

Clinida Care Limited

Mamsey House

Inspection report

Priest Street
Williton
Taunton
Somerset
TA4 4NJ

Tel: 01984633712

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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

This inspection was unannounced and took place on 17 November 2015.

Mamsey House provides accommodation and nursing care to up to 33 people. The home specialises in the care of older people including people who require care at the end of their lives. At the time of the inspection there were 31 people living at the home.

There is a registered manager in post. 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.

The registered manager had the skills and experience to manage the home. People described them, and the nominated individual, as open and approachable. Their philosophy was to create a homely comfortable environment for people.

The morale of staff was high which created a happy and calm atmosphere for people. A number of people commented on how cheerful staff were. "One person told us "They always respond cheerfully to you." Another person said "They are always full of smiles, which makes me think they are happy in their work."

Although people felt they received care in line with their needs and preferences some improvements were needed to care plans. Care plans needed to be more personalised to minimise the risk of people receiving care that was not in accordance with their wishes. For example; each person was checked hourly throughout the night but there was no recorded evidence that this had been agreed with people or was in line with their needs.

People told us they felt safe at the home and with the staff who supported them. One person told us "I definitely feel safe, all the staff are so good to you." Staff were kind and caring and took time to explain things to people and offer reassurance when needed. There were sufficient numbers of staff to ensure people's safety and provide care and support in a relaxed and unhurried manner. Many people commented that staff had time to chat to them and they never felt rushed. One person who was being cared for in their room told us "They come in to chat to me so I never feel alone."

Staff received regular training to make sure they had the skills and knowledge to meet people's needs. People had confidence in the staff who supported them. A visitor said "They are all experts. I know they [relative] are in safe hands, which is a great comfort." People's healthcare needs were monitored by trained nurses and referrals were made to other healthcare professionals according to their specific needs. People's nutritional needs were assessed to make sure they received a diet in line with their needs and preferences. Specialist diets and food preferences were catered for and people received the help they needed to eat their meals.

People were able to take part in a range of activities according to their interests. The home had a vehicle which enabled people to take part in activities outside the home. People told us they could pick and choose what activities they took part in and plan their time around sessions they enjoyed. One person told us "I go to something most afternoons if I'm in the mood. There's no pressure but we have a bit of a laugh." A visiting relative said "There's lots going on and families get invited to all the social stuff."

People's complaints were listened to and responded to. People told us they would be comfortable to make a complaint and were sure issues would be addressed. Records of complaints showed where concerns were raised they were fully investigated and action was taken to address any issues raised. Responses were sent to complainants outlining the measures taken and the findings of any investigations. This showed the provider was open and transparent when responding to complaints.

There were effective quality assurance systems which included regularly seeking people's views and acting on suggestions and comments made.

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.

Risks of abuse to people were minimised because staff were checked before they started work at the home and knew how to report concerns.

There were sufficient numbers of staff to ensure people's safety and meet their needs.

People received medicines safely from registered nurses.

Is the service effective?

Good ●

The service was effective.

Staff had the skills required to effectively meet people's needs.

People received food and drink in accordance with their assessed needs.

People's general health was monitored by registered nurses and they had access to other healthcare professionals outside the home.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People, or their representatives, were involved in decisions about their care including the care they would like at the end of their lives.

Is the service responsive?

Requires Improvement ●

The service was responsive but improvements were needed to make sure care plans were fully reflective of people's up to date needs and wishes.

People had access to a range of activities and social stimulation.

People knew how to make a complaint and complaints were dealt with in a professional manner.

Is the service well-led?

Good ●

The service was well led.

People benefitted from a registered manager and management team who were open and approachable.

Staff were well supported which created a calm and happy environment for people.

There were systems in place to monitor standards and plan on-going improvements.

Mamsey 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 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 17 November 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in July 2014 we did not identify any concerns with the care provided to people.

During the inspection we spoke with nine people who lived at the home, two visitors and six members of staff. Some people were unable to fully share their views with us due to their frailty. We therefore visited some people being nursed in their rooms and spoke with staff supporting them. The registered manager and nominated individual were available throughout the inspection.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We also attended a handover meeting between staff working in the morning and those working in the afternoon.

