J Sai Country Home Limited

Millway House

Inspection report

Amesbury Road
Weyhill
Andover
Hampshire
SP11 8DE

Tel: 01264773737

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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

The inspection took place on 20 and 21 September 2016 and was unannounced.

There was 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.

People were supported by staff that had the skills and knowledge to meet their assessed needs.

Information regarding diagnosed conditions was documented in people's files.

Staff received a thorough induction before they started work.

The provider had employed skilled staff and took steps to make sure care was personalised.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

Staff worked within good practice guidelines to ensure people's care, treatment and support promoted good quality of life.

The provider had appropriate arrangements in place to assess people's capacity to make decisions about their care and treatment. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005. Fifteen people were subject to DoLS at the time of our inspection and the registered manager was in the process of making more referrals to the local authority for DoLS assessments.

People had access to a wide range of social activities.

People who required assistance to eat and drink were supported effectively. Appropriate assessments had been conducted for people who had difficulty in swallowing their food. Interactions between staff and people during meals times were respectful and dignified.

Multi-disciplinary teams including mental health workers and occupational health were involved in reviewing and updating people's risk management plans.

Medicines were managed safely. Any changes to people's medicines were prescribed by the service's GP and psychiatrist. People were involved before any intervention or changes to their care and treatment were carried out.

Records showed people's hobbies and interests were documented and staff accurately described people's

preferred routines.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment.

The provider had systems in place to regularly assess and monitor the quality of the service provided.

People told us the staff were friendly and management were always visible and approachable. Staff were encouraged to contribute to the improvement of the service.

Staff told us they would report any concerns to their manager and said the management and leadership of the service very good and very supportive.

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 were knowledgeable in recognising signs of potential abuse.

There were enough staff deployed to ensure people received the care they needed.

There were effective recruitment procedures and practices in place and being followed.

Medicines were safely stored, administered to people and handled appropriately .

Is the service effective?

Good

The service was effective. People's rights were protected under the Mental Capacity Act 2005 (MCA) and best interest decision made under the Deprivation of Liberty Safeguards (DoLS).

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People were provided with a choice of nutritious food that met their requirements.

Is the service caring?

Good

The service was caring. The manager and staff demonstrated caring, kind and compassionate attitudes towards people.

Documentation contained useful information to build positive relationships between staff and people using the service.

Staff were knowledgeable about the support people required and how they wanted their care to be provided.

Is the service responsive?

Good

The service was responsive. People's needs were fully assessed with them before they moved to the home to make sure that the staff could meet their needs.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's care and treatment.

There was a system in place for recording and addressing complaints and people and visitors were made aware of the complaints procedure

Is the service well-led?

Good

The service was well led. The provider had a clear set of vision and values, which were used in practice when caring for people.

The attitudes, values and behaviours of staff and the management enabled and encouraged open communication with people and their relatives.

There were systems in place to review the quality of service in the home. Action was taken as a result of these audits to improve the care and service

Millway House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 20 and 21 September 2016 and was unannounced.

One inspector carried out the inspection.

At the time of our inspection 51 people were using the service.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, three nurses, four care workers, two domestic staff, a maintenance worker, two volunteers and four external healthcare professionals. We also spoke with two people living at the home and six relatives.

We pathway tracked the care for four for people living at Millway House. This is when we follow a person's experience through the service and get their views on the care they received. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and reviewed some of the providers policies and procedures.

We observed interaction throughout the day between people and care staff. Some people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 3 September 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

Healthcare professionals and relatives told us the service was safe. One relative said: "They help (Person) move around the home and in my opinion everyone looks pretty well looked after". A member of staff said: "The manager knows we need to recruit more permanent staff but we are using agency until then, people work overtime to help out so no I don't think anyone is at risk".

We observed staff interacting with people in a kind and supportive way. Staff had undertaken safeguarding adults training and we saw that this topic had been discussed during staff supervisions with the registered manager. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority. We saw information and guidance about how to raise a safeguarding alert on display in the home.

Care plans contained relevant risk assessments including any mobility issues and risks identified to the individual. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk from developing pressure ulcers, because of their limited mobility, the registered manager had ensured they had been assessed by the nurse and had been provided with suitable pressure relieving equipment.

