Pride Care Homes LLP

The Malting's Care Home

Inspection report

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The Malting's Care Home provides accommodation, support and care, including nursing care, for up to 50 people, some of whom live with dementia. At the time of our inspection there were 39 people living at the care home.

The home is purpose built and is arranged on two floors with an enclosed landscaped garden to the rear. Access to the first floor is by means of stairs or a passenger lift. All bedrooms are for single use only and are provided with en suite facilities. On-site leisure facilities include a gymnasium, cinema, hairdressing, a library, games and sensory rooms. In addition, there are communal bathing areas, lounges and quiet rooms. The home offers long or short term stays.

This unannounced inspection took place on 03 February 2015 and was completed by one inspector. This was the first inspection of The Malting's Care Home since it was first registered with the Care Quality Commission on 14 July 2014.

The Malting's Care Home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

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 were safe living at the service and staff were knowledgeable about reporting any abuse. There was a sufficient number of staff employed and recruitment procedures ensured that only suitable staff were employed. Arrangements were in place to ensure that people were protected from unsafe management of medication most of the time. However, improvements were needed in relation to the safe keeping of some people's prescribed medication.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications had been made to ensure people's rights were protected. However, improvements were needed in relation to assessing people's mental capacity as defined by the MCA. In addition, improvements were needed in protecting people's rights from unlawful restriction at all times.

Staff were supported to do their job. People were supported to access a range of health care professionals. Health risk assessments were in place to ensure that people were supported to maintain their health.

People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected most of the time. However, improvements were needed in relation to the quality of care that some of the people received. Care was not consistently provided in a caring and compassionate way. In addition, there were inconsistencies in trained staff members' understanding of the needs of some of the people living with dementia.

People's hobbies and interests had been identified and a range of in-house facilities and activities supported people with these.

A complaints procedure was in place. Complaints had been recorded and responded to the satisfaction of the complainant. People could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. However, the provider had not identified the issues we found during our inspection and this placed people at risk of inappropriate and institutionalised care.

A staff training and development programme was in place and procedures were in place to review the standard of staff members' work performance.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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.

Medication was not consistently kept secure and posed a risk of people accessing medication that they were not safe, or authorised, to do so.

Procedures were in place to reduce people's risk of harm.

Recruitment and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

Requires Improvement

Is the service effective?
The service was not always effective.

People's rights were not always protected from unlawful restriction and decisions were made on their behalf.

Staff were supported to do their job and a training programme for their identified development was in progress.

People's health and nutritional needs were met.

Requires Improvement

Is the service caring?
The service was not always caring.

Not all of the people received caring and compassionate care. In addition, there was an inadequate level of understanding of individual needs of some of the people living with dementia.

People's privacy, dignity and independence were valued some, but not all, of the time.

People were involved in reviewing their care needs before and after admission to the care home.

Requires Improvement

Is the service responsive?
The service was responsive.

People were involved in reviewing their care needs before and after admission to the care home.

In-house facilities and the provision of hobbies and interests supported people to take part in a range of activities.

There was a procedure in place which was used to respond to people's concerns and complaints.

Good

Is the service well-led?
The service was not always well-led.

Requires Improvement

Summary of findings

Improvements were needed in relation to how people living with dementia were cared for and in the management of medicines.

There were links being made with the local community to create an open and inclusive culture within the home.

Staff were aware of the aims of the service and were involved in the development of the service, with arrangements in place to listen to what people had to say.

The Malting's 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.

The inspection took place on 03 February 2015 and was unannounced and was carried out by one inspector.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with six people and three relatives. We also spoke with the registered manager, representatives of the registered provider, seven care staff and a member of staff from the catering department. We looked at seven people's care records and records in relation to the safe management and upkeep of the service. We observed people's care to assist us in understanding the quality of care people received.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People said that they were satisfied with how they were supported with their medication. One person said, "I get my medication (at) breakfast, lunch and tea time. It's always here." Two other people told us that they were supported to be independent with taking their own medication and were satisfied with these arrangements.

Medication records were completed and demonstrated that people were given their medication as prescribed. Medication was stored at temperatures which ensured it retained its quality. Trained staff handled medication and people were supported to take their medication as prescribed. This included giving people time and making sure that they had safely swallowed their medication.

