Guinness Care and Support Limited

Margaret Allen House Residential Home

Inspection report

8 Barstows Causeway,
Tiverton,
Devon EX16 6RH.
Tel: 01884 243169
Website: suzanna.nichols@guinness.org.uk

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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

An unannounced inspection took place on 29 April and 6 May 2015. It was carried out by one inspector.

At our previous inspection on 25 and 27 June 2014 we found staffing levels needed to be improved. Risks identified for people's care and welfare also needed to be improved. The registered manager provided us with an action plan to address the compliance actions, which recorded that improvements would be made by September 2014. During this inspection, we judged these issues had been addressed.

Margaret Allen House provides accommodation and 24 hour care for up to15 people. When we visited 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

Summary of findings

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 living at the home were positive about how the home was run. Their feedback was sought and suggestions were acted upon. Staff were kind and caring; people's privacy and dignity was promoted. Staff were knowledgeable about people's individual needs. Staff had received appropriate training and supervision to ensure they could carry out their job safely and effectively. Staffing levels met people's needs and the registered manager worked with commissioners to increase them when people needed additional support.

People's safety and well-being was promoted and there were risk assessments in place to try and reduce potential harm to people. Care plans and staff practice was reviewed regularly to ensure they were meeting the needs of people. Medicines were managed safely and people received their medicines appropriately. Staff knew how to recognise and respond to allegations of abuse.

People were offered a choice of food in accordance with their dietary needs. Staff were knowledgeable about people's dietary requirements. People had access to activities that complemented their interests. There were links with the outside community.

The home was well-run by a committed registered manager who supported her staff team and knew the people living at the home well. The registered manager provided a positive role model to provide person centred care; she valued people's individual histories and understood how care needed to be tailored to recognise their chosen lifestyles. There were robust systems in place to ensure the registered manager could monitor that the staff group were providing a safe and responsive care. People living at the home had the opportunity to influence the way the service was run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection no applications had been made to the local authority in relation to people who lived at the service. But the registered manager was clear when this application would be applicable.

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.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Staff knew how to recognise and report allegations of abuse.

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

People's medicines were managed safely.

Staff who worked at the service had undergone a robust recruitment process.

Good

Is the service effective?
The service was effective.

People were supported by committed staff who were trained to meet their needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. Staff knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received supervision and the appropriate training.

People were supported to access healthcare services to meet their needs.

Good

Is the service caring?
The service was caring.

The service was caring. People were treated with dignity and with kindness and respect.

People were involved in planning their care and support and their wishes respected.

Staff understood people's individuality and communicated effectively with them about their support.

Good

Is the service responsive?
The service was responsive.

People's individual care needs were assessed and care plans written in conjunction with individuals. Reviews took place to ensure people's care needs were met.

People were asked about their preferences and encouraged to follow their interests.

People's care was responsive to their individual needs.

People who lived at the home were confident to raise concerns if they arose and that they would be dealt with appropriately.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home was well-run by a committed registered manager who supported her staff team and knew the people living at the home well.

There were robust systems in place to monitor, identify and manage the quality of the service.

People who lived at the service, their relatives and staff were positive about the work of the registered manager and her approach.

Margaret Allen House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 29 April and 6 May 2015. The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the home and notifications we had received. By law, CQC must be notified of events in the home, such as accidents and issues that may affect the service. We did not receive a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager and established that they had not received the request to submit this information.

We spoke with six people about their experiences living at Margaret Allen House and we spoke with one relative about their views on the quality of the care. We reviewed three people's care files, three staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. We also spoke with seven staff members about their roles and training, and the registered manager. Following our visit, we sought feedback from health and social care professionals to obtain their views of the service provided to people. We have included their views in the report.

Good

Is the service safe?

Our findings

Following our inspection in June 2014, we made a compliance action for staffing levels to improve. An action plan completed by the registered manager detailed staffing levels had been addressed. During this current inspection, this was confirmed by staff rotas, discussions with staff and our observations. Changes include the creation of new senior posts, a kitchen assistant role and the introduction of an activities co-ordinator. There had been a number of staff changes since the last inspection but this was not raised as a concern by people that we spoke with.