We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, four staff recruitment files, medication administration records and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "I definitely feel safe, all the staff are so good to you." Another person said "No one here is ever cruel. They are all cheerful and kind."

Risks of abuse to people were reduced because staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. The provider had introduced a system called "See something, Say something" designed to encourage staff to report any concerns they had. Staff said they would be comfortable to raise concerns and were certain action would be taken to make sure people were protected. One member of staff said "Any concerns reported are dealt with. I wouldn't hesitate to say something." One person said "The manager is always about. She wouldn't let anything happen that shouldn't. I do feel really safe here."

There was a robust recruitment procedure which further minimised risks of abuse. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment files showed new staff had not been able to start work in the home until all checks had been carried out and seen by the registered manager.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Many people commented that staff had time to chat to them and they never felt rushed. One person told us "There is always someone to help you. They do things at my pace – which is very slow." One person who was being cared for in their room told us "They come in to chat to me so I never feel alone." One member of staff said "Obviously every day is different but the workload is very manageable." Another member of staff told us "We always have time to spend with people especially anyone who is really poorly."

Everyone had access to a call bell to enable them to summon assistance when they required it. People told us call bells were answered reasonably promptly. One person said "I don't expect them to be waiting outside the door and appear immediately when I ring. I know there are other people that need help, but they never leave you waiting for long." Another person said "When you ring the bell they come quickly and are always cheerful. You never feel bad that you have called them. Top marks on that." During the inspection we did not hear call bells ringing for extended periods of time which meant people did not have to wait for a long time when they requested help.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely. One risk assessment regarding a person's mobility showed they needed the assistance of two staff and a mechanical hoist to move from their wheelchair to a comfortable chair. When this person was assisted to move we saw staff followed the risk assessment in place. Another person had been assessed as being at high risk of choking. To minimise these risks the person required to have food and drinks served to them at a specific consistency. During the day of the inspection the person received their food and drink at the

recommended consistency.

People's medicines were administered by nursing staff who had received training from the dispensing pharmacy to make sure they were familiar with the systems in use. The home used a blister pack system with printed medication administration records. Medication administration records showed that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. People said they were happy they received the right medicines at the right time. One person said "They do all the tablets for me and make sure I get the right ones." Another person said "They do the tablets on time."

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. Some people were prescribed medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked a sample of records against stocks held and found them to be correct.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People had confidence in the staff who supported them. One person said "The staff always know what they are doing, they're very well trained." A visitor said "They are all experts. I know they [relative] are in safe hands, which is a great comfort."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One new member of staff told us they had been welcomed into the team and had not been asked to undertake any tasks they did not feel competent to do.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Additional training included end of life care and nutrition. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. Staff said they thought the quality of training was good and it enabled them to provide good quality care. One member of staff said "Training is really good you can ask for anything. It broadens your mind and makes you think about what you do." Another member of staff said "The training keeps you up to date so you're always doing things properly." Registered nurses told us they had access to training which enabled them to keep their clinical skills and practice up to date.

There was always a registered nurse on duty who was able to monitor and respond to people's healthcare needs. A GP from the local practice visited the home on a twice weekly basis and when required for specific individuals. People told us they felt their healthcare needs were well met within the home. One person said "There's always a nurse to explain things to you." Another person told us "The doctor's come in regularly and the nurses keep a very close eye on things."

People told us how the nursing and care staff had assisted them to make improvements in their health. One person told us they had had a long stay in hospital and staff had assisted them to walk again. They said "They were so patient and gave me back my confidence. I never thought I would be up and about but with their help I am." Another person said "They helped me to a hospital appointment, got the medication I needed really quickly and I'm improving every day."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where there were concerns about a person's nutrition the staff sought advice from medical professionals such as speech and language therapists and dieticians. Staff acted on recommendations made by appropriate professionals. One person's care plan showed they required their meal to be pureed. On the day of the inspection this person received a meal in line with the recommendations in their care plan.

