

Bath MIND

# Bath MIND - 82 Lower Oldfield Park

## Inspection report

82 Oldfield Park  
Bath  
Somerset  
Bath  
BA2 3HP  
Tel: 01225 448396  
Website:

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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 

### Overall summary

The inspection took place on 20 May 2015 and was unannounced. The service was last inspected in September 2014 and met with legal requirements.

82 Lower Oldfield Park provides care and accommodation for up to eight people who have mental health needs. There were eight people living at the home on the day of our visit

There was a registered manager in place. 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.

# Summary of findings

People living at the home felt there was enough staff to support them and they felt safe. We also found there were sufficient staff on duty at all times to safely support people with their needs.

People said their views were listened to and they were able to make changes and suggestions about the way the home was run. For example people told us they were involved in choosing where they wanted to go for a forthcoming day trip.

People were well supported to develop independence in their daily lives. Staff worked hard supporting them with daily living skills. People were involved in planning the care and support they needed. The care plan records were informative and clearly explained what support people needed.

People were cared for by staff with awareness and understanding of their mental health needs. Staff received training in a range of mental health topics to support them in their work.

People were involved in monitoring the quality care they received. This was evidenced in a number of ways for example care plans clearly showed people were involved in planning what support they felt they needed.

People spoke highly about the qualities of the registered manager and their supportive approach with everyone. Staff also said they felt supported in their roles and they could always make their views known to the registered manager.

The home was run in an open and inclusive way. People who lived at the home were central to how it was run. For example, their views were included in how the home was decorated and maintained.

People were also regularly asked by the registered manager to give their opinions of the staff and whether they felt well supported by them. People were also able to go to the office at any time, make themselves a drink there, and talk with the staff.

# Summary of findings

## 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.

Medicines were managed safely and people were given them at the times they were required. There was a system to support people to safely look after their own medicines if they preferred.

The provider had a system in place to ensure staff were recruited safely and were competent to meet people's needs. There was enough staff to provide people with a safe level of care and support.

Staff knew how to identify the different types of abuse that could occur and they were aware of how to report it and keep people safe.

Good



### Is the service effective?

The service was effective.

People's needs were met by staff who understood how to provide them with suitable support and assistance.

Staff were provided with training and support to ensure they were able to provide people with the care they required.

People were supported to make choices to have a healthy diet.

People's healthcare needs were met and support and guidance was obtained from other healthcare professionals when required.

Good



### Is the service caring?

The service was caring.

People said they were treated with respect and in a caring way by all of the staff.

Staff had a caring approach and understood how to providing personalised care to people.

People were supported to plan care that reflected their wishes about how they wanted their needs to be met.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to receive the care they felt they needed.

People knew how to make a complaint and said they were supported to make their views known. The provider had a complaints procedure in place that was easy to use.

Good



### Is the service well-led?

The service was well led.

Staff and people who lived at the home said they felt well supported by the registered manager.

Good



## Summary of findings

The quality of the service people received was properly monitored to ensure it was suitable.	
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# Bath MIND - 82 Lower Oldfield Park

## 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.

The inspection took place on and was unannounced and took place on 20 May 2015. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Before our inspection, we reviewed the information we held about the home. This included the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We spoke with five people who lived at the home. We also spoke with the registered manager and three members of staff. We looked at two people's care records.

# Is the service safe?

## Our findings

Every person we spoke with told us they felt safe at the home. One person said “This place is safer than being in your own home”. Another person said, “I feel safe with all of the staff”.

Staff were observed providing people with safe care and support. For example, staff helped people who wanted assistance in the kitchen with their meals .

Staff understood what abuse was and about the different types that can occur. They also knew how to report an allegation of abuse. The staff said they attended regular safeguarding adults training to help them understand how to keep people safe from the risks of abuse.

A copy of the provider’s safeguarding procedure was displayed in a shared area for people to read. The procedure clearly set out what actions were to be followed if an allegation of abuse was made in the home. Current contact information was included for the organisations people could contact directly if they had concerns. These included the contact details for the Care Quality Commission.

The staff knew that whistle blowing meant to report to someone in authority about alleged dishonest or abusive activities in the workplace. The whistle blowing procedure was up to date and included the contact details for organisations staff could contact and safely report concerns. Staff training records confirmed staff had been on recent training on to ensure they were aware of current practice around keeping people safe.

People’s medicines were managed safely and they were supported to take them at the times they needed. Two staff administered medicines and signed the records to make sure they were correct. Medicine records also clearly showed when people had not been given their medicines and the reasons why not. Staff told us they received training so they could administer medicines to people in a safe way. Training records confirmed that all staff had been on this training.

We met people who told us they were looking after their own medicines. They told us the staff supported them to

do this. They said staff helped them to remember when to take their medicines and to ensure they took the right quantities. This demonstrated how people were assisted to receive their medicines safely.

The staff who gave out medicines were patient and explained to each person what their medicines were and made sure they understood what they were prescribed for. Medicine records contained guidance information for the staff to give people their medicines in a safe and correct way.

