

## Mendips Residential Care Home Limited

# The Mendips Residential Care Home

### Inspection report

2-3 Shamrock Road, Upper Eastville,  
Bristol, BS5 6RL  
Tel: 0117 9518548  
Website: N/A

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 19 November 2014 and was unannounced. The previous inspection of The Mendips Residential Care Home was on 11 April 2013. There were no breaches of the legal requirements at that time.

The Mendips Residential Care Home is a care home without nursing for up to nine adults with mental health needs. There was 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.

Improvements were needed in a number of areas. Although systems and procedures were in place, these were not always being followed in a consistent way which ensured good standards were maintained. This was evident in four of the five questions that we asked about the service.

# Summary of findings

People told us that they felt safe in the home. This was because they could talk to staff and staff were available to support them when needed. However, there were shortcomings in how health and safety, and risks to people, were being managed in the home. We also found that records did not clearly show that people's rights were being protected in accordance with the Mental Capacity Act 2005.

People were supported to use the health services they needed. People liked the meals which were prepared by staff, but said they could make their own food and drinks if they wanted to. One person commented "Staff always ask what we would like to eat and it's never late."

People were responded to in a caring way. Staff and the registered manager spoke with people in a friendly and respectful manner. People received support to maintain good relationships with their relatives and others.

People had individual care plans which set out their needs and the support to be provided by staff. However,

reviews of people's plans and assessments were not being undertaken as planned. As a result, there was a risk that the care plans did not reflect people's current needs and they would not receive the right care. People did not have plans for social activities and personal development although new documentation had been produced in connection with this.

New systems and procedures had been set up prior to our last inspection. These included checks on different aspects of the service as part of a new policy for quality assurance. We found that these new procedures were not being followed consistently and areas in need of improvement were not always being identified and followed up.

We found five breaches of regulations during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not always safe. The procedures in place for checking health and safety and for reducing risks to people were not being followed consistently.

People received support from staff which made them feel safe. This included support with medicines although there were shortcomings in how people's medicines were managed.

People were protected from harm because staff were aware of the risk of abuse and the correct action to take if they had any concerns.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Documentation did not provide a clear record to show that the correct procedures were being followed in relation to the Mental Capacity Act 2005.

People were provided with a choice of meals and could prepare their own food and drinks if they wished.

Staff felt supported in their work and had completed training that was relevant to their role. People received support to access other services to ensure their health care needs were met.

**Requires Improvement**



### Is the service caring?

The service was caring. People were responded to in a caring way. The relationships between people and staff were friendly and positive.

People's independence and choices were respected.

People received support to maintain good relationships with their family members and others.

**Good**



### Is the service responsive?

The service was not always responsive. People's care was not being reviewed and evaluated regularly. There was a risk that people would not receive the care and support they required.

People were able to follow their own interests and routines. They enjoyed some regular activities outside the home although plans for supporting people with their social needs were not well developed.

**Requires Improvement**



### Is the service well-led?

The service was not always well led. The registered person was in breach of a regulation by not always notifying the Commission when certain events had arisen.

**Requires Improvement**



# Summary of findings

The provider's policy for quality assurance was not being implemented consistently. This meant that areas in need of improvement were not always being identified and followed up.

The model of care was being reviewed with the aim of providing a service that was more focussed on supporting people with their personal development.

# The Mendips Residential Care Home

## 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 November 2014 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

During our inspection we met with the six people who were living at the home. We made observations throughout the day in order to see how people were supported. We spoke with a relative, a staff member and with the registered manager. We looked at three people's care records, together with other records relating to their care and the running of the service. These included staff employment records, audits, and quality assurance reports.

# Is the service safe?

## Our findings

People told us they received support from staff which helped them to feel safe. One person, for example, said they managed a lot of their own personal care, but staff checked them on them at certain times which made them feel safer.

Another person told us the staff helped them with their medicines. They were happy for staff to do this as they thought it was safer for them. They said staff reminded them of when they needed to take their medicines during the day.

