Mitrecroft Limited

The Old Prebendal House

Inspection report

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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

This inspection took place on 1 October 2014 and was an unannounced inspection which meant the staff and provider did not know we would be visiting. The service had met all of the outcomes we inspected against at our last inspection on 18 October 2013.

The Old Prebendal House provides residential and nursing care for 34 older people in the Oxfordshire area. The home is located in Shipton under Wychwood, Chipping, Norton Oxfordshire. On the day of our inspection 34 people were living at the service.

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.

People told us they felt safe. Staff told us, and training records confirmed that staff received regular training to

Summary of findings

make sure they stayed up to date with recognising and reporting safety concerns. Records confirmed the service notified the appropriate authorities where concerns relating to abuse were identified.

Risks to people were managed and reviewed. Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe while maintaining their freedom.

The service ensured staff had the necessary skills to support people through, induction training, ongoing training and regular supervision. Staff told us they understood their roles and responsibilities and received the support they needed. One nurse said, "My manager is very supportive." Records confirmed staff received appropriate support.

People received their medicines as prescribed. Medicines were stored securely and accurate records maintained.

People were involved in the planning of their care and staff provided support that met their needs and maintained their independence. The service sought support from relevant healthcare professionals to ensure people's needs were met.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves, and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Records confirmed people who lacked the capacity to consent were supported in their best interests.

People we spoke with told us that they enjoyed the meals provided. We saw the staff were kind and where appropriate, provided the support people needed with eating and drinking. People told us they enjoyed activities at the home. Comments included; "There's plenty to do, I am never bored," "I go out on all the trips. My family comes on some as well."

People we spoke with made many positive comments about the care provided at the service. People's comments included; "It is really good here, the care is superb," "There is a happy atmosphere here, it's lovely." Staff took the time to speak with people as they supported them.

People we spoke with knew how to complain and there was a complaints procedure in place. Records showed complaints were dealt with compassionately and in a timely fashion.

The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements. These systems ensured people were protected against the risks of unsafe or inappropriate care.

People knew who the registered manager was and told us they were approachable. Comments included; "I can always talk to them, they always have time for me," "I think the manager leads the staff very well, they are always about the place." This helped to promote a clear, open culture around the home.

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. People told us they felt safe. Staff had been trained and knew how to raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Good

Is the service effective?
The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient to eat and drink. People who needed support with eating and drinking were supported appropriately.

Staff sought people's consent. Staff explained things to people and offered them choices.

Good

Is the service caring?
Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Staff gave people the time to express their wishes and respected the decisions they made.

Good

Is the service responsive?
The service was responsive. Complaints were dealt with in line with the policy. Everyone we spoke with knew how to make a complaint and were confident action would be taken and they would be listened to.

People and their relative's views were sought frequently. Meetings were conducted with people to discuss changes in the home and to seek their feedback.

There was a range of activities for people to engage in. Community links were maintained with local groups who regularly visited the home.

Good

Is the service well-led?
The service was well led. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

Staff understood their roles and responsibilities.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty where people came first.

Good

The Old Prebendal 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 1 October 2014 and was an unannounced inspection. The inspection was conducted by one inspector.

We spoke with seven people, eight members of care staff, the chef and the registered manager. We looked at eight people's care records, medicine and administration records for people and a range of records relating to the management of the home. The methods we used to gather information included pathway tracking, observation and Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views. We also looked at the 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.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel very safe here, I can trust everyone," I feel safe" and "I'm perfectly safe and I have no concerns." The provider had effective procedures for ensuring that any concerns about people's safety were reported. Staff we spoke with could clearly explain how they would recognise and report abuse. Staff told us, and training records confirmed that staff received regular training to make sure understood their responsibilities to report concerns. One care worker said "Any suspicion at all and I would report to my line manager immediately." Another said "I know what to do. I can tell the manager, the police or the local authorities." Records confirmed the service notified the appropriate authorities where concerns were identified and took appropriate action to ensure people were safe.

Risks to people were managed and reviewed. Where people were identified as being at risk, risk assessments were in place and action had been taken to reduce the risks. For example, one person had difficulties with their memory and was unable to maintain a safe environment independently. The person had been assessed and care records stated how staff should support this person. Staff were to 'ensure the room is clutter free' and make sure the 'person's walking stick is within easy reach.' On visiting this person's room we saw the guidance was being followed. Staff were following the guidance to minimise risk and maintain independence.