The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people, and extra staff were deployed if people needed more support. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed. The registered manager was very open and honest with us about recruitment and said: "We are trying so hard to recruit but it has to be the right staff. In the last year we have probably done 80 to 90 interviews but people come and then they go, or I won't have them work here because they are not right". During the second day of our inspection we saw one new member of staff being inducted into their role. The registered manager told us familiar agency staff were being used until they had recruited to their capacity and said: "We have six vacancies so we are using agency at the moment". A relative said: "I know most of the staff in here because I come and visit a couple of times a week".

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These were accessible staff to ensure they had up to date information. All staff had received training in whistleblowing and safeguarding adults. Staff knew how to recognise potential abuse and understood their responsibilities to report any concerns. For example one staff member told us, "If I ever had any worries I would tell the Police and CQC."

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS)

check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. When qualified nurses were recruited the provider carried out checks with the nursing and midwifery council (NMC) to ensure they were properly registered or that there were no restrictions on their practice that would affect their ability to be employed. We saw the provider monitored the renewal of qualified nurse's registration. Staff told us they were not allowed to start work until all the checks had been completed.

The provider had a medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine were stored securely in a medicine cabinet that was secured to the wall. We observed medicines being administered to one person. The member of staff explained to the person what the medicines were for. We saw the person refusing to take the medicines and observed the member of staff telling the person that this was ok. The member of staff returned a little later and we observed the person was happier to take the medicines. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly.

Risk assessments, audits and checks regarding the safety and security of the premises were up to date and had been reviewed. This included the fire risk assessment for the home. Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Good

Is the service effective?

Our findings

Staff and relatives said the home operated effectively. A member of staff said: "I done the care certificate and since then I have done other training in dementia, equality and diversity and moving and handling". Another member of staff said: "I have supervisions and we also have team meetings so I am not short of opportunity to speak to the manager".

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of suitable food and drink. A member of staff told us they used a malnutrition universal screening tool (MUST) to identify people who may be underweight or at risk of malnutrition. Food and fluid intake was monitored and recorded. People were provided with choice about what they wanted to eat and told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times. The atmosphere was relaxed and a sociable experience with people sat round individual dining tables chatting to each other or in the lounge and dining areas. There was a choice of meals and drinks available and people were asked what they would like to eat and drink. Staff provided support to those people who needed assistance to eat, we observed staff took their time and did not rush them.

People told us their health care was well supported by staff and by other health professionals. People saw their GP, dentist and optician when they needed to and nurses were always on duty in the home. People saw other health care professionals to meet their specific needs, such as a chiropodist, a district nurse or speech and language therapist. A health professional told us, "They call us if they need advice and they take it on board."

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. One staff member told us, "I found it pretty good."

There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection four people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority).The home was complying with the

conditions applied to the authorisations. The manager knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Twenty four people were waiting to be assessed from the local authority. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used to The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate.

Good

Is the service caring?

Our findings

Relatives and healthcare professionals told us staff provided compassionate care. One relative said: "I really believe this is a good home, they are so kind to mum". A healthcare professional said: "I have no worries about this home".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included a 'This is me" record which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

We observed people were treated with kindness, compassion and respect. We saw many positive interactions and people enjoyed talking to the staff in the home. Observations showed staff had a caring attitude towards people. We noted frequent, appropriate physical contact between staff and people which was natural and demonstrated the familiarity and relationships that had developed between people and staff. Staff spoke fondly of people and treated them with dignity. We saw staff knocking on people's bedroom doors before entering and doors were kept closed while personal care was in progress. One person said: "They are good girls here, so kind"

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. A relative said: "I have seen many times where staff change mum because her top is dirty with food on it" and "They help her to pick what she wants to wear". Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. A relative said: "Anytime I have wanted time alone with dad I have always got it. I can go in the lounge, the dining room or the bedroom and it's always private".

Good

Is the service responsive?

Our findings

Healthcare professionals and relatives told us staff were responsive to people's needs. A relative said: "After (Person) had a fall the staff called us straight away and we were happy with how they dealt with it". A healthcare professional said: "We like coming here, the staff know what they are doing and it's good to see".

People's care records contained important information about them such as their next of kin, their GP any known medical conditions and their mobility and care needs. Records also described people's interests and backgrounds and staff knew what these were. This helped staff to understand what was important to people.

