The vision and values of the service were person-centred and made sure people were at the heart of the service.

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.

The systems to receive, store and administer medicines were appropriately maintained.

Staff were aware of what constituted abuse and of their responsibilities to report abuse. Risks to people using the service and others were assessed, and control measures were in place to reduce any identified risks.

Staffing levels were adequate to meet people's current needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Is the service effective?

Requires Improvement

The service was not always effective.

The use of 'specific decision' MCA assessments were not always considered as set out in the Mental Capacity Act 2005 code of practice.

The provider had assessed people that required to be placed under the Deprivation of Liberty Safeguards (DoLS) and authorisation applications had been submitted to the Local Authority as required by law.

Staff received induction training and on-going training to ensure they had the skills, knowledge and support they needed to perform their roles.

Consent was gained from people before any care was provided.

People had a choice of meals, nutritional assessments were carried out and special diets were catered for.

People were supported to see healthcare professionals as and when they needed to.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect.

Staff spent time getting to know people and their specific needs and wishes.

The views of people living at the service and their representatives were sought and areas identified for improvement were acted upon to make positive changes.

Is the service responsive?

Good

The service was responsive.

Care plans were based upon people's individual needs and wishes. They were reviewed and updated, to ensure they reflected the most recent and up-to-date information regarding people's care.

Social, leisure and recreational activities were provided for people using the service.

The service had a complaints procedure in place, to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and an established staff team.

The provider notified the Care Quality Commission (CQC) of events such as, serious injuries, deaths and other events as required by law. They had also notified CQC of people placed under Deprivation of Liberty Safeguards (DoLS) authorisations also required by law.

Regular management audits were carried out to assess and monitor the quality of the service.

The vision and values of the service were person-centred and made sure people were at the heart of the service.

Margaret's Rest 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 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 14 and 15 March 2016. The visit was unannounced and conducted by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted by the provider. Statutory notifications include information about important events which the provider is required to send us by law.

We also contacted commissioners involved in monitoring the care of people using the service.

We carried out general observations on care practices and we spoke with six people using the service, in order to hear their views of using the service. We also spoke with four relatives and two other people visiting the service at the time of the inspection.

We spoke with the registered manager, the deputy manager, the provider and four care staff and reviewed the care records for three people using the service. We also reviewed three staff recruitment files, medication administration records and other records in relation to the quality monitoring and management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I do feel safe, the staff look after us very well". Another person said, "I have never felt frightened, yes I do feel safe here". The relatives we spoke with all confirmed that they felt their family members were kept safe at the service". One relative said, "The staff are angels, they look after my [family member] very well". We observed that people using the service were relaxed and at ease with the staff.

Staff members told us that they had received safeguarding training. They told us they knew the different types of abuse people could be subjected to. They told us if ever they witnessed or suspected any form of abuse how they would report it. They also knew about the 'whistleblowing' procedure to use if they ever felt that safeguarding matters were not taken seriously or appropriately addressed by the provider. We saw records of safeguarding alerts held on file which demonstrated that the local authority had been informed, along with the Care Quality Commission (CQC) of safeguarding matters.

Suitable systems were in place to respond record and monitor all accidents and incidents. We saw that accidents and incidents were regularly monitored to identify any extra measures needed to minimise the risk of repeat incidents. We also saw that people with behaviour that challenged them and others had guidelines in place on how the staff were to respond and manage the behaviours to keep people safe. We observed that staff responded sensitively to people that displayed such behaviours in line with the guidance in the care plans.

There were sufficient numbers of staff available to meet the needs of people using the service. One person said, "The staff are always willing to help, they respond as quickly as they can, you're never kept waiting for too long". We noted during the inspection that staff responded promptly to people's requests for assistance and in answering call bells.

We noted during our visit that staff breaks were organised so that there were always staff available to respond to people's needs. Visitors also confirmed they felt the staffing arrangements were sufficient to meet people's needs. One relative said, "There is no comparison to the previous home [family member] lived at, you had to go looking for staff, there is always staff about here". Another visitor to the home said, "In the course of my work I visit various care homes, this one is very good, the staff are always willing to help bring people who are immobile to join in activities if they wish".

The provider operated a recruitment procedure based on equal opportunities and ensuring the protection of people using the service. The staff confirmed they were asked to provide documentation to verify their identity and eligibility to work in the United Kingdom and that checks had been carried out on their suitability to work at the service. This included checks through the government body Disclosure and Barring Service (DBS) and obtaining written references. We saw evidence of the checks being undertaken in the staff recruitment files viewed.

Risks to people's health and well-being had been identified and assessed by the service. For example,

nutrition, falls and skin integrity. The assessments were available within people's care plans, and used to guide staff on how to keep people safe. They were reviewed regularly to ensure that safe and appropriate care was consistently delivered.

Risk assessments were in place, to ensure the environment was safe for people to use. This included areas such as fire safety. For example, we saw that each person had a Personal Emergency Evacuation Plan (PEEP) in place; to provide vital information to the emergency services should it be needed. The staff told us they had regular fire drills and this was also confirmed in the fire records seen at the time of the inspection.