Another person needed a hoist to assist them with moving. Guidance stated how staff should assist this person with their mobility. A falls risk assessment was in place with risk reduction measures clearly identified. There was detailed guidance for staff on using the hoist. For example, "Hoist should not have the brakes on during hoisting so it can move according to the centre of gravity." Records confirmed that all care staff had been trained in moving and handling. Other risks identified included risk of weight loss and pressure damage (where people were at risk of pressure ulcers). All risks were assessed and managed appropriately. Risks were reviewed monthly or as people's care needs changed.

There were sufficient staff on duty to meet people's needs. One person said "There is always someone to help me." Another said "If I ring my buzzer they come quickly." Nurses and care workers told us there were enough staff to meet people's needs. Comments included; "I think there is enough staff generally," "We have time to look after people properly, we're busy but not rushed," "There are enough of us though it can get a little tight on occasions." The staffing rota confirmed that staff levels matched planned levels. The registered manager told us staffing levels were set by the "needs of our residents." A dependency tool was used to assess this. During the day we observed staff were not rushed in their duties and had time to chat with people.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff have a criminal record or were barred from working with children or vulnerable people.

People received their medicines as prescribed. People received their medicine from a secure mobile trolley. The nurse checked each person's identity and explained the process before giving people their medicine. This ensured people received the right medicine at the right time. Medicines records were accurately maintained. Medicines were stored securely and in line with manufacturer's guidelines.

Staff received training in infection control. One care worker said "The home is clean, we all work very hard at cleanliness. I have seen the policy and we all work to the cleaning schedules." Another said "We get gloves, aprons, hand gel as well. We get all we need to keep the home clean and free from infection." People told us the home was clean. Comments included; "The home is spotless and cleaned regularly, as is my room," "The place is very clean," "The girls are careful and do a wonderful job of keeping things clean." The home was clean, tidy and free from unpleasant smells. Toilets and bathrooms contained guidance for hand washing and we saw staff using protective equipment throughout our visit.

Good

Is the service effective?

Our findings

People told us staff knew how to support them. Comments included; "They look after me so well," "Staff are fantastic," "They know what they are doing, I have no worries."

Staff told us they had the skills, training and support they needed to meet people's needs. Comments included; "Training couldn't be better," "My manager is very supportive," "I get regular appraisals and supervision. It is useful." All staff received an induction training programme linked to the Common Induction Standards before starting work.

Staff told us, and records confirmed they had effective support. Staff said they had an annual appraisal and received supervision meetings at least twice a year. Staff were able to raise issues at their supervision meetings and access to further training. For example, one care worker told us they had asked for wound care training. Records confirmed this training had been booked. Staff files contained job descriptions which highlighted staff's roles and responsibilities. Staff we spoke with were aware of their roles and responsibilities.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA governs decision-making on behalf of adults who may not be able to make particular decisions themselves. They were knowledgeable about how to ensure the rights of people who lacked capacity were protected. Care records showed the principles of the Mental Capacity Act 2005 Code of Practice had been followed when assessing an individual's ability to make a specific decision.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) application. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm in the least restrictive way. The registered manager told us they were aware of the supreme court judgement. Care and nursing staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff sought people's consent. Staff explained things to people and offered them choices. Where people expressed a preference this was respected.

Where DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms were in place we saw they had been completed fully with the signed consent of the person. One person had stated on their care records "Come the end I do not wish to be admitted to hospital for active treatment." This was attached to the DNACPR document and clearly evidenced this person's wishes.

People we spoke with told us that they enjoyed the meals provided. We saw the staff were kind and provided the support people needed with eating and drinking. We asked people about the meals at the home. Comments included; "The food is superb though I would say that as I have grown some of the veg", "Always plenty of good fresh food", "The food is very good and they will oblige you if they can. I wanted some salmon and shrimp paste and they got it for me", "Food, have you seen the menu? It's excellent and the chef is very approachable to suggestions for meals." The chef told us the menu was completely changed every six weeks to avoid repetition and "If somebody wants something special then we will make it for them. There is no limit to my budget so today we have fresh fish, venison and fresh vegetables. We make nearly everything ourselves." The menus included a choice of four main meals and a selection of sweets or puddings.