We observed the morning medication round on the first floor, which was being carried out in the main dining/ lounge area, where people and a visitor were sitting. We saw that the unattended medication trolley was left unlocked with the medication keys left in the lock of the medication trolley door. This was while the staff member, with their back to the trolley, was supporting people, who were sitting on the other side of the room, to take their medication. Later we found that the keys to the medication storage were held by a member of staff who was not responsible for the management of medication. In addition, a person who was responsible for self-administration of their prescribed medication had not been made aware that their medication must be kept secure when they were not in their room. They told us that they left their medication on a side table and we saw that this was in open view. The person said that some of the people living with dementia had come uninvited into their room. The inadequate measures taken to keep people's medication safe posed a risk to people's health.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Staff were aware of their roles and responsibilities in relation to protecting people from harm. Information about protecting people from harm was available in the home. Staff were also aware of the whistle-blowing policy and said that they had no reservations in blowing the whistle, if needed. One staff member told us, "Whistle blowing is my responsibility and if I don't report it, I'm just as bad as the person (perpetrator) doing it." This showed us that there were measures in place to help ensure the risk of harm to people was minimised.

One person told us, "I feel very safe here because I only have to ring my bell and there is someone here straight away." Another person said, "There's enough staff here and they are always having new girls working here." The Malting's Care Home was first registered on 14 July 2014 and started to take new people in during August 2014. Since then, there have been an increased number of admissions to the home with an on-going recruitment of new staff. Members of staff told us that there was a sufficient number of staff to look after people, including providing people with individual support to keep them safe, if needed. We saw that people were looked after in an unhurried way and the atmosphere of the home was calm. Measures were in place to cover staff absences. This included staff working extra duties or using staff who work in the provider's other care homes.

People's support and care needs were assessed before they moved into the care home. The registered manager and senior nurse manager advised us that the numbers and experiences of staff needed to meet the person's assessed needs were identified at the pre-admission stage. We were also advised that each week people's needs were reviewed and calculated against the numbers and grades of staff.

Recruitment practices were in place to make sure that only suitable staff were employed to work at the home. Staff told us that they had checks carried out about their fitness and suitability and had attended a face-to-face interview, as part of the recruitment process. Recruitment records we looked at confirmed that this was the case.

Requires Improvement

Is the service effective?

Our findings

From our review of people's care plans we found people, who were living on the ground floor, were assessed as not having mental capacity as defined by the Mental Capacity Act 2005 (MCA). Their support, including one-to-one support, was carried out in the best interests of the person. We also found that the provider had submitted Deprivation of Liberty Safeguard applications to the authorising bodies.

However, we found from our care plan reviews, that people living on the first floor of the home had not had their mental capacity assessed. A visitor told us, "[My friend] was walking on her own (with their walking frame) but they don't have it near them today." The care records demonstrated that the person was safe to walk on their own with the use of a walking frame, up until the day before our inspection. We saw other people had no access to their walking frames until these were provided by care staff. A senior member of staff explained that people's walking frames were taken away from the person, because, "Certain ones (people) don't have walking frames by the side of them because of the risks of falls." They also told us that the removal of a person's walking frame stopped the person from getting out of their chair to move the dining tables and chairs around. We were told that there was no harm caused by the person moving furniture about. Therefore, people's rights to freely move about were unlawfully restricted.

Through our observations and speaking with people, we found that they had some difficulty in making decisions about their care. We saw that members of staff were making decisions on behalf of people about where they wanted to go and what they chose to wear. A member of staff explained that they made decisions on behalf of one of the people because, "She's confused." We found no recorded evidence that these decisions were based on the MCA best interest decision making process.

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

Staff told us that they had the support to do their job. One member of staff said, "The [name of the registered owners] have been fantastic." Staff had attended induction training and their performance was reviewed during their probationary period. In addition, there was an on-going training and development programme in place. Staff had attended training in safeguarding people from harm, safe moving and handling and food hygiene.

People were satisfied with how they health needs were met and had access to a range of health care professionals. One person said that they were supported to visit their GP practice. Another person said, "The district nurse visits two to three times a week." A person's visiting relative said, "[My family member] is looked after fine. They are getting [my family member] to exercise and walk about."

