

Mr & Mrs P C Kadchha

Noss Mayo Residential Home

Inspection report

2 High Street
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Tel: 01754810729

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Noss Mayo Residential Home provides accommodation, care and support for up to 14 older people who have physical disabilities, some of whom may experience memory loss and have needs associated with conditions such as dementia.

There were 12 people living at the service at the time of the inspection.

People's experience of using this service:

- People were protected against abuse and discrimination and their rights were upheld.
- Staff received training and were supported to ensure they had the skills, knowledge and confidence they needed to perform their roles effectively.
- People did not always receive services which were responsive to their needs as they had not always been supported to have access to person centred activities which met their needs, in particular for those who lived with dementia.
- People were enabled to have choice and control of their lives and staff supported people in the least restrictive way possible; the registered providers policies and process supported this practice.
- Staff treated people with kindness and their dignity and privacy was respected.
- People and their relatives were involved in reviewing their care and making any necessary changes.
- A process was in place which ensured complaints could be raised. Concerns were acted upon and lessons were learned through positive communication.
- The service was consistently managed by an established registered manager and the registered provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection:

Good (report published June 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Noss Mayo Residential 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 as part of our regulatory functions. This inspection checked whether the provider was 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

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

The service employed a manager who was registered with the CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 12 February 2019.

What we did:

Before our inspection, the registered provider had completed and returned a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they planned to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. In addition, we contacted and requested information from commissioners who had a contract in place with the service.

During our inspection visit we undertook a tour of the premises and spoke with seven people who lived at the service. We also looked at the range of activities available for people and observed how some of these were being provided. Our overall observations included how people and staff interacted and how people were being supported using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were unable to communicate with us direct.

We spoke with two senior members of the care staff team, the cook, the registered manager and three visiting healthcare professional and a local doctor.

In addition, we reviewed specific parts of the care records of two people who lived at the service. We also looked at the management of medicines and a range of monitoring and audit information the registered provider maintained about how they ran the service.

Is the service safe?

Our findings

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

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

- People told us they felt safe. One person said, "I do feel safe living here." Another person commented that, "It's safe because someone is always about to see to me and the others here." Staff told us they had received training to enable them to recognise any signs of potential abuse to ensure safeguarding concerns were promptly reported to the local authority and other key agencies. This helped ensure people's safety was maintained.
- The registered manager also had processes in place for checks of the equipment used to care for people, the environment and fire safety which they said were carried out regularly to promote people's safety.

Assessing risk, safety monitoring and management:

- The registered manager and staff told us they felt confident in supporting people safely. Staff knew the specific risks relevant to each person's needs and risk assessments had been completed to guide staff in managing these. Examples included information about how people needed to be supported to stand and move around safely and when they needed support to bathe or receive direct personal care. Staff described how they minimised the risks associated with the care one person needed in bed. Information was available to show the person had been helped to turn over periodically and that their needs were checked on regularly to eliminate risk of them developing pressure sores on their skin.

Staffing and recruitment:

- The registered manager had a process in place to recruit staff safely. However, when we looked at the records related to the background checks completed when recruiting two new staff members, we found they had not received all of the reference information required for one of the staff members. The registered manager undertook immediate action to update the recruitment information required and assured us the recruitment processes would be further strengthened to make sure that in the future all of the necessary checks would be completed in the right way.
- People told us they felt there were enough staff to support them. One person said, "The staff are in all the rooms a lot to check things are okay. I think there are enough here. They do work very hard and do a good job for me and all of us."
- Staff we spoke with told us they were clear about when they were scheduled to work. We saw staffing rotas were in place. They had been planned in advance by the registered manager and updated to include any changes agreed. In addition to the permanent staff team the registered provider employed a bank staff member who was known to the people at the service and which the registered manager told us helped them to deliver consistent care. The registered manager and staff confirmed they did not need to rely on using agency staff because they worked as a team to cover any gaps.

Using medicines safely:

- People told us they were well supported with their medicines. One person said, "I get my medicine on the times I need it." Medicine administration records were in place which staff who had received training used to make sure people took their medicines in the way prescribed.
- The registered manager showed us internal audit checks were completed to make sure the processes remained consistent with good practice. They also confirmed they were arranging for an external audit to be carried out by a pharmacist to give them additional assurances on their systems and checks.

Preventing and controlling infection:

- People were protected against the risk associated with the spread of infection. The service was clean and there were no odours present. Cleaning schedules were in place for communal areas and people's rooms which domestic staff followed. The registered manager told us these were checked to ensure regular cleaning was being maintained.
- Systems were in place to minimise the risk of cross infection. For example, hand gel dispensers were accessible in communal areas and toilets. In addition, staff reduced the spread of infection by having access to, and using personal protective clothing such as gloves and aprons when required.
- The registered manager confirmed they had an infection control lead within the staff team. They told us how they attended information and good practice meetings with the local authority infection control team and that the meetings helped keep staff updated with any developments and good practice examples related to the management of infection control.