People told us they received their medication as prescribed. Staff told us they were trained to administer medicines to people. They said their competency and understanding of medicines administration was assessed through observation on a number of occasions before they were able to administer medicines unsupervised. We observed the staff administering medicines to people; they explained to people what the medicines were for and gave people time to take their medicines. They offered people the choice as to whether they needed any medicines prescribed for them to be taken as required and they respected people's choice. We also saw the systems to order, receive, store, administer and record medicines were appropriately maintained. Including controlled drugs (CD) held at the service.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (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.

The Mental Capacity Act (MCA) 2005 code of practice states 'generally, capacity assessments should be related to a specific decision'. However we found that people assessed as lacking capacity due to an ongoing condition, such as dementia, had one overarching mental capacity assessment in place. The Mental Capacity Act 2005 code of practice states that 'generally, capacity assessments should be related to a specific decision'. We saw that people's care plans were written in their 'best interests' instructing staff to respect people's day to day decisions, such as, what to wear or to eat. We concluded the MCA capacity assessments did not fully relate to having 'specific decisions' in place. For example, assessing the person's capacity to make more complex decisions, such as, managing their medicines and finances.

Staff members told us that they were aware of the principles of the MCA and DoLS and that they applied it whenever they provided care for people. They were aware of encouraging and facilitating people to make decisions and of when they needed to make 'best interest' decisions on their behalf. We saw staff applying this principle in practice.

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 was knowledgeable of their responsibilities, under DoLS. They informed us that DoLS applications had been completed for 25 people using the service. That they had been submitted to the Local Authority supervisory body and they were waiting on the decisions. They also informed us that two people using the service were placed under DoLS authorisations for their safety and welfare. For example, using bedrails to prevent injury or harm from falls out of bed.

People told us they thought the staff had the right training and experience to meet their needs. One person said, "The staff know how I like to be looked after". Visitors also confirmed they thought the staff were professional and sufficiently trained to meet people's needs.

All staff confirmed they had been provided with initial induction training when they first started working at the home. They said when first starting at the service they worked alongside an experienced member of staff before working independently. This was also evidenced by records within the staff files that demonstrated this.

They said they received regular on-going training opportunities to develop and refresh their skills and

knowledge. One member of staff said, "We have regular training that we do by e-learning, we also do practical training, such as how to use hoists and equipment".

The staff also confirmed that alongside health and safety training they had also completed training in areas such as, safeguarding, nutrition and hydration, pressure area care, moving and handling and basic first aid. In addition the staff were supported to undertake further qualifications, such as the Qualification Credit Framework (QCF) diploma in health and social care. We saw that copies of various training certificates were available within the staff files and training records also confirmed this.

They told us they felt supported in their roles and they could approach the registered manager and senior staff at any time for advice and guidance. They said they had regular one to one supervision meetings with their supervisors and that regular team meetings took place. We saw that each staff team had meetings with the registered manager, for example, care staff, senior staff, ancillary staff and catering staff. The minutes of the meetings demonstrated that service improvement matters were discussed, for example, improving staff communication, monitoring people's food and fluid intake, reviewing menus, cleaning schedules and care records.

People told us that the staff always gave them a choice and gained their consent before any care was delivered. One person said, "The staff are very good, they don't assume anything". During the inspection we observed staff offered people a choice of where they wanted to spend their time, either alone in their room or with other people in the communal areas. They offered people food and drink choices and whether they wanted to participate in an activity that was taking place.

People said they were generally pleased with the quality and choice of meals available. One visitor said, "Whenever I visit the meals always look very nice and the portions are ample". We saw in a recent meeting with the catering staff they had discussed introducing pictorial menus, which had since been implemented. The staff had received training on food hygiene and they were aware of specific guidance from healthcare professionals, such as the speech and language therapists (SALT) or dietitian to ensure that people received food that was appropriate to their needs.

Records confirmed that each person had a nutritional assessment in place and people at risk of not receiving sufficient nutrition and hydration had their food and fluid intake closely monitored. We sat in on the midday staff handover and found the communication shared from the morning staff to the afternoon/evening staff was detailed. This demonstrated how they worked together to meet the needs of people who had difficulty eating and drinking sufficient amounts.

Visitors said that the staff always contacted them if their family members took ill and when they needed to see the doctor. We saw that people had regular access to advice and support from healthcare professionals. The GP from the local surgery visited the service each week to review medicines and see people who required a more detailed consultation due to changes in their health conditions. We also saw that advice and support was also provided from the Community Psychiatric Nurse (CPN) involved in some people's care.

We saw records were held at the service regarding the advice given from the GP and other healthcare professionals. Information within people's care plans also demonstrated that the advice had been acted upon to ensure people's physical and mental health and well-being was maintained.

Good

Is the service caring?

Our findings

People said the staff were caring and treated them with respect. One person said, "They are angels". Another person said, "You can have a bit of a laugh and joke with the staff ". Visitors also commented how the staff had a caring, friendly approach, and of the homely atmosphere, they talked of how they were always made very welcome by staff whenever they visited.

People were supported to maintain relationships with people that mattered to them and relatives were encouraged to visit as often as they wanted to. One visitor said, "I come here any time of the day and night, I am always made welcome".

