Moundsley Hall Limited

Kensington House

Inspection report

Moundsley Hall Care Village
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20 April 2016

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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 19 and 20 April 2016 and was unannounced. There was one inspector in the inspection team.

The home provides accommodation for a maximum of 30 people requiring personal care. There were 30 people living there at the time of the inspection. A registered manager was in post when we inspected 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 and associated Regulations about how the service is run.

People felt safe around care staff and looked comfortable in their company. Care staff understood how to keep people safe and knew what they should do if they had any concerns. Staff were also aware that they could report concerns to the manager or any of the management team. Care staff understood people's health and the risks to their health. They recognised people's individual risks, the signs to be aware of and what action to take. People had access to care staff when they needed it and care staff also felt staffing levels were adequate. The registered provider had systems to assure themselves of the suitability of care staff they employed. Regular checks of people's medications ensured people received their medications as they should.

Staff were able to access training and support to help them understand how to care for people living in the home. People had regular supervisions with their manager and received feedback on their performance. Staff understood how to obtain people's consent and the unit manager understood their role and obligations for ensuring people's decision making was accurately recorded. People received choices in their meals and were supported to maintain a healthy diet. People were able to access additional medical help when they required this.

People felt well cared for by care staff and involved in their day to day decisions about their care. Care staff knew about people's backgrounds and this helped them respond to people's individual care needs. Care staff showed compassion, dignity and respect when supporting people.

People were offered opportunities to participate in activities of their choice. People were supported by staff to participate in their individual preferences if needed. People knew who they could complain to if they needed to and understood the process for doing so.

People knew the unit manager and felt able to approach her and chat with her. Staff also felt supported by the unit manager and felt part of a team. People's care was routinely monitored and the unit manager followed the registered provider's systems for monitoring and updating people's care. The registered manager worked closely with the unit manager to ensure all necessary checks were made to people's care.

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.

People felt safe around care staff. Care staff knew how to keep people safe and protected from harm. People received their medications as prescribed

Is the service effective?

Good

The service was effective.

People were cared for by staff who understood people's health and the risks associated with their health. People's consent to care was obtained appropriately and people received additional medical help when needed. People were offered choices around their meals and given support were required.

Is the service caring?

Good

The service was caring.

People and their families had built an understanding with care staff and felt care staff understood people's care needs. People were treated with kindness, dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were offered activities and chose when and which ones to participate in. People's care was amended based on changes to their circumstances and care needs. People understood the complaints process.

Is the service well-led?

Good

The service was well led.

People's care and the quality of care was regularly reviewed and updated. Staff enjoyed working as part of a team and felt they could approach the unit manager for additional support.

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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 19 and 20 April 2016 and was unannounced.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to four people living at the service. We also spoke with five relatives, three care staff, the unit manager, the registered manager and the registered provider.

We reviewed three care records, the complaints folder, recruitments processes as well as monthly checks the manager completed. We also reviewed Medicine Administration records, minutes of meetings with staff as well as records for staff training.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe around care staff. One person told us, "Nobody's nasty to me here." One relative told us their family member was "Safe from harm." We saw people were relaxed around care staff and did not hesitate in approaching them. Care staff knew people living at the home well and how to reassure people. Where people chose to be private, staff checked on them and people were able to call staff if needed.

Staff understood what it meant to keep people safe. They gave examples to illustrate their understanding and also confirmed they had attended training to reinforce their understanding of safeguarding. Staff felt able to discuss concerns with the unit manager but also told us they knew that concerns could also be shared with the registered manager, management and Care Quality Commission. The unit manager also understood their obligations for reporting incidents so that these could be recorded and the notifications sent were relevant.

People we spoke with felt reassured by staffing levels at the home and told us they were able to access support when they needed it. One person told us, "If I need help, I know I'd get it." Another person told us, "If I press the call bell they do come." Staff we spoke with felt comfortable with the staffing levels at the home and felt there were enough staff. One staff member told us, "Staffing levels are fine." We saw that people had access to staff throughout the inspection. During mealtimes staff were around to offer support if people required this. People were supported by staff if they ever needed them and could call for help. The manager told us the staffing levels at the home had been fairly stable but that if there were concerns about staffing these could be discussed with the registered manager and the necessary changes made.