The senior team had one vacancy which was advertised. Some staff were working additional hours, including at night, to cover vacant posts or sickness, although agency staff were also requested when needed. Staff worked well together to provide a consistent staff team for people living at the home but one person felt the extra responsibility and increased hours could potentially impact on the staff team's wellbeing if it continued too long. The registered manager updated us on the steps taken to recruit. She explained the new induction process by Guinness was a positive step as new staff had the appropriate skills when they arrived for their first shift, such as how to help people move safely.

Since the last inspection, work has taken place to increase the number of trips that could be offered to people living at the home. Staff told us these trips could only take place if there were enough staff to volunteer to accompany people and work without being paid. They said the trips were reliant on the "good will" of the staff.

Staff recruitment was well managed, which ensured checks were taken to assess the suitability and character of staff applying to work at the home. There was a clear audit trail which showed why applicants had been offered a role at the home. For example, there was a robust approach to gaining references and identification; application forms were also on file with interview notes. Disclosure and Barring Service (DBS) checks were completed. This demonstrated that appropriate checks were undertaken before new staff began work in line with the organisation's policies and procedures.

People appeared at ease with staff, although one person identified an issue with the approach of two staff members. The registered manager was aware of this issue and told us how they managed this situation to build the person's confidence but also support staff. People said the staff group were "extremely kind" and "very nice". Staff demonstrated an understanding of what might constitute abuse and knew where they should go to report any concerns. For example, staff knew how to report concerns within the organisation and externally such as the Care Quality Commission. Staff told us they had received safeguarding training to ensure they had up to date information about the protection of people, which training records confirmed.

People showed us how they could call for help from staff by having accessible call bells. They felt that the response from staff were generally timely. The registered manager confirmed response times could now be checked to ensure staff supported people in a timely manner to help keep them safe. Systems were in place to ensure staff monitored the well-being of people who were unwell and therefore may not have been able to call for help independently.

Risk assessments were clear, well written and involved the person living at the home. For example, where a person had fallen, discussion took place around the measures that could be put in place to reduce the risk of it happening again. Staff communication records showed how they alerted each other to potential risks for people, and requested action from the maintenance team, such as the placement of a handrail to aid an individual. There were systems in place to ensure that people's risk of malnutrition, weight loss and skin damage was monitored.

Risk assessments were updated to reflect people's changing needs. For example, in response to an increased risk of pressure damage for one individual, the registered manager had worked with health professionals to create a comprehensive response to reduce further damage to the individual's skin. This included considering the person's deteriorating health and acting proactively by ordering an appropriate piece of equipment and sling to meet their individual needs. This meant the equipment would already in place if their mobility declined further.

Medicines were well managed, which was confirmed in our discussions with people and the registered manager. Records for medication and prescribed creams were completed appropriately and consistently. Medicine records matched the prescribed medication totals in the home and where appropriate staff had double signed

Good

Is the service safe?

entries. The temperature of medication storage was monitored, and there were systems in place to note when prescribed creams had been opened; this helped ensure medication was safe for use.

The home was clean, which included communal areas and people's bedrooms. We spot checked seven bedrooms; the registered manager explained their plans to address an odour problem in one room where a person's care needs had recently changed. There was evidence they were working with health professionals to address this change and to support the person's dignity. There was colour coding in place for equipment to help prevent the risk of cross infection and plentiful supplies of gloves and aprons. Staff explained their infection control practice to help keep people safe, which reflected our discussion with the registered manager. There was discussion around increasing the infection control information in the laundry to assist agency staff when they worked at the home.

Good

Is the service effective?

Our findings

People told us about the skills of the staff who cared for them, which included the registered manager. A relative praised the staff group describing them as "incredibly kind, incredibly patient". They commended the staff group's commitment to gain their relative's trust and were particularly impressed by a breakthrough which meant their relative had agreed to more help to maintain their dignity.

Staff demonstrated their understanding of their responsibilities and the skills they needed to effectively support people. All staff showed a commitment to training and developing their knowledge and skills. They told us about their recent training, which matched with the training certificates on their files and with the service's training plan. These included training in areas of health and safety to ensure they fully understood their role.