The kitchen contained records of people's preferences and, special diets. This included where people needed a pureed diet or they had an allergy. The chef told us they checked with the nurse daily to ensure the special diets list was accurate.

One person had been referred to a Speech and Language Therapist (SALT). The SALT recommendations included providing thickened fluids. The person did not always want their fluids thickened. Records showed the risks were discussed with this person. The person had signed to say they accepted the risk and the risk assessment had been amended. Staff were aware of this person's choice and told us they were "Extra vigilant" when the person drank unthickened fluids. This ensured they were safe from the risk of choking while supporting and respecting their choices relating to food and drink.

People's medical and care needs were also assessed. The assessments included medical conditions, tissue viability (skin condition), mobility and eating. Care plans were developed from these assessments and where risks were identified, referrals were made and specialist advice sought. For example, where a person had been assessed as

Good

Is the service effective?

at risk of weight loss their GP had been consulted and guidance provided for staff to follow. The person was being weighed regularly and their food intake closely monitored. The person was gaining weight.

People told us that they received the support they required to see their doctor. One person said "I get help when I need it, no question." Another said "When I was unwell they got a doctor and really looked after me." Some people who lived in the home had more complex needs and required support from specialist health services. People had received support from a range of specialist services such as SALT and occupational therapy teams. All GPs and specialist professional visits were recorded in people's care plans.

Good

Is the service caring?

Our findings

People made positive comments about the care provided. People's comments included; "It is really good here, the care is superb," "There is a happy atmosphere here, it's lovely," and "I like it here. I like everything about this home."

Throughout our visit we saw people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. Staff took the time to speak with people as they supported them. We observed many positive interactions. For example, a maintenance worker was talking to a person in the garden. The person was a keen gardener and had been provided with a plot to grow vegetables. Both were deep in discussion about gardening and they were laughing and exchanging stories. The person clearly enjoyed the experience.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. One care worker told us how one person had worked with and loved old buildings. They said "We try to get them out as much as possible to visit historical buildings, it is important to them." One care worker told us how they get to know people. They said "I know the resident and their family. I know where people have lived and how they like things, their preferences and little ways. It helps me to help them."

All the staff we spoke with said people were well cared for. Staff took time to get to know people. Comments included; "I get job satisfaction here and I can see we are making a positive difference for them," "People get the best care, the staff are all highly motivated."

Staff gave people the time to express their wishes and respected the decisions they made. One person said "I am involved in what goes on, no question. They explain everything and they listen to me to." Another said "I have a say in what happens and the care is excellent." We observed staff communicating with people in a patient and caring way, offering choices and involving people in the decisions about their care. For example, at lunchtime we saw people's preferences of what to eat and drink were respected. One care worker said "I know they like certain meals so I encourage them to eat, they often ask for seconds which we provide. I know my residents."

Staff treated people with dignity and respect. We saw how staff spoke to people with respect using Mr or Mrs or the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. All the records used respectful language. Staff knocked on people's doors and waited to be invited in before entering. Where they were providing personal care doors were closed. Where staff assisted people with their meals they sat at the person's level and supported at the person's pace.

People were supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity. Staff told us most people could dress themselves but those who had difficulty were assisted only where they needed to be and given choices of what to wear.

People were supported to be as independent as possible. For example, we saw one person used walking sticks to aid their mobility. Staff stood by to assist the person if needed but they were able to stand and walk without intervention.

Good

Is the service responsive?

Our findings

People told us that they made choices about their lives and about the support they received. They said the staff listened to them and respected the choices and decisions they made. One person said "I get up when I like and go to bed when I am tired. Totally up to me." The registered manager held meetings with people to discuss changes in the home and to seek their feedback. People used the meetings to tell the provider what they wanted. One person said "At a meeting we asked for changes to how suppertime was organised. The chef got involved and it changed. How wonderful is that."

People's needs were assessed prior to admission to the service to make sure the service could meet their needs. People had contributed to assessments. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, previous occupations, interests, hobbies and religious needs. For example, one person said "they know I like gardening so I do lots of it. They encourage me to do it." Staff we spoke with were fully aware of this person's love of gardening. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families or what they did before they retired.