The staff member told us they had received training in medicines. We found, however, that the procedures for managing medicines did not always reflect good practice. Some of the medicine administration records were written by hand, but they had not been signed or initialled by staff to confirm the accuracy of the information recorded. Records showed that some medicines had been appropriately disposed of. However this was not consistent and we saw medicines being kept in the home which the registered manager told us were no longer needed.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager and staff member were aware of risks relating to people's individual safety. The staff member said they were careful not to leave out electrical cables and other items where they could be a tripping hazard to people. They told us that risks were assessed, for example in relation to people's safety when out in the community. The registered manager commented that people were supported to take "calculated risks."

Records showed that procedures were in place for assessing risk and for monitoring health and safety in the home. However, these were not being followed consistently. Risk assessments were not being reviewed on a six monthly basis, as planned. An audit of health and safety was not being undertaken each month, in

accordance with the provider's policy. There was therefore a risk that matters in need of attention would not be identified promptly and followed up to ensure people's safety.

People were protected from harm because staff were aware of the risk of abuse and the correct action to take if they had any concerns. The staff member told us they had received training in safeguarding adults. They were confident that the staff team had a good understanding of abuse and the risks to people. In the minutes of a staff meeting we read that the home's policies on safeguarding and whistleblowing had been discussed. This helped to ensure that staff were familiar with their responsibilities and they knew how to report any concerns to the appropriate agencies.

People said that staff or the registered manager were readily available to talk to if they were worried or had concerns at any time. Records showed there was a minimum of two staff, or a staff member and the registered manager, working throughout the day. People and staff told us they thought this provided a safe level of support for the number of people currently at the home. An additional staff member was deployed at specific times, for example to accompany someone when they had an appointment outside the home.

Staff had undergone a number of checks to ensure they were safe and suitable people to be working at the home. The staff member told us they had been subject to a thorough recruitment process. The registered manager confirmed the various checks that were undertaken before staff could begin work. These were documented in a staff employment file. Applicants' personal details and backgrounds had been verified. References had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

# Is the service effective?

## Our findings

Records showed that staff had completed training about the Mental Capacity Act 2005. The staff member we spoke with was aware of this legislation and understood how it protected people's rights. They told us people were able to make decisions about their day to day care, but said this may not be the case when more complex decisions needed to be made. The registered manager said the need for a 'best interests' meeting was currently being considered in relation to one person's health and the treatment options that were available to them.

Documentation in the home did not provide a clear record of the assessment process and the outcome for people. An assessment form was being used to record information about people's mental capacity. However, the form did not show that the assessment of a person's mental capacity should only relate to their ability to make a specific decision. The information was also not being kept under review. We saw for example that one person's mental capacity had been assessed in October 2013, but had not been reviewed in April 2014 which was the date for review as stated on the form.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff member and registered manager were aware of the Deprivation of Liberty Safeguards (DoLS) and what these meant for people. DoLS is the process which ensures that a person in a care home is only deprived of their liberty if this is in their best interests and there is no other way to look after the person safely. The registered manager was aware of when an application for DoLS authorisation needed to be made and told us that people's individual circumstances were kept under review.

People told us the home was meeting their needs. The relative we spoke with felt that their family member was receiving the support they required. People had signed forms to confirm their consent to receiving care and support from staff. This included consent for the administration of medicines and to the sharing of information with other agencies, when it was appropriate to do so.

People told us they followed their own routines but usually had meals together which were made by the staff. They said they liked this arrangement but could prepare their own food and drinks if they wanted to. The staff member said people were able to eat independently and that nobody was at risk of poor nutrition.

People told us they enjoyed the meals. One person commented "Staff always ask what we would like to eat and it's never late". At lunchtime we saw people were offered a choice of meals. The staff member checked with people that they had what they wanted and later asked if they wanted any more. One person told us they were vegetarian and said they were happy with the meals provided. The staff member said they aimed to provide "balanced meals with plenty of vegetables". A record of meals was kept. This showed that meals were being prepared in different ways to reflect people's preferences and individual needs.