People using the service and visitors told us they were involved in planning their care. One visitor said, "I am very involved in [family members] care, I attend the care review meetings and my input is always respected". All the visitors spoken with said they felt involved in making decisions about their family members care and felt consulted about any changes

We saw that each person was asked whether they wanted to share information about themselves such as, things that mattered to them and important events in their lives. The information went towards building an individual profile so that their care and support could be tailored to meet their specific needs and preferences. We saw within people's care records their choices and preferences had been recorded, for example, any hobbies or interests, likes and dislikes.

The staff demonstrated empathy in their interactions with people. For example, we observed a member of staff respond to a person who looked anxious and distressed. The member of staff kneeled down beside them and gently asked if they could help. The person was holding a small toy dog and passed it to the member of staff, the member of staff used the toy to communicate with the person who responded by smiling and saying thank you to the member of staff. Later in discussion with the staff they explained the person liked dogs, and took comfort in holding the animal, but sometimes perceived it as a real and needed a break from the responsibility of looking after it.

During the inspection we observed staff address people by their preferred name, they knocked on people's doors and waited to be invited in before entering. They supported people in a calm and reassuring manner. We observed the staff were kind, caring and friendly towards people. There was lots of laughter and a light hearted atmosphere in the home.

We saw that confidential information about people's care was stored appropriately and only shared with professionals involved in people's care.

Good

Is the service responsive?

Our findings

People received personalised care and treatment that was responsive to their needs. Visitors told us they were involved in planning and reviewing their family members care plans.

We saw that assessments of people's needs were carried out, prior to their admission to the service. The assessments formed the basis of the care plans that were put in place to help guide staff on meeting people's individual needs. The care plans contained sufficient details to inform the staff on the care they needed to provide. For example, mobility needs, skin integrity, and other specific information relating to people's medical conditions. The care plans also related to other documents such as risk assessments and monitoring records.

We saw that people were asked their preference as to whether they had any specific daily routines or preferences. One relative said, "My [family member] is quite happy with having both female and male carers attend to her needs, she doesn't seem to mind".

A programme of activities was provided at the service. Visitors told us their family members were provided with sufficient activities to keep them active. On the day of the inspection a mobile shop visited the service, selling toiletries and sundries. They set up their stall in the dining room and people browsed through the stock and purchased items. We also saw a small group of people were doing an arts and crafts session with a member of staff.

The service aimed to provide at least four main day trips out a year and entertainers visited the service regularly. A monthly newsletter was circulated to people using the service and visitors, that gave information on up and coming events. People told us during the summer they enjoyed spending time in the garden; they also spoke of holding a garden fete. The provider said that some people used the garden to grow vegetables and plant spring bulbs. We saw that over Christmas some people had visited the theatre in Northampton to watch a pantomime.

Systems were in place to respond to complaints about the service. One person said, "I would go straight to the top, if I wasn't happy here". People using the service and visitors told us they felt able to raise concerns or complaints with the provider. The provider told us that on admission to the service people were given a copy of the complaints procedure and any complaints received they were recorded and investigated by the registered manager within 7 days, following this a meeting was arranged and the resolution recorded and followed up. They confirmed that over the past twelve months one complaint had been received and resolved to the satisfaction of the complainant within the timeframe. We saw documentation that confirmed this.

Good

Is the service well-led?

Our findings

There was an established registered manager and staff team at the service. The visitors we spoke with said the registered manager had an open door policy and welcomed people using the service, relatives and staff to approach them at any time to discuss the care of their family members. They expressed that their family members were happy living at the service and that they were kept fully informed about their care. All the visitors spoken with said they were also involved in reviews of their family member's care.

During the inspection we observed that visitors were made welcome by staff and they appeared at ease approaching the registered manager, deputy manager and staff to talk. We observed the staff team had a calm and welcoming approach. One visitor said, "The staff are really nice, they always have time for you, my [family member] has improved since they moved in, she enjoys the company and the banter".

All staff spoken with said they felt valued and supported in their roles.They told us that staff meetings took place regularly; we reviewed the minutes from the meetings and found they covered areas such as, staff training and development needs and service improvement. We sat in on a staff handover and found that important information about people's care was appropriately communicated to ensure that people received consistent care.

Systems were in place to monitor people's care including accidents and incidents. We saw that appropriate actions had been taken to identify and minimise the risks of repeat accidents and incidents.

The provider had informed the Care Quality Commission (CQC) of notifiable events such as, serious injuries, deaths and other events as required by law.

Visitors told us they were asked for feedback on the care their family members received. They told us they attended meetings held by the provider to discuss service improvements. The meeting minutes also demonstrated this. A monthly newsletter was produced, which also gave information on matters discussed at the meetings and copies were sent to relatives who had been unable to attend the meetings.

Resident meetings were held monthly and quality assurance questionnaires were sent to people using the service, relatives, staff and stakeholders twice a year. The findings were evaluated and areas identified for improvement were addressed in an action plan with timescales for completion.

A programme of quality assurance management audits were carried out by the registered manager and the provider. They included reviewing care and staff records and health and safety checks to the environment and maintenance of the building and equipment.