

Mendips Residential Care Home Limited

The Mendips Residential Care Home

Inspection report

2-3 Shamrock Road
Upper Eastville
Bristol
BS5 6RL

Tel: 01179518548

Date of inspection visit:
28 March 2016

Date of publication:
09 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 28 March 2016 and was unannounced. The service was last inspected in on 21 May 2015. This was a focused inspection and we found that the provider had taken action in order to meet the legal requirements from the comprehensive inspection in November 2014.

The Mendips Residential Home is registered to provide personal care and accommodation to up to nine people with mental health needs.

At this inspection we found that one person's behaviours had changed over the last four months. This had lead to a number of potential and actual safeguarding incidents. These involved the person and other people at the home and sometimes staff. Due to the potential increased risks to people's safety and that of staff the numbers of staff deployed should be reviewed as a matter of priority.

There was a registered manager for the service who was also one of the providers. 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 that all of the staff who assisted them were always kind and caring in manner. People interacted in a positive and warm way with the staff who provided them with personal care and other support.

People were assisted with their needs by staff who were monitored and supervised in their work. People also benefited because they were supported by staff who were trained to understand their needs.

People spoke highly about the care and support they received from the staff. Everyone we asked said that staff treated them properly and were kind to them.

Care records were informative and clearly showed what to do to effectively assist people with their personal care needs.

People were well supported to make complaints about the service that was provided if they were unhappy about any aspect of the service .

The staff knew what the provider's values were for the service. The staff followed their values in their work. These included providing personalised care to ensure people were treated as unique individuals.

There was a system in place to ensure that checks on the quality of care and service were carried out. The concerns we found at the inspection in relation to staffing had been identified by the registered manager as

part of their checks of the service .

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Some aspects of the service were not safe

Staffing levels did not always keep people safe and needed to be reviewed to ensure that they were appropriate.

People were supported by staff who knew what action to take to protect them from abuse.

People were supported to take their medicines when they needed them and they were managed safely.

The provider had a safe system in place to recruit suitable staff.

Is the service effective?

Good 

The service was effective.

People were assisted to have enough to eat and drink. Menus had been planned based on what people enjoyed.

People were supported by staff who knew how to meet their needs. The staff were trained and were competent to provide them with effective support.

People at the home were supported to see their GP. If needed specialist health care professionals assisted people to meet their health care needs.

People's rights were protected because the provider had a system in place to ensure that the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were followed when needed.

Is the service caring?

Good 

The service was caring

People told us that they felt well cared for and they told us the manager and the staff were kind to them.

People were treated respectfully and their privacy and dignity

were maintained and promoted.

People were included in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive

People's care needs were assessed and support was being provided in a flexible way that suited them.

People were able to make choices in their lives in the home and were able to do activities of their choosing.

There was an effective system in place to address complaints and concerns.

Is the service well-led?

Good ●

The service was well led.

There were effective systems to assess the quality of the service provided in the home. The need to review the staffing levels in the home had been identified as part of the registered managers audit processes.

People and staff felt well supported by the manager who was also the provider of the home.

The provider's values were understood by the team. The staff followed their values in their work. These included providing personalised care to ensure people were treated as unique individuals.

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.

Before our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

The inspection team consisted of two inspectors. During the inspection, we spoke with five people who used the service. We spoke with two members of staff; one of the providers was present. We also spoke online to the other provider of the service.

We looked at three people's care records. We observed care and support in the home and also looked at records that related to how the service was managed.

Is the service safe?