The staff member told us they were well supported in their work and they felt competent to carry out the tasks expected of them. They described their training as "up to date" and said they had recently completed training in health and safety and in infection control. Details of the training undertaken by staff team were recorded in the form of a matrix. This showed that staff had received training in a range of subjects and it highlighted the dates when further training was due.

Staff had received training in subjects such as mental health awareness and epilepsy which were relevant to people's individual needs. The staff member spoke knowledgeably about the support people required. One person had recently returned from hospital and the staff member's observations during the inspection showed an awareness of the person's needs. The staff member had recognised a change in the person's wellbeing and this was promptly followed up to ensure the person's health needs were met.

People told us that they received support from staff to use health services. One person, for example, said they were able to attend appointments by themselves but staff helped them with making the arrangements. In people's care records we read about the involvement of healthcare professionals such as the community psychiatric nurse.

# Is the service caring?

## Our findings

People said there was a relaxed atmosphere in the home and felt they could do things at a pace that suited them. One person, for example, told us "We can do our own thing here" and another person commented "there's no pressure."

The reason for our visit to the home was explained to people so they understood what we were doing. The relationships we observed between people and the staff member and registered manager were positive and respectful. There was friendly conversation between people. The staff member took an interest in what people were doing and asked about their plans for the day and whether they needed any support.

The staff member told us there were a lot of tasks associated with their role but they emphasised the importance of care and compassion when supporting people. They likened the approach they took in their work to how they, or one of their family, would wish to be treated.

People were responded to in a caring and patient way. We observed the staff member speak softly and in a reassuring manner to one person when they became agitated. This made the person feel less anxious and other people were more settled as a result.

Independence was being promoted, for example by people being encouraged to use the kitchen and to take responsibility for some household tasks. Some people told us they liked to be involved in this way, although others were happy for staff to undertake any domestic work. In one person's care record, there was a statement to the effect that they chose not to be actively involved in

household tasks. The staff member told us this was respected although they felt it compromised an aim of the home, which was to help people to develop and maintain their independence.

The staff member emphasised the importance of creating a homely environment for people. This was reflected in the décor and furnishings, although various notices were displayed which detracted from the homeliness of the surroundings. The registered manager made some changes during our visit, which included moving a medicines cabinet from the dining room to an area that was more private.

The staff member and the registered manager were aware that compatibility between people was important when living together. They told us a lot of support was planned with the aim of supporting people with their relationships and ensuring that people's actions did not adversely affect others. We saw from people's records that incidents had been reported involving people's behaviour. Plans had been produced which provided guidance for staff to follow on such occasions. This helped to ensure good relationships between people at the home were maintained.

People's records included information about the significant people in their lives and their family relationships. The staff member we spoke with was aware of this information and the importance to people of being able to maintain contact with their relatives. One person told they had a close relationship with a family member who shared the same faith and they met up each week in connection with this. We met with the relative of another person who said they visited regularly and were happy with the care their family member received.



# Is the service responsive?

## Our findings

People had individual care plans which set out their needs and the support to be provided by staff. People had signed the care plans to confirm their agreement to them. Health conditions such as diabetes and epilepsy had been assessed to identify the risks they presented to people and provide guidance for staff on how these could be reduced.

We found that reviews of people's care plans and assessments were not being undertaken as planned. One person's care plan, for example, had not been reviewed since April 2013 although it was stated on the plan that it was to be reviewed every six months. Risk assessments had not been reviewed for over a year. The lack of regular reviews meant there was a risk that the care plans did not reflect people's current needs and they would not receive the right care.

This was a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People received support from staff in different areas of their lives. They said the staff helped them with cleaning and cooking, and accompanied them on appointments. We were told that support with personal care was mainly in the form of prompting and encouragement from staff. People's care records included guidance for staff about what people could do for themselves in relation to personal care. This helped to ensure that people maintained their independence and they received consistent support from staff.