Staff said they received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff received training on a range of subjects including, safeguarding adults, the Mental Capacity Act (2005), infection control, first aid, health and safety and food hygiene.

Several staff said the team would benefit from dementia awareness training because of the changing needs of the people living at the home. The registered manager said that this would be part of the training package currently being developed by Guinness Care and Support Limited in response to the new Care Certificate.

Staff were supervised formally but also said the registered manager was approachable and available when they needed guidance. They told us they felt supported by the registered manager and several staff described how they had been encouraged to develop their skills resulting in promotion. One staff member described the registered manager as "a good egg" and a positive role model. Staff described how the registered manager spent time providing hands-on care and therefore worked alongside them. They told us the registered manager helped staff to develop their skills and when staff needed correcting in their practice this was done in a manner which helped people to learn.

Since our last inspection, new systems had been put in place to make communication more effective between staff to ensure people were cared for appropriately and changes in their care needs responded to promptly. Staff handovers took place at the beginning of shifts and written information was provided to agency staff to help them provide consistent care. A board in a staff area provided a good overview of people's care needs, which gave staff an instant overview of people's individual needs. Communication books were in place and staff took the responsibility to read these to update their knowledge, including after annual leave.

The registered manager advised there were no current deprivation of liberty safeguards applications (DoLS) in place but they were able to demonstrate their knowledge of when these safeguards would be appropriate. A discussion with another staff member confirmed their understanding by giving us examples of their practice. Other staff confirmed they had undertaken training in this subject, which was confirmed by staff records.

People told us staff knew their preferences and how they wanted to be supported. Staff checked with people how they wished to be supported and listened to their opinions. Records showed people were consulted on day to day decisions, and people's mental capacity was assessed to support them make decisions in different areas of their care and life.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

People talked to us about the quality of the food at the home and the choices available to them. For example, one person told us they were allergic to certain types of food and that an alternative dish was always prepared for them. Staff involved in food preparation knew people's individual preferences and how to prepare food to suit their preference for texture and appearance. A visitor said food was an issue for their relative's mental and physical health; they described the work by staff to support their relative and their conflicts with food. A staff member described

their work to encourage another person to eat and the selection that had been offered until a dish that was acceptable to the person was found. Staff understood that for some people food was perhaps one of the few areas left in people's lives to control and this helped them respond to people appropriately.

People told us they had access to health and social care professionals; we saw records of visits from people's care records and information in staff communication books. During the inspection, health professionals visited the home and staff consulted with them to ensure they were meeting people's care needs. Health professionals visiting the service included an optician and chiropodist. The registered manager and staff recognised changes in people's health and made referrals in a timely manner. For example, working with district nurses to meet a person's end of life care needs and another person's changing mobility.

Health care professionals from a local GP surgery were contacted for their views on the service; two GPs responded. They suggested there could be a quicker response to the doorbell but did not raise specific concerns about the care of people. Another healthcare professional told us referrals were generally made in a timely manner and their advice was followed by staff, which included purchasing suitable equipment. They told us staff recognised when people were in pain and requested reviews of people's pain management appropriately.

The registered manager and staff told us how they had supported a person's move from another service. They recognised the person was distressed by the changes and needed time to adapt to a new home. The person's care plan reflected these emotions and the importance of language and communication styles to ensure the person felt supported and understood. Staff told us what words the person used to express different fears and emotions; we heard them responding appropriately to the person when these words were used. There was also a glossary of terms and an explanation of their meanings in the person's care plan.

A social care professional involved in the person's move praised the sensitive and insightful work of the registered manager to support the person in their transition between two different services. A second social care professional commended the registered manager in how they had worked to support people that had moved to the home. They told us one person had been very unwell when they arrived and reluctant to accept assistance with personal care and hygiene. The registered manager had gained the person's trust and supported them with this area of care.

Good

Is the service caring?

Our findings

People said staff were kind and respectful, for example when helping them with personal care. One person said "All staff without exception are very pleasant" and they said they would recommend the home to other people. Another person described how the kindness and sensitivity of a staff member had encouraged them to go on a trip, which they had previously declined to do. Some people said they had particular favourites among the staff group. For example, one person said they had been upset and a staff member had recognised their need for a cuddle and reassurance.