Learning lessons when things go wrong:

- The registered provider had a system in place which ensured any incidents and accidents were reviewed to identify any management and staff learning. The registered manager had used this process, to identify any incidents where things could have been done better and put actions in place when required to help to prevent a reoccurrence and to promote management and staff learning.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs:

- Although the service had not been purpose built, consideration had been given to people's needs in the design and decoration of the building. In their PIR the registered persons had told us about some of the environmental improvements they had made at the service since our last inspection. However, during our inspection visit we noted some areas would benefit from further decorative updates and a communal shower room was in need of being upgraded so that staff could use the space and equipment needed to help people when they had a shower more effectively. The registered manager told us they and the registered provider had already identified that the work was needed and were in the process of obtaining quotes in order for this to be commissioned and to commence.

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

- People's physical, mental health and social care needs were assessed in advance of them moving into the service and care was planned through the creation of a set of care records called a care plan. Information we looked at in two of the care plans showed the assessments completed had involved people and where appropriate their circle of support so that care could be agreed in the way people preferred and that staff could meet their identified needs.
- Care assessments contained information about people's background and any cultural or religious needs they had. The registered manager told us this helped enable them and staff to take account of people's diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience:

- Staff we spoke with told us the introductory training they had when they started to work at the service coupled with their on-going refresher training enabled them to carry out their roles effectively. In addition, staff were supported to undertake nationally recognised qualifications in care so that they could keep on developing their skills and learning.
- The registered manager had a training plan in place which they kept updated so that this could be checked to confirm when training was due and when it had been completed by staff. Staff told us they felt supported by the registered manager and how their training was kept updated and training outcomes checked through a process of supervision and appraisal.

Supporting people to eat and drink enough with choice in a balanced diet:

- People we spoke with told us they had enough to eat and drink and they liked the food provided. One person told us, "The meals are nice with a lot to choose from." Another person said, "I have toast and cereals for breakfast and I like all of the food. There is plenty of it!"
- We observed mealtimes were social occasions and people joined together in conversation between each other and staff while they had their meals. People were offered choices and we saw their dietary preferences were catered for.
- Staff provided timely assistance to people when needed. Where they had chosen to, people were helped to eat and independently. One person had a plate guard which they used to keep their food on their plate. Another person was supported with a drinking beaker which helped them to take their drink independently and safely.
- Risks associated with eating and drinking were identified and addressed. For example, one person required a modified textured diet to reduce the risk of them choking and we saw this was provided. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:

- Staff we spoke with demonstrated and care record information showed that staff had a good knowledge of people's individual health conditions.
- Records showed staff sought advice from external professionals when people's health and support needs changed. Through our discussions with four visiting healthcare professionals it was clear referrals were made to them when advice and support was needed and that they worked well together with the registered manager in providing timely care.

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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff we spoke with told us they had completed training related to MCA and DoLS awareness and their responses to people demonstrated their understanding.
- We observed staff always checked and gained people's consent before they provided any care or support. When this was not possible steps had been taken to ensure care was provided in people's best interests. For example, one person needed additional support in ensuring their medicines were being taken consistently. We saw meetings had been held with external professionals and the registered manager to decide on the most appropriate way to support the person to take their medicines and that actions agreed had ensured the person was cared for in the right way.
- 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 had notified the CQC when DoLS applications had been submitted and granted. At the time of this inspection five people were subject to DoLS authorisations and two further applications had been made and were awaiting approval. We saw the registered manager and staff were working within the principles of the MCA and were continuing to meet the conditions set out in the authorisations in place.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with told us the staff were caring toward them and that they were well supported. One person told us, "The staff are kind and very thoughtful." Another person commented, "I don't think the staff could care any better."
- Our observations of how staff supported people showed they understood people's individual diverse needs and preferences and how to meet them. For example, one person who lived with dementia had been supported to have access to a soft toy and a doll, which staff told us they always liked to carry with them and which we saw gave them comfort. Another person told us they wanted to maintain the use of their hands and showed us they had been supported to have a soft ball they could squeeze to help strengthen them. The person said, "I want to keep the use of my hands for as long as possible and the staff follow this up and help me." People were also supported to maintain any cultural and religious beliefs they had through contact with the local church. One person said, "having people coming in like the church makes me still feel like I am part of the village."

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

- Staff enabled people to express their views about how their care was provided and that their opinions were respected. One person commented, "The staff are very thoughtful. I prefer a bath and the staff help me with the personal things. They are sensitive." People also communicated their views about which meals and drinks they wanted and their preferences were met. Where people had made their decision to stay in their rooms, their meals were taken to them. We spoke with one person who answered the door to their room. They greeted us saying, "I wanted to stay in bed and I can do this. It's my choice but have now got up. I think I will stay in my room and know I can come down anytime I want."