People were complimentary about the food served in the home and said they were able to make choices about all meals. Staff completed meal request forms with people each day. We noted that although there

was a choice of main meal there was no choice of vegetables. As all meals were served plated according to their main course choice people did not have a choice of vegetables or portion size. Specialist diets were catered for. For example two people wished to have a vegetarian diet and this was provided. One person told they did not always like what was on the menu and the cook was happy to cook them an alternative meal which they did on the day of the inspection.

Cold drinks, fresh fruit and chocolates were available in the main lounge. If people were able to help themselves to this they did so and staff offered it to people who could not mobilise to help themselves. We visited one person who was being nursed in bed. Whilst we were with them a member of staff bought them a bowl of custard. The person told us "I mentioned at breakfast that what I really fancied was custard. They are so kind they just said if that's what I wanted they would make it and they have."

At lunch time we saw that people were able to choose where they ate their meal. One person said "I don't like to eat with other people so they bring my meals to my room." We observed lunch being served in the dining room. There were adequate numbers of staff available to make sure people had the assistance they required to eat their meal. Staff took time to support people in a dignified manner, they explained what the meal was and assisted people at their own pace.

Staff had received training about The Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. There was information about the practice implications of this act on a notice board for anyone to read. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us if someone was not able to make a decision they spoke with relatives and professionals to make sure they were acting in the person's best interests. This showed staff were practising in line with up to date legal requirements.

Care plans showed how some decisions had been made and whether people had been able to give their consent. For example when people had received a flu jab it was recorded if they had been able to consent or if it had been administered in their best interests. However other decisions did not always show how, or if, people had been involved in the decision. For example where someone was assessed as requiring bedrails to keep them safe there was no record of whether the person had given their consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was familiar with this legal requirement. They had made an application for one person to be assessed under this legislation and were waiting for this assessment to be carried out. They told us they had consulted with relevant professionals about other applications to make sure they were practicing within the law.

Is the service caring?

Our findings

Without exception people said staff who supported them were always kind and caring. Comments from people included; "They are kindness itself," "All the staff are kind" and "They are all careful and considerate."

The provider stated in their Provider Information Return (PIR) that the core values of the home were compassion, privacy and dignity. They said they aimed to support independence, choice and involvement. People's comments showed these values were put into practice at Mamsey House. One person said "I found it difficult to accept help but they treat you with the upmost respect and dignity." A visiting relative said "Everything is the highest standard. They involve me in everything and everyone is treated with dignity."

Each person had a personal history in their care plan to make sure staff knew about people's preferences and lifestyle choices. There was a consistent staff team who knew people well and were able to provide care in a manner that respected their wishes and preferences. New staff said they had time to get to know people to make sure they understood people's individual preferences. One person commented "They know me well and my little ways." Another person said "They treat you as a person not a number. They go out of their way when they know something is important to you and are very thoughtful."

During the inspection visit people were treated with kindness and patience. When people were assisted to move around staff took time to explain what was happening and assisted them at their pace. Staff chatted to people about day to day events and listened to people's responses. One person told us they liked the home because they continued to feel connected to their local area. They said "The girls keep me up to date with what's going on and all the local gossip. We have a good laugh about things."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Visitors said they were able to come and go as they pleased and were involved in decisions about their relatives care. One visitor said "They always make you feel welcome and are happy to chat and answer questions. I have found everyone extremely obliging." Another said "It's definitely a home not an institution and they care about me too. I'm always made welcome and can talk to anyone about things."

One relative continued to play an active role in providing care and told us how important this was to them. A member of staff said "We have to be guided by what people want and how they want to be helped. Families are really important they need to feel involved in everything as much as they want to be."

There were ways for people to express their views about their care. People told us they felt involved in decisions about their care and support. A member of staff met with each person regularly to enable them to make comments on their care and the running of the home. One care plan we read showed the person had written down their morning routine so staff were able to assist them in a way that met their needs and

wishes. The person told us "I still make my own decisions."