Our findings

The current staffing levels failed to ensure known risks to people from another person at the home were minimised. The staffing numbers had not been risk assessed to ensure the home was fully safe for people who could be aggressive towards each other. This was particularly evident at night. One person was being verbally and physically aggressive on regular occasions' to other people in the home and staff. Staff conveyed a good understanding of this person's needs. Accident and incident records showed that they sometimes expressed anger towards other people in the home frequently at night. For example, a recent incident had resulted in one person sustaining a physical injury. Currently staff are on call on a sleeping in shift at night if needed. Due to these changes in the persons needs staffing deployment particularly at night should be reviewed to ensure that people stay safe from harm at all hours. People at the home told us that they felt there was enough staff available to meet their needs. One person said, "It's all pretty good here." On the day of our visit staff supported people in a calm and unhurried manner, talking to people whilst they provided support. Staff told us "Most of the time we have enough staff on duty."

One person we spoke with told us that they felt safe and that the staff treated them well. The person said "I feel safe here." Another person let us know that they liked the staff but felt unsafe however they could not explain what made them feel unsafe. Staff we spoke with were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the manager about their concerns. One staff member said, "I would report something which is not right to the manager and if it does not come right I'd report it to CQC." We saw that the provider had safeguarding flowcharts displayed in the office. We saw there were safeguarding and whistleblowing policy available, and staff we spoke with understood their responsibilities to help keep people safe from abuse.

We saw that people were supported to be as independent as possible whilst taking account of any risks. The care records showed that people had been risk assessed on an individual basis to ensure the risk to them was kept to a minimum. One person had a risk plan in place which ensured the risk to their safety when they were out alone was kept to a minimum. We spoke with the person and they understood why these plans were in place, they told us, "I go out when I want to; sometimes once, sometimes twice a day." The care records described the advice this person needed to keep them safe and the management risks being taken to help ensure the person kept his independence.

One person we spoke with told us that they felt staff treated them well. The person said "I feel safe here." Another person let us know they liked the staff. Staff we spoke with were aware of the procedures to follow if they suspected that a person was at risk of harm and they told us they could speak to the manager about their concerns. One staff member said, "I would report something which is not right to the manager and if it does not come right I'd report it to CQC." We saw that the provider had safeguarding flowcharts displayed in the office. We saw there were safeguarding and whistleblowing policy available, and staff we spoke with understood their responsibilities to help keep people safe from abuse.

We saw that incidents had been recorded by staff, which included details of the incident and what actions had been taken. The manager had monitored these incidents and recorded the actions taken. For example;

risk assessments had been updated to reduce the risk of further incidents. Where serious incidences had happened the staff involved other agencies and if appropriate the service shared their information with the local authorities safeguarding team. There had been a serious incident the day before our visit. The staff had recorded it and involved another emergency service, however we could not find the safeguarding referral.

The home had a new member of staff who shadowed the other staff and was not left in charge. We saw that the service had a recruitment policy in place and the manager undertook checks on staff before they provided support to people. These checks included references from previous employers and criminal record checks that ensured that staff were suitable to provide support to people who used the service.

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People told us that they were supported by staff to take their medicines. One person told us, "I get my medicines at the right time." Another person said, "They give me the right medicines on time and they only got it wrong once and it was soon sorted out." We observed staff administering medicines to people in a dignified and friendly way. Staff told us they were trained in the safe administration of medicines and the provider had a policy in place which staff followed. The medicine administration charts were correctly filled in and upto date. The medicines were clearly labelled and arranged. Medicines received into the home were recorded and medicines were checked on a regularly basis. We found that the provider had effective systems in place that ensured medicines were administered, recorded and managed safely.

Environmental health and safety risks were identified and suitable actions put in place to reduce likelihood of harm and to keep people safe. For example, there was guidance in place that was prominently displayed about how to access the garden and laundry room safely. Regular checks were undertaken and actions put in place when needed to make sure the premises were safe and suitable. Checks were undertaken to ensure that electrical equipment and heating systems were safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked.

Is the service effective?

Our findings

Every person we met spoke positively to us about the way they were supported with their needs at the home. Staff demonstrated by the way they responded to people and supported them that they were competent about people's different mental health needs. For example staff used a calm and clear approach with people whose mental health was causing them to be agitated in mood.