People were provided with good opportunities to take part in various activities. The home had an activities coordinator who was passionate about their responsibilities. They promoted engagement for people in the home including those who were unable to get out of bed. Animals including owls, birds, dogs and a pony had visited the home to encourage companionship and entertainment. We also saw a party took place to celebrate the Queens 90th birthday. A member of staff said: "There is generally something going on and because they have the mini bus people get the chance to go out a lot". We observed people participating in ball games, singing to appropriate music and having fun. A relative said: "I often come along and sing along with the residents". An activities agenda for September 2016 listed outings to Highclere castle, boat trips, a visit to Charlton lakes and a trip to the Hawk conservatory. Other outings included a visit to the butterfly world and the Stonehenge monument.

Care plans described what support was needed in sufficient detail to ensure that consistent care was provided. People's preferences were detailed, such as, whether they preferred a shower or a bath and how they liked to take their tea. Staff knew people well and understood what preferences they had and this helped to ensure people received the support they wanted. Care planning information prompted staff to ensure people retained as much independence as possible by reminding them to encourage people to do as much as possible for themselves. Staff put this into practice, for example, one person did not need help but liked staff to be nearby for reassurance when they had a bath. Staff acted in accordance with the person's wishes. Records showed and staff described how people at times refused care, for example if they did not wish to be helped to wash and dress at a particular time and staff said this was respected. They would return at a later time to support them instead.

Records showed care plans were reviewed regularly including, for example, monthly reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. Information about people's preferred daily routines included when they liked to get up and whether they preferred to eat breakfast in their own room or with others. The provider had effective tools in place to assess, monitor and review people's nursing care needs. Nutritional screening documentation, moving and handling assessments and monthly observations records including blood pressure and weight checks were used to review and change people's care when needed, for example one person was referred to the speech and language team after it was noted they had lost weight over a two month period. People received medical treatment in response to accidents and

investigations were conducted appropriately. For example, an incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect the change in their care needs. The records relating to the person showed many healthcare professionals were involved in reviewing their care. These included an a community psychiatric nurse and a behavioural psychologist.

The complaints procedure was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC). The complaints log showed that there had not been any complaints about the home during the last year. Relatives told us they were aware of the complaints procedure but said informal conversations with management usually resolve any issues they felt they ha

Good

Is the service well-led?

Our findings

Healthcare professionals and staff told us the service had good leadership. On the first day of our inspection a healthcare professional visited the service to discuss a palliative care initiative with the registered manager. They said: "This is one of the better homes in the area and I have known the manager for a long time. I know it's a good service and I trust the manager" and "We had worked with the nurses on two complex end of life cases in the past and both residents passed with dignity and peace, the staff were led really well and they were not afraid to ask for help". A member of staff said: "The manager knows what she wants and doesn't compromise so I think it is good because she has a lot of experience". We found the registered manager to be open, honest and positive during the inspection process.

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. The registered manager told us how important it was that the people living at the home and staff felt they were working together. For example, staff told us they were happy to approach the registered manager with any ideas for improvements and they would always be listened to. A member of staff told us, "We are all able to say what we need to say if it makes things better, the manager is very experienced and is a good leader."

Meetings for the staff team were held regularly. At these meetings issues relating to care planning and various policies and procedures such as infection control, fire safety and property maintenance were discussed. Minutes of meetings indicated that topics about equality, diversity, inclusion in dementia care practice and person centred care were discussed as part of the on-going training. Regular meetings helped to ensure that the staff team were informed of any policy changes and that they were actively involved in any on-going training.

Staff handover meetings took place at the beginning of each shift and staff told us this was a valuable part of their daily role in ensuring continuity of care took place at the. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

The registered manager carried out a range of audits to ensure that the service provided people with safe care. These included risk areas such a checking bed rails, pressure care, infection control, falls, medicines, accident and health and safety. Where shortfalls were identified, an analysis was carried out with actions in place to minimise future risks. Lessons learned and reflections for future learning were recorded for staff discussion in meetings. For example, audits recognised the requirement for additional staff.

The registered manager told us they felt supported by the provider. They registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so we could make sure they had been appropriately acted upon.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team.

The staff structure ensured that staff knew who they were accountable to.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the home were responsive to people's needs and ensured they made referrals to outside agencies appropriately. They felt the management team worked in a joined up way with external agencies in order to ensure that people's needs were met.