People's records included information about their likes and dislikes and how they wanted support to be provided. For example, we read it was important to one person that they received assistance from female staff, which staff told us was being kept to. Another person's records contained information about their religious belief and this person told us how they were able to practice their faith on a day to day

basis. They had made an advance decision about their care and treatment. This decision was clearly documented in the person's records so it could be readily referred to if needed.

People told us that routines in the home were flexible. They got up at different times and were able to come and go as they wished. People told us they went to some local cafes and shops. We heard a range of views about the support that was available with activities. Some people were happy to occupy themselves, although we also heard "there isn't anything to do during the day."

The staff member told us that activities were offered to people but often declined. Daily reports written by staff showed some support being provided with activities, although people's records did not include individual plans for social activities and personal development. This was discussed with the registered manager and we saw that new care planning documentation had been produced based on the 'recovery' model. This approach focuses on supporting people to set personal goals and to assess the progress they are making. The registered manager told us this model was to be introduced and discussed with people at the home.

People told us that meetings had been held when they talked through things together and received support from staff to resolve any differences. They were also a means for people to agree 'house rules'. The registered manager told us that some people found the planned meetings difficult so they made a point of discussing relevant matters with people in a more informal way when people were together during the day. Minutes of recent meetings were not available so there was no record to show how people's views had been followed up and taken into account in the development of the service.

Information about how to make a complaint was displayed in the home and a book in which to record any complaints had been left out in one of the communal rooms. No complaints had been made.

# Is the service well-led?

## Our findings

Some notifications had been sent to the Commission prior to this inspection. These tell us about important events affecting people's health, care and safety. However, from looking at the care records and talking with the registered manager, we found we had not been notified of all relevant events. The registered manager had followed up these events with the police or the local authority safeguarding team, but not complied with the relevant regulation by ensuring that a notification was sent to the Commission on each occasion.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was information in a quality assurance file about the systems and procedures in place for monitoring the quality of the service. These had been set up during the last 18 months and we had found them to be a positive development at the last inspection. They included regular meetings with people at the home and with staff, with the aim of having good communication and feedback about the service. The initial meetings had been minuted, with actions identified where matters needed to be followed up or improvements made.

This planned approach had not continued however and the provider's policy for quality assurance was not being followed. The registered manager told us one thing they needed to do better was to ensure procedures were followed consistently. We saw that monthly audits were not being completed as intended. The audit reports listed

areas of the home to be checked each month, although there was little or no information recorded about what had been found. This included checks of care records and the carrying out of reviews which were areas where we had found shortfalls. This meant that areas in need of improvement were not always being identified and followed up.

This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Developments in other areas since the last inspection had helped to define the purpose of the home and the type of service people could expect. Records showed that the home's aims and objectives had been discussed with people at the home and with staff. New care planning documentation had been produced based on the 'recovery' model. The registered manager told us this model was to be introduced in conjunction with a new service user's guide and other information about the home. This included a new complaints procedure which had been produced in a more accessible format for people.

A director of the company which runs the Mendips Residential Care Home was also the registered manager. They had originally set up the home and continued to have a key role in the day to day operation. People told us the registered manager was approachable and closely involved in their care and support.

The staff member we spoke with felt there had been some positive developments during the last year in terms of the progress people had made with being able to manage their own personal care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations  
2010 Management of medicines

**The registered person was not making appropriate arrangements for the recording and disposal of medicines.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations  
2010 Consent to care and treatment

**The provider was not following the appropriate procedures when people lacked capacity to make decisions about their care.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations  
2010 Records

**People were at risk of receiving unsafe or inappropriate care because accurate and up to date records, including care plans and assessments, were not being maintained.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**The registered person was not notifying the Commission of all relevant incidents as required under this regulation.**

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The registered person did not have effective systems in place to assess and monitor the quality of the service provided.