Staff told us they had been on health and safety training in a number of areas. The training records confirmed staff had been training courses including fire safety, safe moving and handling, and food hygiene.

Learning from incidents and investigations took place and this information was used to update people’s care where needed. Staff said that any incidents were discussed openly within the home to ensure everyone was aware of what had happened and what improvements had been made. For example if someone’s mental health fluctuated and caused them to feel unsafe. Actions were identified to provide people with increased support.

Risk assessments were in place for people in case their mental health deteriorated. These included information about early warning signs, how risks could be minimised and the actions to be taken to keep people safe. Other risk assessments were in place for smoking in bedrooms. These set out how to keep people safe as well as to protect other people.

There was a system in place to ensure new staff were suitable to work at the home. The newly recruited staff records showed that the required checks were undertaken to make sure that staff were suitable to work at the home. These included evidence that staff members had a Disclosure and Barring Service (DBS) check carried out on them. The DBS help employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable adults. Written references were also obtained and an employment history. This was to ensure that potential new employees were suitable to work at the home.

Everyone we spoke with told us they felt there was enough staff to meet their needs. This was confirmed by our findings. When people asked staff for help or assistance this was immediately provided. Some people needed one to

## Is the service safe?

one support due to their mental health needs and this was provided. The registered manager said staffing numbers were assessed and adjusted if needed on a frequent basis. There was staffing information confirming that staff numbers were worked out based on the needs and numbers of people. This was to ensure there was always enough staff to effectively meet people's needs.

The premises were free from obvious hazards in all of the areas we viewed. People told us they felt the environment was safe and comfortably maintained for their needs. Environmental checks had been done regularly to help ensure the premises were safe. These included, fire safety equipment and emergency lighting electrical testing and fridge and freezer checks.

# Is the service effective?

## Our findings

Everyone we spoke with told us how well supported they were with their mental health needs by the staff. Examples of comments included “They seem to know exactly what support I need and they are lovely”, and “The staff have helped me build up my confidence it’s the best place I have ever been too”.

Staff supported people in a calm and attentive way when engaged in activities with them. One person was supported by staff to plan how they spent their day. Another person was assisted to buy and prepare their food for the day. The member of staff used a sensitive and encouraging manner.

People told us about the system of self-budgeting where they were given a budget to buy their own food. Everyone was positive about this practice because they said it helped them to be more independent.

The registered manager said staff offered people support and guidance about healthy eating. There was information displayed in the kitchen about advice and suggestions for buying and cooking healthy meals. The staff told us this information was to assist people in menu planning.

People went in and out of the dining room and kitchen and prepared themselves drinks and snacks. People were able to choose what they had to eat and drink.

The staff showed an insight and understanding of people's range of mental health needs.

Staff told us about some of the ways they used to support people when they felt particularly [BS1] or upset. They said they used a calm and consistent approach and made sure they offered plenty of time to listen to people when they wanted to talk.

People's rights were protected under the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Mental capacity assessments had been

undertaken and the registered manager and the staff understood about best interest decisions in relation to people who lacked the mental capacity to make informed decisions about their lives.

The registered manager and staff understood about Deprivation of Liberty Safeguards (DoLS) and knew what to do to ensure they would be used appropriately. DoLS are used to protect the interests of people who may need their liberty restricting and do this in the least restrictive way. The registered manager told us that no applications had been made in the last year because no one at the home required a DoLS to be implemented. There was also DoLS guidance information available to help inform staff to make a suitable DoLS application when needed.

Staff also told us about a recent course they had attended about mental health and how to support people with complex needs. The staff said they had found the training useful as it had helped them understand more about people's complex mental needs. Training records confirmed the staff team had been on recent training about a number of mental health related subjects.

New staff completed an induction training programme. The staff induction was completed over a four week period and new staff received training in mental health issues, medicines administration, mental capacity and safeguarding adults. The staff induction programme was accredited by the local commissioners of the service. This provided formal recognition of the quality of the programme.

New staff also worked in a supernumerary capacity and shadowed more experienced staff to learn the way the people at the home preferred to be cared for.

The staff said the registered manager met with them for regular one to one supervision meetings. They said the purpose of the meetings was to help them improve and develop in their performance at work. This helped ensure staff were properly supported and supervised in their work. Records confirmed that staff had regular one-to-one supervision sessions and were properly supported at work.

[BS1]Is there a word missing here?



# Is the service caring?

## Our findings

People we spoke with had positive views of the service and the caring approach of the staff.

One person told us; "They just seem to sense when you feel down, every one of them is so caring". Another person said; "The staff look after us and they do it very well".

People were supported by kind and attentive staff. The staff were patient and caring in their approach. They encouraged people to build up their confidence and to be more independent. One person explained how staff supported them to shop for clothes and personal items; "They have been fantastic and take me where ever I need to go".

People told us they felt supported by all of the staff and the registered manager. Each person said they had their own key worker among the team. They told us their key worker's role was to give them extra support and one to one assistance with activities of daily living if needed.