The home was able to care for people who required care at the end of their lives. They had been awarded the Gold Standards Framework Award. This is a nationally recognised quality assurance award which aims to ensure people receive high standards of care and support at the end of their lives. Care plans were in place showing how, and where, people wanted to be cared for at the end of their life. One person said "I've made it clear when the time comes this is where I want to be. I know they will do everything to make me comfortable." The staff had received a large number of cards thanking them for the care they had provided to people. One card thanked staff for their "Love and care" another thanked them for ensuring "Their last few days were comfortable and pain free."

One person, who was being cared for in bed, praised the staff and their attention to detail. They told us "They are so attentive. They do the little things that make a difference. Being here could be very dreary but they all have a sense of humour and enjoy a laugh with me. When they need to be professional they're that too. They never make you feel embarrassed and they act as if it's their pleasure to help you. I would thoroughly recommend it to anyone."

Is the service responsive?

Our findings

Although people received care that was responsive to their needs and generally personalised to their wishes and preferences care plans were not always personalised to each individual.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Basic care plans were kept in people's bedrooms to make sure staff had easy access to information about people. One person we visited in their room said "The stuff is there, if you want to read it you can. I don't bother I just know I get excellent care and they listen to me about how I want things done."

Care plans gave clear information about how to meet people's physical needs. For example; one person's care plan gave information about how the person should be assisted to move using a mechanical hoist. The person told us "They are very good when they are hoisting. Do everything just like it's written in the plan."

We found some areas of the care plan were not personalised to the individual and did not give full details of people's wishes. Night time care plans stated the times people would like to go to bed and the assistance they required to achieve this. However they did not state what supervision they required during the night. This resulted in everyone being checked through the night on an hourly basis. There was no information to state if people had been consulted about this practice or what the checks were planned to achieve. We met one person who had been prescribed, and given, food supplements. The care plan had not been up dated to indicate why this was being given. The lack of personalisation of care plans could potentially place people at risk of receiving care that was not personalised to their individual needs or wishes.

People who were able to express their views were able to make choices about all aspects of their day to day lives. People told us within reason they were able to follow their own routines. One person said "I like to get up early. They help me when I want so I carry on as I always have." Another person told us how they continued to make decisions about their day to day life and followed their own patterns. They said "Really you can do whatever you want. If I ask for anything they will make sure I get it. I wouldn't want to be anywhere else."

There were handover meetings between shifts to make sure staff were aware of any changes to people's needs. Care staff reported any concerns to registered nurses to make sure information was passed to the next group of staff. For example; staff on duty on the morning of the inspection had noticed that one person did not appear as happy as usual and this was passed on so they could be closely monitored during the next shift.

People were able to take part in a range of activities according to their interests. The home had a vehicle which enabled people to take part in activities outside the home. There was a monthly activity programme which was given to everyone, this included trips out and in house entertainment. The programme set out what was available each day in words and pictures so that it was understandable to all. People told us they

could pick and choose what activities they took part in and plan their time around sessions they enjoyed. One person said "You don't have to go to things. I like the singers but some of the other things don't interest me so I stay in my room." Another person told us "I go to something most afternoons if I'm in the mood. There's no pressure but we have a bit of a laugh." One visiting relative told us "There's lots going on and families get invited to all the social stuff."

As many people were frail and preferred to spend time in their rooms, an activity worker was employed to visit people and socialise on a one to one basis. People being cared for in their rooms told us staff constantly visited them to chat and socialise.

The provider told us they asked for feedback after each activity and trip to make sure they continued to provide entertainment and activities which met people's needs and wishes. In response to feedback the provider had made some changes. For example; because of the abilities of people it took a long while for people to be helped out the bus when out on trips. Because of this the staff made sure hot and cold drinks were available whilst people were waiting for other people to be helped.

Staff supported people who were no longer able to attend religious services to continue to follow their faith and maintain their spiritual links. There were two church services held at the home each month and people were able to take part in holy communion.

The registered manager and provider sought people's feedback and took action to address issues raised. The provider stated in their PIR that they sought people's views through regular meetings, questionnaires and one to one discussions. Minutes of one resident's meeting showed they had asked people about the food in the home. To make sure people were able to make choices about food on the menu they had provided pictures of meals and people were able to vote for food they would like to see on the menu.