Care staff we spoke with understood the health conditions that people lived with and the associated risks to their health. For example, care staff understood which people were at risk of chocking or skin damage. Care staff understood what action to take and told us this was also detailed in people's care plans. Three care plans we reviewed contained information relating to risks to people's health. Care staff told us they read care plans and any changes to people's health were communicated to them in staff meetings or at meetings where care staff informed the incoming staff of changes to people's health.

Care staff we spoke with described the recruitment process they followed to work at the home and what checks the registered manager followed to ensure it was safe for them to work there.
The registered manager amongst other checks ensured care staff had completed DBS (Disclosure and Barring Service) .The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices. Two care staff files we reviewed demonstrated that the necessary checks had been followed before care staff were allowed to work at the service. References were also sought as part of the recruitment process.

During the inspection we reviewed how people's medications were managed so that they received them as they should. People we spoke with were happy with the level of support they received. We observed a

medication round and saw that people had their medicines explained to them before they took them. Regular checks were performed to ensure people received their medication as prescribed. Care staff we spoke with understood people's medications and understood if there were any allergies to be aware of. Care staff also followed the registered providers process for ensuring people's stock of medicines was maintained correctly.

Good

Is the service effective?

Our findings

Staff told us they worked closely with the unit manager and that they received regular feedback on their performance so that people received the care and support they needed. One staff member had recently joined the service from another unit, and felt they quickly learnt each person's needs. They told us they shadowed other experienced staff, spent time with people and read their care records to understand their needs.

Staff told us they received training which was routinely monitored to ensure their training needs were up to date. They told us they understood how to communicate with people. For example for people with hearing difficulties, staff were seen in close proximity of people, so that people could also see staff faces at they spoke with them. Where people had limited verbal communication staff were seen showing people things and giving them the thumbs up to check that people were ok.

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.

We checked whether the service was working within the principles of the MCA. Staff we spoke with understood the importance of where possible allowing people to make decisions for themselves. Staff knew why a person's consent was needed before they supported them. Staff told us they understood what Best Interests decisions were and that they would speak to the unit manager if they were unsure of anything. The unit manager told involved people's social workers, advocates people's family members when decisions had to be made in people's best interests. The care staff we spoke with had an understanding of the MCA and what this meant for people.

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 provider was following the requirements in the DoLS. The unit manager had submitted DoL applications and was waiting further confirmation from the local authority. They understood the process and were aware of how to access any further support. Staff we spoke with knew where a DoL had been applied for, and understood how this affected how they supported the person.

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People were supported to access meals and drinks of their choice by staff that understood people's

individual requirements. Staff understood which people required special diets and we saw people that required softened food received this. Where people required assistance or required observation because of the risk of choking, staff also provided this. Where people required additional monitoring of their food and fluid intake, staff monitored and recorded this so that any fluctuations in weight could be monitored and action was taken.

Good

Is the service caring?

Our findings

People we spoke with were positive when talking about the home and the care staff supporting them. One person told us, "The staff are lovely." A relative told us their family member "Doesn't want for anything here."

People had a friendly relationship with care staff and chatted with them routinely. We saw people laugh and joke with care staff. People responded to attention from care staff warmly and care staff routinely stopped and chatted with people.

Staff told they had a regular team of care staff working at the home who they were familiar with and that this helped to create a reassuring atmosphere. Care staff told us that they felt comfortable supporting any of the people because they had got to know them all. Care staff we spoke with knew every person's name and could tell us about the persons specific support needs. For example, a staff member told us one person liked their room kept tidy, another person liked music whilst another preferred small portions of food.

We saw people being offered choices throughout the day about their day to day support needs. People were offered choices in the drinks they were offered, where they sat, the food they were offered as well as where they chose to relax. One person preferred to stay in their room and care staff told us they knew and respected this. Another person liked to get up late and staff knew this and did not disturb them.

People shared time with their family members in ways that they chose to. We saw one person share a dance with their family member when music that they enjoyed was played. Care staff showed respect by not disturbing the couple and allowing them to enjoy that moment. We also saw one person required some support with their meal, but chose to try and support themselves. Staff knew and respected this and were subtle in how they offered support when the person required this. Care staff we spoke with also told us they understood what dignity meant. One staff member told us about how they respected each person was an individual and that each person had different needs.