Staff spoke about people in a caring manner and it was clear they recognised people's individuality. There were good relationships built between staff and people living at the home, which included gentle banter. However, it was clear from our discussions and observations that staff also knew when to adapt their approach in recognition of people's individuality. A visitor told us the registered manager used humour effectively to encourage their relative to accept more help.

People said staff were sensitive to their dignity when they supported them with personal care and maintained their privacy. A staff member told us how they supported people when they had a bath to ensure they did not feel self-conscious. A person assured us staff normally knocked and waited before entering, although this did not happen on two occasions during our visit. The registered manager said she would monitor staff practice in this area.

Records showed how staff involved people in decision making and people told us they felt listened to by staff. Reviews showed people were asked about their views on their care; there were examples of changes that had been made in response to feedback from people living at the home.

Staff understood the importance of confidentiality and were respectful when they spoke about how they supported people living at the home. Staff were observant to people's changing moods and responded appropriately, which was demonstrated through their discussions and records.

The registered manager provided a strong caring role model as she showed insight and compassion into the mental well-being of people. She recognised how people's life histories could impact on their ability to accept help and support, and worked to find acceptable solutions for them. For example, supporting people to accept help with personal care and to help people with their relationships with food.

Staff spoke sensitively and compassionately about their responsibility to care for people at the end of their life with dignity and respect. Staff shared their knowledge with less experienced colleagues. The registered manager recognised the staff members who needed additional support to increase their knowledge and confidence in end of life care. She also took care to consider the impact on staff and other people living at the home when someone died. A healthcare professional confirmed staff treated people with dignity and respect, which included people with end of life care needs.

Care records showed people's comfort and well-being was monitored regularly. Records from staff meetings showed the registered manager also monitored staff practice in this area of care. Staff recognised the support families needed during a person's end of life care and we saw them offering reassurance and showing understanding to a relative.

Good

Is the service responsive?

Our findings

People told us how they had moved to the home; one person described how they had visited first and compared it with other services. Written assessments were in place to show how the registered manager made sure they could meet the needs of people planning to move. People said staff knew what was important to them, for example their personal routines and how they liked to be assisted. A staff member demonstrated this knowledge when we spoke with them about how they supported people in a person centred manner.

People's care records were up to date and personalised, including people's likes and dislikes. Discussions with people about their care were well documented and were signed by people living at the home. During our inspection, reviews took place with people living at the home, their relatives and staff. Staff understood about the purpose of the reviews to ensure people were happy with the quality of their care and to discuss any improvements that could be made.

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. A person showed us the equipment in their room to help prevent damage to their skin; they understood the risks to their health and why the equipment was in place.

People told us how they were offered choice and staff respected their wishes. For example, whether they chose to have a bath or a shower and when they wanted this to happen. Several people said they chose to stay in their bedroom as they generally preferred their own company. However, they also had information about weekly activities in the home in case they chose to have company.

Two people said they enjoyed spending time in the lounge and joining in with communal activities. A staff member showed us the programme of events and activities that had been put in place since the last inspection. Although one staff member commented the activities budget was minimal which could restrict what was offered. However, outings did take place and people living at the home commented positively on a recent visit to the grounds of a National Trust property.

Activities included regular visits from voluntary community groups to provide company, support with crafts and musical performances. One person said how much they valued the visits from school children. This view was echoed by other people in feedback as part of the quality assurance systems. Staff recognised the value of friendships within the home and from external visitors.

People were confident they could speak with the registered manager if they had a complaint. People showed us the information on display in their rooms, which gave them details about how to make a complaint. One person gave an example where they had raised a concern and it had been addressed. Staff recognised that this individual still needed reassurance that the matter had been addressed; staff in different roles had been involved in resolving the problem which showed good team work. They also shared a concern regarding their laundry; the registered manager was planning to make changes to the laundry system in the home to make it more personalised and address this concern.

There had been one formal complaint since the last inspection. This had been investigated promptly and there was recognition of the validity of the person's complaint. Action was taken to address the concerns. It was recognised that communication needed to be improved between staff and with the complainant. During this inspection, communication had improved between staff with new systems in place and there were examples of good communication with relatives. For example, a visitor praised how staff kept them up to date with the well-being of their relative.