They said they had to know people well which meant people trusted them and they were able to assist them effectively. They said they read the care plans regularly to ensure they knew how to provide them with effective care and assistance. For example, staff told us about one person who needed staff support to have the confidence to go out from the home.

People were provided with sufficient food and drink to stay healthy. Staff understood people's nutritional requirements and how to support them. They told us about how they worked closely with people to ensure they were provided with a suitable and varied diet. Care plans clearly explained how staff should support people at meal times. Dietary guidance was available and kept in the kitchen to assist staff to meet people's needs. There were risk assessments in relation to how much people were eating and drinking. This information was used to help ensure people were supported in the most suitable way to eat and drink enough.

We spoke with the staff about the Mental Capacity Act 2005. They demonstrated that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records that demonstrated that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing each individual's ability to make a particular decision. This provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training and had signed to say they had read the provider's policies available to staff. Care plans explained where people could not give consent and what actions were needed so they received care and support in a way that maintained their rights. For example, always clearly communicating with people to help them understand what care staff wanted to offer them.

The rights of people who lived at the home were protected because the provider understood how to meet the legal requirements of DoLS. These are a safeguard to protect people's rights to ensure if there are restrictions on freedoms they are done lawfully and with the least restriction to keep them safe. The manager was able to explain when an application should be made. When we visited there no one at the service needed a DoLS authorisation to be in place.

People were effectively supported with their physical health care needs. The staff told us people were registered with a GP surgery nearby. We read information showing staff monitored people's health and wellbeing and supported them to see their doctor if needed. One person had specific health requirements and there was clear guidance for staff about their needs.

We found that people were supported at the home by enough staff who were suitably trained and

experienced to meet their needs. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses included understanding mental health needs, infection control, and food hygiene, safe moving and handling and health and safety. Staff also told us they had completed a comprehensive induction when they began employment. This was to ensure they were properly supported to provide effective care for people.

The staff told us and records confirmed that they were being properly supervised in their work. This meant they were being effectively guided and developed to support people effectively. An annual appraisal of their work also took place to support and guide staff in their work and performance. The frequency of one to one supervision meetings was at least once month. The team met individually with the manager to discuss their work and share their views. Staff spoke positively to us about the manager who they told us was supportive at all times.

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Is the service caring?

Our findings

People told us they liked the staff because they were kind and caring. One person told us, "The staff are very good" whilst another said "Yes, I get on with the staff." Staff showed kindness and consideration and we saw people were comfortable when they spoke with staff.

The atmosphere within the home was relaxed. People were observed going about their daily lives without restrictions. Staff we spoke with were enthusiastic about their role and told us that they ensured people received a good standard of care. One member of staff said, "I enjoy my job. It gives me satisfaction." We saw many positive warm interactions between people at the home and the staff who supported them. People approached the staff throughout our visit. This showed that they felt relaxed with them.

People told us that they could access their rooms whenever they wanted and they had their own keys to lock their door. Staff told us that they respected people's privacy and ensured that people felt comfortable when they were providing support. For example, knocking on doors before entering and speaking with people in a respectful way. We saw staff talking to people in a way that made people feel that their views and wishes were important.

People we spoke with told us they were given choices over their daily lives. One person said, "I can do what I like. Get up when I want, go to bed or watch television." Staff we spoke with explained how they ensured people were given choices and they respected their wishes. We saw that staff gave people choices throughout the day. People were given time to speak and staff listened to people's wishes and acted upon them. For example one person arrived late for lunch and staff offered them a variety of choices so that the person could pick something they liked and ate.

The staff demonstrated that they were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different people liked to dress, how they liked to spend their day, what time they liked to get up and what meals they enjoyed. We saw that staff supported people so that their wishes and preferences in their daily life were respected.

People told us about their care plans and said they were involved in writing them. We saw that people had signed to verify they agreed with what was written in their care plans about how they were to be supported.

An independent advocate could also be contacted if people wanted support to make their views known. However, no one that we met said they had needed to use this service.