Respecting and promoting people's privacy, dignity and independence:

- Staff supported people to maintain their privacy and dignity using the approaches they took. One person was unsure about accepting personal care from a staff member. The staff member was calm and reassured the person, communicating with them about the things they liked and the person happily accepted the support identified as needed thus promoting their dignity.
- During our inspection a hairdresser visited the service and people told us they liked to receive these visits. One person said, "I always feel better when my hair has been done."
- The registered manager showed us they and staff had the contact details and knowledge needed to help people to access lay advocacy services if they needed this type of support. Lay advocacy services are

independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

- The registered manager and staff told us they understood the need for private information about the people they cared for to be kept confidential and was only shared for example with healthcare professionals on a need to know basis.
- In addition, the registered manager described how computers were password protected and could only be accessed by those staff who had permission to do so.

Is the service responsive?

Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Each person had a set of care and support plan records which reflected their life history and interests or any hobbies they had. The registered manager told us the information was kept under review so any changes could be updated.
- The registered manager told us they did not currently employ a staff member to specifically support people with activities. Instead, they and staff we spoke with described how they undertook individual and group activities based on their knowledge of the people they cared for. We saw that when an activity had been undertaken it was recorded on an individual activity sheet so this could be added to care records. Examples of activities included, one to one discussions with staff, visits from relatives, memory games and people being given assistance to read a book. People were also supported to maintain any religious beliefs they had. However, there was limited evidence that there was a varied enough range of individual, person-centred and group activities for people to take part in, particularly for those people who lived with dementia. In addition, we also saw that although there was an activity schedule on a notice board in the service there was no specific structure in place to ensure these activities were being delivered. We discussed this with the registered manager who confirmed they would review how all activities were being planned and provided and ensure they were strengthened.

Improving care quality in response to complaints or concerns:

- People told us they knew how to raise any concerns they had and felt comfortable raising any issues they had direct with the registered manager if they were unhappy about any aspect of their care or the services provided. There was a complaints procedure available for people and any visitors to the service which provided information about how to do this. The registered manager told us that although they had not received any formal complaints in the last year they had responded to any concerns received as they were raised.
- We observed people and staff communicated well together using a range of communication methods including speech, written and non-verbal. The registered manager told us although not currently needed, documentation describing what the service provided and care records, could if needed be produced in different formats. These included picture and symbol format, large print or braille. This meant that people's needs around accessing information had been considered in line with the Accessible Information Standard (AIS) The standard sets out a specific approach to identifying and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

End of life care and support:

- People had been asked about any wishes they would want to be carried out at the end of their lives. The registered manager told us how they worked closely with people and their circle of support to consider any individual advance decisions so these could be fully respected.
- At the time of this inspection the registered provider was not providing any specific end of life care but the staff team were equipped to respond to this level of need and knew which external agencies they may need to communicate with when this was needed.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered provider employed an established registered manager to run the service. 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.
- We saw that the registered manager was accessible to people and people we spoke with told us they were well known to them. One person said, "The manager is good. Anything you need she is there. Very pleasant." The registered manager was supported by a team of senior staff who they told us led the service as a team.
- Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff told us that the registered manager led the service in ways which ensured staff were supported and competent in their roles. Staff we spoke with were clear about and understood their responsibilities in maintaining the quality of care people needed. A staff member said, "We work together and support each other well. The manager is caring and we all work toward the same aim. To provide good care."
- The registered manager used a quality assurance system they had developed to carry out monthly audits to check the service met regulatory requirements. As part of this process, we saw that key aspects of the service were checked, including the environment, health and safety, staffing, and medication.
- The registered manager informed us of any untoward incidents or events which happened within the service in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations.
- We also saw our latest CQC inspection report, summary and rating was on display available for people to read in the home. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.

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

characteristics; Continuous learning and improving care:

- People and staff, we spoke with told us their views about the care provided were considered as part of the on-going process of developing the services provided.
- People told us this was achieved through the day to day discussions the registered manager had with people and staff. In addition, the registered manager carried out surveys twice a year and feedback was reviewed and followed up by the registered persons to make any improvements identified as needed.
- The registered manager told us they and the registered provider also used information from their audits and checks to inform changes and improvements to the quality of care people received. We noted there were no records relating to formal meetings between the registered manager and registered provider. The registered manager said she would ensure they and the registered provider recorded all future meetings so that they could evidence the topics discussed, review the actions from each meeting and what had been achieved or needed further work.
- When incidents had occurred at the service the registered manager had taken action to work with external agencies and outcomes had been used to inform their learning and any changes in care practices needed.

Working in partnership with others:

- The registered persons had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. The feedback we received from people, visiting healthcare professionals and staff indicated that at the time of this inspection people were supported consistently and that they were enabled to access the care and support they needed through collaborative working.