Care records provided evidence that people were supported to access speech and language therapists, physiotherapists and chiropodists. On-site facilities were available for people to exercise in the gym or relax in the sensory room. A member of staff told us that one of the people's aims was to increase their stamina and they were supported to take exercise in the gym. A specialist bath was also in use, for people to relax. One person said, "I had a lovely, huge [brand name] bath and you're surrounded by bubbles." A person, who was assessed to be at high risk of developing a pressure ulcer, told us that they were comfortable and they were lying on a pressure-relieving mattress, in bed. Assessments were in place and measures were taken for the management of people at risk of developing a pressure ulcer. Care records demonstrated that the condition of people's skin was monitored and reviewed and pressure-relieving aids were provided to minimise risks of pressure ulcers developing. The senior nurse manager advised us that no person had acquired a pressure ulcer whilst living at the home. People's weights were monitored and action was taken in obtaining a dietician's advice, when this was needed. This showed us that people's health and well-being was maintained and promoted.

People were satisfied with the quality and quality of their food and nutrition. One person said, "(We) have beautiful three course meals. The breakfast tray is beautiful." Another person told us that they were given small portions of food because, "Anything bigger would put me off." They confirmed that they had nutritional drinks to supplement their food intake. We found that people's nutritional needs and food likes and dislikes were recorded and catering staff were aware of people's individual dietary likes and needs. People were offered choices of what they would like to eat and if they preferred an alternative to the main menu. They

Requires Improvement

Is the service effective?

were also encouraged and supported to eat and drink, if this was needed. We saw that a tea-time menu offered a choice of sandwiches and home-made desserts with alternative options for people to choose from.

Requires Improvement

Is the service caring?

Our findings

People who were able to tell us, said that the staff were kind and caring. One person said, "The staff are lovely and I have made friends with some of them. The service is so good here. It doesn't compare with anything else." Another person described the staff as being, "Very, very, nice." People, who were not living with dementia, said that staff knew their needs and members of staff had a good knowledge about people's individual likes, dislikes and care needs. People told us that during the preadmission assessment process their needs and views were taken into account and we saw that these were recorded.

We saw some good examples of how staff were kind and attentive to people, although this was not consistent. The Malting's Care Home provides support and care for people who live with dementia. Staff gave examples of the approaches they had used, which included correcting the person's understanding in relation to their family members or where they thought they were living elsewhere. This approach meant that people were not supported in a person-centred way and posed a risk to their sense of well-being and their individuality or 'personhood'.

We found that people were not being looked after in a consistently caring and compassionate way. During our lunch time observations on the first floor a person was repeatedly asking, "Can someone please give me two tablets?" We saw that staff failed to give the person appropriate reassurance or took action in response the person's request for medication. We intervened and, following this, the person was given their prescribed medication that they were requesting. We saw another person ask a member of staff to be taken outside. The member of staff said, "If we have time." The member of staff gave the person no reassurance of when this would be. Later on, we saw the same member of staff move the person away in their wheelchair, away from the table, without telling the person what they were about to do. The person said, "Where are we going? Where are we going?" In addition, the person's request to wear their dressing gown was denied them; a member of staff told us that this was because it was, "Day time. They're (the person) confused." We saw another member of staff bring a dark coloured cardigan for the person to put on, before asking them if this was what they would like to wear. In another person's care records we found negative judgement statements made about the person's demeanour, which was described as, "Cross mood" and, "Was in a very bad mood."

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

During our SOFI we saw staff engaged with people but this was related to tasks; for instance when giving the person a drink or attending to their personal care needs. We saw that some of the people were asleep or in a passive state. A senior member of staff told us that carers are told what, "Tasks they need to do." This demonstrated that the care provided was at risk of being task orientated and not always based on people's individual care needs.

For people living with dementia on the ground floor, information about their life histories had been obtained. However, care records that we reviewed for people living on the first floor, had no such information about the person as a unique individual. This posed a risk of people not receiving care to meet their individual needs.

People said that staff treated them well and knocked on their doors before entering. However, we were told that staff did not always wait for permission to enter and we saw this was sometimes the case.

The home maximised people's privacy. All bedrooms were en suite and were used for single occupancy. One person said, "I have a lovely shower." Communal bathing and toilet facilities had lockable doors. There were communal lounges and quiet sitting areas where we saw people having visitors or sitting in the quiet. We saw a person was supported to make a phone call in a private room. Another person said, "I'm sensitive to noise. I can go and sit in the quiet when I want to." Other people told us that they liked their own company and chose to sit in their room. One person said, "I prefer to be in my own company. It's my choice and I choose to stay here."