Good

Is the service well-led?

Our findings

The registered manager provided us with a copy of the 'Care Home Customer Handbook' which she advised was given to new people moving to the home. There was some staffing information, regarding the names of senior staff, which needed to be updated. But it also provided information so people were aware of their rights and the service's commitment to care for them appropriately. One person told us they had been able to ask questions about the home during a visit to look around. However, they could not remember receiving written information about the service; the registered manager said they were confident this usually happened but would check this always happened in the future.

People living at the home understood the role of the registered manager and told us they could speak to her if they had concerns or problems. The provider also undertook an annual 'Customer Satisfaction' survey which was collated by an external agency. This had been undertaken in December 2014 but the registered manager had not received the results until several months later; they said they were due to hold a meeting to discuss the outcome of the survey. There were no significant concerns raised in the questionnaire and there were many positive responses but it indicated there were areas for improvement compared to other services run by the provider.

People confirmed residents' meetings took place but we also saw from records that staff visited people individually to ensure everybody's views were captured and could be responded to. Different topics were chosen each time, for example supporting people with their faith and access to religious services, the range of food on offer and the type of activities they enjoyed. The records showed people could express themselves and could influence the options available to them. For example, influencing the decoration of the dining room. The registered manager told us they had developed the role of the activities coordinator to include one to one time with people. Their role included giving people time to share their thoughts on the service and the way staff supported them.

Since our last inspection, systems of communication had improved and staff shared information with each other through formal handovers and reports, as well as informally during their working day. This approach showed changes to people's health and well-being were monitored throughout the day and responded to appropriately by senior staff and the registered manager, if necessary. For example, monitoring the risk of pressure damage to one individual and managing the pain of another person.

Incident and accident reports were audited. One person was at risk of falls and equipment was put in place to try and reduce the impact if this occurred. Where medication errors had occurred the registered manager followed this up with the individual staff member and all staff were reminded about safe medication practice in staff meetings. The registered manager complied with their statutory duty to inform CQC of notifiable events at the home; these were completed to a high standard and included action taken, where appropriate, to reduce the risk of the event re-occurring.

The registered manager worked alongside staff, which gave her an insight into people's emotional and physical well-being. This also enabled her to monitor staff performance and provide a role model to less experienced staff. Staff told us the registered manager was approachable and provided guidance and supervision. One staff member described the registered manager's patience when supporting staff to develop. Several staff talked about being supported to increase their responsibilities and knowledge, whether through a promotion or by developing their care skills in combination with their current role in the home.

Staff were supported by team meetings and supervision. A staff member spoke positively about the success of a recent seniors' meeting. They were a new team covering a part-time vacancy and the staff member described how they were being supported to establish their different roles, develop their skills and work as a team. Recruitment and training was well managed.

Records relating to care and the running of the home were well managed and showed the home was well led by the registered manager. Senior staff explained how they checked the work of care staff, which included written records. The registered manager then completed her own audit to ensure senior staff were recognising areas for improvement.

The manager and provider had a range of monitoring systems to regularly check all routines and systems were

Good

Is the service well-led?

running smoothly, people were safe and their needs well met. Minutes showed that the registered manager also had a monthly review with senior managers to review the running of the home and areas for improvement.

The provider had a range of monitoring procedures to make sure the home was running smoothly and people received the care they needed. Monthly monitoring visits were carried out by a senior manager on behalf of the provider. They also asked people, relatives and visitors to complete annual questionnaires. Action plans were drawn up to address any improvements identified. The registered manager shared the action plan for the home with us. This included work to make changes to infection control measures which had been discussed and agreed with people living at the home.

The registered manager attended monthly meetings held by the provider for the managers of all services. These meeting incorporated training workshops with their head of quality and compliance. The meetings also facilitated peer support and sharing best practice.

The home was well-run by a committed registered manager who supported her staff team and knew the people living at the home well. The registered manager provided a positive role model to provide person centred care; she valued people's individual histories and understood how care needed to be tailored to recognise their chosen lifestyles. There were robust systems in place to ensure the registered manager could monitor that the staff group were providing safe and responsive care.