People had their own key to their bedroom doors that they were able to lock. This helped them to have privacy. People told us the staff respected their privacy and always knocked on their bedroom doors and waited for a response before entering.

When we spoke with people who we met in the office, the staff made sure they had enough privacy to see us alone if they wanted. The staff offered to leave the room where we were talking to people.

Staff said they spoke with people about their likes and the way they wanted their care to be provided. They said that care plans were written based on what people told them and they provided information about the way people wanted to be cared for. This was evidenced in the care records we viewed: people choose what time they got up, when they went to bed, and how they wanted to spend their day.

The training records confirmed that the staff had been on equality and diversity training. The staff understood what equality and diversity was. They explained that it meant respecting people's rights and choices. The staff also said they aimed to ensure they treated everyone as an individual. For example staff told us they supported people who wanted to practice their faith while they lived at the home.

Information was displayed on a notice board so that people were aware they could request the assistance of mental health advocacy services. This independent service was to support people to raise any issues they had and communicate these to the registered manager.

# Is the service responsive?

## Our findings

People were well supported to gain confidence and develop independence in their daily lives. The people we spoke with told us they were assisted by staff to build up confidence with daily living skills. One example was that one person was supported to gain part time employment while at the home.

People's needs were assessed and their care and treatment was planned and delivered in line with their individual support plan. Information in their care records was detailed and identified their preferences and personal wishes. This included care routines, food choices, interests, hobbies and what was important to them. People's interests, aspirations and diverse needs had been recorded. Actions were clearly explained that set out how to provide people with the care and support they preferred.

People told us they had been fully involved in writing their care plans and had signed them in agreement. Some people had chosen to use a 'recovery star chart'. This highlighted aspects of the person's life which were going well and those they found harder to achieve. People told us this system helped them to build up their confidence and to learn methods of coping with their particular mental health needs.

One person said they had been supported to move to the home from another service. They said they were given opportunities to visit the home and to see what they thought of it. This showed how people were supported to make the right choices for themselves about whether to move to the home or not.

People could give their views about the service through an annual survey and residents' meetings, and where shortfalls or concerns were raised these were addressed.

The people we met confirmed there were house meetings held regularly in the home. People told us this was a useful way to make their views known about the services. People also explained they were encouraged to discuss things that mattered to them and raise concerns if they had them. No one we met had any concerns about the service when we visited.

An annual survey was carried out with people at the home, families and professionals involved in their care being all being asked their views. We saw that this information was reviewed and acted upon where needed to make improvements. There were no concerns or actions identified after the most recent survey that was carried out.

The provider had a system in place to ensure that complaints were properly investigated and used to improve the service. The complaints procedure was written in an easy read format to help people understand the process and make their views known. Each person had been given their own copy of the procedure and there was also a copy on display in a shared area of the home.

The people we spoke with knew how to make a complaint. There had been no recent complaints made about the home. The registered manager told us there was a comments and suggestions box in the front hallway so that people could make comments. One person had made suggestions about the beverages that were available. Action had been taken to properly address the concern that had been raised.

# Is the service well-led?

## Our findings

Staff and the people who lived at the home said the home was well run and the registered manager had empathy and was very caring and understanding. One person said; “The manager is always supportive and consistent with us”. Another comment was; “He is brilliant and cares for all of us”.

Staff told us there were regular team meetings. The minutes of recent meetings showed staff were able to raise any issues that mattered to them. Staff also discussed the needs of people at the home and how to ensure they were providing effective support.

The registered manager told us they wrote a regular monthly report on the quality and safety of the service. The reports were sent to the senior manager who visited regularly to check the quality of the service. Where actions were needed an action plan was devised for the registered manager to follow. For example, some people had made suggestions as part of this process about the system for self-budgeting and these had been addressed to improve the service.

Staff were able to explain to us what the provider’s visions and values were for the service. They told us the main value was to provide personalised care and to treat everyone as a unique individual. The staff told us they made sure they followed these values when they supported people at the home.

The registered manager said they kept up to date with current practice in mental health care by attending meetings and provider forums with other professionals

working in mental health care. They also told us they shared information and learning from these meetings with the staff team and read journals about health and social care topics.

People told us they were regularly asked for their views of the service by the registered manager and other staff. One person said; “We often have house meetings”. Action had been taken in response to people’s comments. For example, the system for self-budgeting had been revised and updated and the home’s refurbishment plans were put into place.

The registered manager told us that people who lived at the home were represented on recruitment panels when new staff were recruited. This was one way for people to be actively involved in the way the home was run. One person told us they had recently been involved in interviews for new staff and it had been a very interesting experience. They said the registered manager had considered their views about the candidates for the job.

A senior manager undertook health and safety, and care audits regularly. The records viewed showed that environmental health and safety checks were undertaken regularly. Action was taken where risks were identified. For example, the kitchen had been refurbished following a health and safety audit.

A senior manager visited the home at least once every two weeks and met people and staff. They wrote a report every time they visited. They made the registered manager aware of any actions that were needed after their visit. These included the need to ensure care records were up to date. The registered manager had addressed these recommendations after the last visit.