People had end of life plans in place in their care records. These had been written in a sensitive style and they had been written with the person whose wishes they reflected.

Is the service responsive?

Our findings

People we spoke with told us that they regularly went out and were supported to undertake activities which were of interest to them. One person said, "I go out once or twice a day." Staff could describe people's likes and dislikes to us. We saw that people's preferences and interests were detailed throughout the support plans.

People had been involved in writing their care plans which detailed what was important to them and how they liked to be supported to maintain their independence. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs. For example certain people liked to have one to one support when undertaking activities of daily living such as cooking snacks and cleaning their rooms. Other people liked to have privacy and plenty of 'space' from other people.

People told us they chose to do activities' and pursue interests on their own. We saw that people went to the shops, or to see family and friends when they wanted. We also saw that staff encouraged people to do the things that mattered to them each day. On the day of our visit one person was reading newspapers, another person went out to see family. Someone else was watching TV. Staff told us that due to their mental health needs people preferred to plan daily activities in a relaxed and informal way.

Each person who lived at the home had a detailed plan of care that was individual to them. People we spoke with told us and we saw that they were involved in creating their plans and their views were recorded throughout. One person said, "I get asked my views." We saw from the care plans people had been consulted and some had signed their care plans. The staff were also encouraging people to fill in more personal records about their lifestyle, likes and dislikes. People's plans were detailed and specific and included their personal histories, preferences and interests. Staff told us they were given time to read people's care plans and it was clear that staff knew people well from the way they spoke about them. Care records showed that people's needs were reviewed on a regular basis. We also saw detailed daily records if something significant happened in people's lives but if someone had a routine day there was no daily record for them.

People we spoke with told us that they knew how to complain and they would inform the provider if they needed to. One person told us, "If I had any worries I would talk to the manager I think." The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. Staff we spoke with knew the complaints procedure and told us how they would support anyone who wanted to make a complaint. One staff member told us "I would give them a form. It's there right to make a complaint. I would encourage them."

People told us they were given their own copy of provider's complaints procedure when they first started living at the home. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format to make it easy to use.

People told us they had been given a folder that contained information about the services the home provided. This was to help them decide if they felt it was suitable for their needs. The information people were given was clear and it fully explained in detail the services the home offered. This information meant people were able to make an informed choice about whether the home was suitable for their needs.

Is the service well-led?

Our findings

The people we met told us the registered manager who was also the provider of the service took a very hands-on approach at the home. People we spoke with knew who they were and told us they were "nice" and "helpful". People told us that the provider came to see them on a daily basis. They said they were asked to give their views of the service, the staff provided and what they felt about the way their needs were met. They told us the provider and staff listened to them and took their views seriously.

All the staff we spoke with told us that they were well supported by the provider who was also the manager of the home. They told us they were "always there" whenever they needed to speak to them.

The manager kept up to date with current matters that related to care for older people by going to meetings with other professionals who also worked in social care. The staff told us they shared information and learning from these meetings with them at staff meetings. They also told us they had learnt a lot from them.

There were systems to assess the quality of the service provided in the home. We found that these were not always effective. The systems helped ensure that the care and service people received was safe care and of a suitable standard. We saw that the need to review the staffing levels in the home due to one person's changing behaviours had been identified as part of this process. The staff told us that the registered manager had identified that action was needed in relation to how staff were deployed to ensure people were safe.

People told us that they had been asked for their views about the service. We saw records of the meetings that they had had with the provider. These showed that people were asked for their views and the action that had been taken in response to people's comments. For example menu options had been reviewed based on people's feedback about what they enjoyed.

People were asked to complete surveys to give their feedback about the home to the provider. When people suggested areas that they felt could be improved their suggestions had been listened to and acted on. For example therapeutic activities with people had been proposed based on what they had suggested.

The staff understood the provider's values for the service. They were able to explain these included being person centred in the way that they assisted people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people.