A member of staff visited people on an individual basis to ask them about their care and the running of the home. Comments and action taken were recorded. Records showed that one person had asked for a hedge to be trimmed as it was obstructing their view. This work was carried out. Another person had asked for a trip to the seaside and this had been arranged.

People's complaints were listened to and responded to. Each person received a copy of the complaints policy when they moved into the home. People told us they would be comfortable to make a complaint and were sure issues would be addressed. One person told us "The manager would always listen. Really she can't do enough for you." Two people told us they had made complaints in the past. One said "I complained to [registered manager's name] it was all sorted." The other person said "I complained about something. They changed it. No fuss and thanked me for pointing it out."

Records of complaints showed where concerns were raised they were fully investigated and action was taken to address any issues raised. Responses were sent to complainants outlining the measures taken and the findings of any investigations. This showed the provider was open and transparent when responding to complaints.

Is the service well-led?

Our findings

The registered manager was appropriately qualified and experienced to manage the home. They were a registered nurse and kept their skills and knowledge up to date by on-going training and reading. The registered manager worked 'hands on' in the home which enabled them to monitor the service provided to people and seek their views. Everyone described the registered manager as very open and approachable. One person said "You can talk to her about anything. Another person said "She's always about and ready to listen to you."

The nominated individual was involved in the running of the home and monitoring the quality of the service provided. The current nominated individual took over the position in April this year. They had spent time getting know the home, monitoring systems in place and listening to people's views. They had involved staff and relatives in changes around the home and people found them open and keen to listen to ideas and suggestions. One of the changes made was to install a new downstairs level access shower. Previously people living downstairs had to use an upstairs shower if they preferred a shower to a bath. Staff had suggested that a new shower would be easier for some people to access and provide greater choice. One member of staff said "He listens and seems to genuinely want to do what's best for people."

The home was a member of the Registered Care Providers Association (RCPA) which provides guidance and information for care providers in Somerset. It also holds conferences and training events. This helped to ensure the provider kept up to date with local developments to make sure people at the home benefitted from new initiatives and ways of working.

The registered manager and provider had a clear vision for the home which was to provide a comfortable homely environment. Staff echoed this vision when they spoke with us. One member of staff said "We want to create a nice home for people." Another staff member said "We want it to be a cheerful happy place to live." One person told "No one wants to leave their home but they do everything they can to make this home."

There was a staffing structure which provided clear lines of accountability and responsibility. The registered manager was supported by an assistant manager and an office manager. There was a registered nurse on duty at all times to monitor people's healthcare needs and oversee care staff. Care staff said all the nurses who worked at the home were approachable and supportive. One member of staff said "There's always people to ask for advice and everyone is happy to help you." All the care staff said there was good teamwork. The morale of staff was high which created a happy and calm environment for people. A number of people commented on how cheerful staff were. "One person told us "They always respond cheerfully to you." Another person said "They are always full of smiles, which makes me think they are happy in their work."

There were effective quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. The internal audit policy identified the frequency of audits and who was responsible for each audit. These audits included feedback from staff, people and

relatives as well as viewing of records and ensuring the safety of the building and equipment. One person had commented negatively about the cleaners in the home and this had been addressed with staff. A new cleaning policy, which included additional carpet cleaning, had been implemented.

The provider sent out questionnaires to people, relatives and staff to gauge their views and invite suggestions. The results of the most recent survey were positive. One person had commented they would like to have their relatives room decorated and this had been arranged. Only a few staff survey responses were received and the provider was looking at ways to increase staff feedback by possibly simplifying the format or carrying out verbal questionnaire sessions.

To make sure the home was working in accordance with up to date guidance and legislation all policies and procedures had been up dated to reflect current best practice. This ensured that staff had access to up to date information to support them in their roles.

All accidents and incidents which occurred in the home were recorded and analysed. Where a person had a high number of falls the registered manager had taken action to make sure their needs and funding level were re assessed. This helped to ensure there were the resources in place to minimise risks to the person.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.