People were supported to maintain relationships with family and friends. The homes statement of purpose stated it was committed to "helping our residents maintain existing contacts." One person told us how they had friends who regularly visited them. They said "I have friends around all the time and they are always made welcome. No matter when they turn up I get to spend time with them." Another said "My family visit whenever they want."

A complaints policy and procedure was in place and displayed in the reception area. People knew how to complain. We asked if they felt able to complain about anything. Comments included; "I could complain if I wanted to. I know how to do it." "I can but I have no reason to," and "I am sure I could and I know they would listen." The registered manager had dealt with complaints in line with the policy. The registered manager told us they tried to resolve any issues "Long before the resident feels the need to formally complain." One person said "I see the manager all the time so if I have a concern I just talk to them. The manager is so good with us, as are the staff, they would deal with any issue." Staff were aware of the policy and knew how to assist people to complain if they so wished.

A range of published activities were available including trips out of the home. Religious services were regularly held and people could attend the local church. The home employed a full time activities coordinator who told us they tried to provide activities that related to people's lives and interests. They said "I talk to people to find out what they want to do. A lot of people here like painting so the art group is very popular as is the reading group. Different people come to different events."

People told us they enjoyed activities at the home. Comments included; "There's plenty to do, I am never bored," "I go out on all the trips. My family comes on some as well," and "There is so much to do. I can have a massage or get my hair styled. I often go through the garden gate to the church which is really handy." The home maintained links with the local community. The local embroidery group held regular sessions in the home where people could take part and interact with the local community. The mobile library visited the home and regular trips to the local shopping area were provided.

The home had a large garden area for people to enjoy. During our visit we saw people sitting outside, being served tea, enjoying the garden. One person said "I spend a lot of time out here, it's so nice. I also go for lots of walks as well." Access to the gardens was unrestricted and was easily accessible for people who used wheelchairs. Staff regularly visited the garden to make sure people were safe and to provide support if it was needed.

Good

Is the service well-led?

Our findings

There were systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service and learning from these audits was fedback to staff to make improvements. For example, it was identified people wanted changes to the menus. This was fedback to the chef who sought people's views and implemented the requested changes.

Staff knew their roles and responsibilities and understood what was expected of them. Job descriptions held in staff records detailed their roles and responsibilities and staff told us they could discuss these at supervision meetings with their line manager. One care worker said "I am well trained and supported. I know what to do."

Accidents and incidents were investigated to identify patterns and trends across the service. Where issues were highlighted action was taken to improve the service. For example, the Care Home Support Team (who assist care homes in relation to falls) were contacted following a review of falls at the home. Following their advice, action was taken and falls had reduced.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. This included the Care Quality Commission (CQC) and a national helpline run by the Royal MenCap Society who gave advice and guidance to staff in relation to whistle blowing concerns. Staff were aware of the policy.

Staff attended regular staff meetings where they were asked if they had any suggestions for how the service could be improved. One said "I know I can raise an issue and be confident that action will be taken. I've asked about things before and they listened and did something about it." The staff also attended formal supervision meetings with a senior staff member where they could raise any concerns about the service. Staff told us they thought the registered manager was visible and approachable. Comments included; "I think the manager is very approachable," "The manager is definitely available and supportive. Anybody can approach them. They don't ignore situations and they are hands on."

All the people we spoke with knew who the registered manager was and told us they were approachable. Comments included; "I can always talk to them, they always have time for me," "I think the manager leads the staff very well, they are always about the place," "I talk to the manager when I see them, which is often."

Regular surveys were conducted where the service sought the views of people and their relative's. The results for the 2014 survey were positive. All the results were collated and fedback to people, their relatives and staff. Issues identified in the survey resulted in action to improve the service. For example, one person had stated they were unhappy with the times their room was cleaned. The head of housekeeping spoke with the person and a revised cleaning schedule was agreed and implemented to the person's satisfaction.

The service displayed their statement of purpose. This set out the homes philosophy in relation to people's privacy, dignity and independence. It placed people's rights "at the forefront of our philosophy of care." People received the statement of purpose in a welcome pack when they moved to the home. Most staff were aware of the statement of purpose. One nurse said "It underpins our work here. This is an open and honest service and anyone who comes here is made welcome." The home's philosophy on dignity was clearly identified in the service's statement of purpose.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.