Information in relation to advocacy services was held in the entrance of the home. A senior member of staff advised us that advocacy services were not used but information about these was available.

Good

Is the service responsive?

Our findings

There was a programme in place to review people's care plans with them and their family members and these reviews were carried out every four months. Where changes were needed, the care plans were updated. This included updates in relation to the person's nutrition and well-being.

People were supported to pursue their own hobbies and interests. One person said, "I could go and watch a film if I want to. I read a lot and watch television." Another person said that they liked to read books in their room and had one of the library books to read. The on-site leisure facilities were used to engage people with a range of interests. These included watching films at the cinema, relaxing in the sensory room, taking exercise in the gym and playing games or the piano. A member of staff also provided people with individual hobbies and interests, which included armchair exercises and tactile and sensory objects for people living with dementia.

We saw some of the people had made friends with each other. People were also supported to maintain contact with friends and family members. One person said that they had spent short spells of time staying with their relatives. People were also able to attend to religious services which were held at the home.

People said that they knew who to speak with if they were unhappy about something. One person said, "I feel better now I have spoken with them (member of staff)." They told us that they felt listened to and were satisfied with the staff member's response. Another person told us, "I had a problem but I just explained it to them (staff) and it was sorted out. There are no problems (now) at all."

There was a record of complaints maintained and this demonstrated that people were listened to and action was taken, if needed. A senior nurse manager advised us that an emerging trend of a recurring theme was in relation to some staff members' attitudes. Remedial action was taken in response to these findings, which included the training and supervision of staff to improve the quality of their communication with people, in person and by telephone.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post and she was supported by representatives of the registered provider and a senior nurse manager. People knew the names of the individual management team members and said that they saw them often. One person told us that the registered manager had spoken with them and asked how they were. We saw the registered manager was, at different times, present on both floors of the home and knew people's individual needs and personalities.

Since the home was first registered with us, we have received notifications which demonstrated that the provider was meeting the requirements of their registration.

Staff were enabled to have an input in the running of the home. This included: making suggestions to change and improve the menus to meet people's individual food preferences; to introduce a staff training programme in nutrition and to develop the range of hobbies and interests, based on what people wanted. This included developing on-site gardening activities.

Minutes of residents'/relatives' and staff meetings demonstrated that information about the progress and development of the care home was shared during these meetings. There was a schedule in place for future staff and residents' meetings. We noted that the next scheduled residents' meeting was to review the range of hobbies and interests provided with people.

'Mini' meetings were held for senior staff to remind care staff of their roles and responsibilities in providing people with safe and appropriate care. This included maintaining accurate food and drink records and improving the standard of people's oral hygiene.

However, the way staff communicated with people living with dementia had not been identified. In addition, people were placed at risk of harm in relation to the management of medicines. The provider's quality assurance system had not identified these issues.

Links were made with the community, which included links with a local school and there were volunteering services visiting the home.

Staff had a clear vision of the aims of the home. One staff member said, "That's what we are here for. To protect, preserve and give (people) quality of life. We're in their (people's) home. This is their home." A catering member of staff told us, "Food is such an important part of people's lives. That's why I enjoy what I do."

Staff procedures were in place to review and monitor the standard of staff members' work performance. Where staff required additional support to improve the standard and quality of their work, action was taken to address this. This included increased supervision and provision of instruction and training.

There was a health and safety quality monitoring system in place to review and analyse monthly accidents and incidents. This was used by the provider as a way of driving improvements and helping them prevent the potential for recurrence. Measures were taken to minimise people's falls, if needed. This included the lowering of people's beds and the provision of 'crash' mats to reduce the risk of harm in the event of a person falling from their bed.

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	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010. Care and welfare of people use services.** **How the regulation was not being met: People who use services were not protected against the risks associated with unsafe and inappropriate care and care was not provided based on published research and guidance as to good practice. Regulation 9 (1) (b) (i) (ii) (iii).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010. Management of medicines.** **How the regulation was not being met: People who use services were not protected against the risks associated with the unsafe management of medicines. Regulation 13.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010. Consent to care and treatment.** **How the regulation was not being met: People who use services were not protected against the risks of an infringement of their rights to consent. Regulation 18.**