People told us their family members were encouraged to visit whenever they chose. During the course of the inspection we saw a number of family members visit and stay for varying lengths of time. Some people had routines in which their family member visited and staff were aware of these and incorporated these into people's routines. For example, one family member visited regularly and staff knew when they were visiting and encouraged them to participate in activities with their family member.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us they contributed regularly to discussions with care staff to ensure their family member received the care they needed. They described outlining the person's needs before the person moved to the home. Two relatives we spoke with told us, that as their family member's health had changed and that they worked with care staff to share ideas for supporting the person further.

Care staff we spoke with knew about people's backgrounds from spending time with them and talking to them. Care staff we spoke with told us about people's preferences and jobs they had performed. In people's care plans details of their social and work background were included for staff to refer to. One member of staff told us they read people's backgrounds when they first joined the unit to familiarise themselves with the people they were supporting.

People told us about some of the interests they enjoyed. One person told us whilst living there, "I've played the piano several times." One person liked reading the newspaper and completing crosswords and we saw them doing this. Another person told us they liked listening to music whilst another person preferred knitting. People told us they were encouraged by staff to pursue their interests. We saw care staff take part in activities with people and use equipment that reflected their ability to participate. For example, large playing cards were used as well as soothing music for people who responded to this. The activities co-ordinator we spoke to explained how activities were planned and knew people's preferences. For example, they were able to tell which people preferred craft or musical activities and which people preferred not to participate.

People told us they did not have any complaints but understood that they could complain if they chose to. One person told us, "If anything was wrong I'd soon say." People told us they felt able to talk to staff about things they may be unhappy with. Three relatives we spoke with told us they had discussed things they wanted care staff to change or be more attentive to. Relatives confirmed that the discussed changes were implemented. The manager also described the registered provider's complaints system to us and how it was applied if complaints were received.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection who was also the registered manager across the providers four other homes on the same site. The provider was currently in the process of registering managers with us to ensure that each home had a named registered manager in post. As part of this inspection we spoke with a representative from the provider and the registered manager to see how the five homes were currently managed.

The provider had a clear management structure in place with the registered manager post being supported by additional unit managers. Unit manager from all homes on the site felt able to tell the registered manager their views and opinions at any time or at weekly management meetings. These were used to discuss what was working well and where improvements were needed. For example, staff training in understanding capacity assessments and recruitment of permanent staff.

People living at the home regarded the home unit manager as the person in charge. The unit manager ran the day to day business of the home who reported to the registered manager. People were seen chatting and engaging with the unit manager and knew who they were. People were comfortable in approaching them and initiating conversations. One person told us "She'd soon sort it out of I spoke to her." We also saw relatives chat to the manager and felt able to approach her.

Staff spoke positively about working at the home and how this helped them to work together as part of a team. One staff member described the unit manager as "approachable" whilst another told they did not hesitate to speak with the unit manager is they needed to discuss a person's care.

Monthly checks had been completed by the registered manager across the five homes which included looking at the environment, medicines checks and reviewed people's care plan information. The provider also reviewed the checks and talked through any changes or improvements with the registered manager. All unit managers told us the registered manager visited the homes often and spent time chatting with people and staff.

The registered manager told us they were supported by the provider in updating their knowledge and continued to identify further professional training opportunities. The registered manager understood the responsibilities of their registration with us. We asked that all allegations of abuse were notified to us however, other significant events had been sent to us, such accidents and deaths that had occurred at the home.

The provider had questionnaires available in each of the five homes which people, relatives or other visitors to the home could complete to comment of their experiences. The provider and registered manager said there had been a low response and planned to send out questionnaire direct to relatives with a view to increasing the feedback.

People's care and care planning documentation was reviewed regularly so that it contained the most up to

date information for care staff to refer to and gave staff direction on how best to support people. We reviewed the system the unit manager used for reviewing people's records and saw that risk assessments, people's medication records, accidents and incidents were all regularly reviewed and updates given to the registered manager.

The unit manager told us they felt supported by the management team and that they were undertaking further studies in order to enhance their role as a manager. The unit manager told us they were applying to become the registered manager and that they were being mentored in order to complete the application process.

The unit manager told us they had developed links within the local authority in order to escalate concerns about a person's health if they became concerned. For example, the unit manager knew people's individual social workers and worked with them to arrange their care. One person's family member had asked for their member to return home although they understood it was not safe for them to do so. The manager told us they worked with social workers to counsel the family member about the person's changing care needs and work with them to arrange a regular visiting routine so that they could spend as much time together as possible.