

Minster Haverhill Limited

The Hay Wain

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?	Requires Improvement ●

Summary of findings

Overall summary

The Haywain is a residential service for up to ten older people. There were seven people living at the home at the time of the inspection. At the last inspection in April 2015, the service was rated good overall and in each key question we ask. At this inspection we found the service remained good however well-led was rated requires improvement.

There was a quality assurance audit in place however the system was not always effective because issues identified at the inspection had not been recognised during the monitoring and auditing process.

People continued to receive safe care. Staff had received appropriate adult safeguarding training and were aware of their role and responsibilities to protect people from avoidable harm.

Risks associated with people's individual needs, including the environment and premises had been assessed and plans were in place to mitigate any risks. Procedures were in place to report any accidents and incidents and these were investigated and acted upon appropriately.

Staff underwent appropriate recruitment checks before they commenced their employment. Staffing levels were adequate; staff had time to spend with people. People were supported to receive their prescribed medicines safely however some improvements were needed to the management and recording of medicines stock levels.

People continued to receive effective care and support. Staff received an appropriate induction, on going training and opportunities to discuss and review their work.

The principles of The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied where required. People were supported to make their own choices and their consent sought.

People were supported with any dietary and nutritional needs however mixed feedback about the food available was received. We have made a recommendation to the provider to review people's meal time experience. People were supported appropriately with their health care needs and the staff worked well with external healthcare professionals following any guidance and recommendations made.

Care plans were individualised and person centred focussing on people's assessed needs. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date.

People had access to activities however the registered manager had recognised that further improvements could be made and plans were in place to implement these changes.

The service had a clear complaints policy that was applied when issues arose. The registered manager was involved in monitoring standards and promoting good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The quality monitoring arrangements were not fully effective. They had not identified the concerns and shortfalls that we identified at this inspection.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

The registered manager demonstrated leadership and a knowledge of the people being supported.

The Hay Wain

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 checked 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 was a comprehensive inspection that took place on 10 June 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

On the day of the inspection visit we spoke with four people who used the service. Due to people's communication needs their feedback about all aspects of their care was limited in parts. We used observation to help us understand people's experience of the care and support they received. We spoke with one visiting relative during the visit and then a further five relatives were contacted and three provided feedback following our inspection.

We spoke with the registered manager, deputy manager, activities staff and two care staff. We looked at records relating to three people living at the service. We looked at other information related to the running of and the quality of the service. This included the management of medicines, quality assurance audits, training information, staff meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At our last inspection of the service we found people were protected from abuse and avoidable harm; known risks were managed. People were supported by suitable numbers of staff and medicines were ordered, stored and administered safely. We rated the service as Good in this area. During this inspection, we found that people continued to be supported in a safe way; the rating remains as good.

People remained safe at the home because staff knew how to identify and report concerns about potential harm and abuse. One person told us, "I feel safe here. No one has been mean to me or shouted at me." Another person said, "I feel safe here, there is always someone about." One person's relative told us, "I've always felt my [relative] was safe here [The Haywain] otherwise I wouldn't have let them stay here." Staff received training in safeguarding adults and followed the provider's procedures to keep people safe.

The provider continued to follow robust recruitment processes so that any new staff employed to work at the service were suitable and fit to support people.

There were sufficient staff on duty to meet people's needs throughout the day. One person we spoke with told us, "There are sufficient staff; there are always two staff here." The registered manager told us staffing levels were based on dependency levels of people and that there was always a team leader or senior member of staff on duty. Where staff absence for holiday or sickness needed to be covered we were told staff worked from the providers other home on the same site or agency staff were sourced. We observed throughout our visit that staff were not rushed to complete tasks and they had adequate time to spend talking to people.

The provider had systems and processes in place for the management of medicines. Staff were trained and had their competency to administer medicines checked. We found the stock of two people's medicines did not reflect the amount signed for on the medicine administration records. We sampled another people's medicines and found these to be correct. We discussed this with the registered manager and deputy manager who advised they would complete an audit of medicines and immediately follow up on these discrepancies.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. For example, risk assessments about the use of mobility equipment, moving and repositioning and the use of assistive technology.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises including regular fire safety checks; staff had access to people's specific emergency evacuation plans.

Is the service effective?

Our findings

People continued to receive effective care because staff were knowledgeable and skilled in their role. One person told us, "Staff are good here." At our inspection in April 2015 we rated this key question as "Good." At this inspection we found the provider was continuing to meet the requirements of this key question and was continuing to act within the regulations.

People continued to be supported by staff who had the right skills and knowledge to meet their needs. Staff had received training considered essential for their job role. We found staff were knowledgeable about people's individual needs and preferences and how to meet these. One member of staff told us, "I've had a lot of training here and it all adds to my experience in care work." A visiting relative told us, "I don't know what actual training the staff have but they are clearly well trained." Staff told us they felt well supported by the management and received regular supervision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care was delivered by staff who understood and applied the principles of the MCA. Staff had received training in MCA and knew how to support people to make choices about their care. People's capacity to make decisions about their care was identified and recorded in their care plans. A best interest process was followed when a person lacked capacity to make sure decisions were made in their best interests and these were clearly documented in people's care records.

We received some mixed feedback about the food at the home. Some people told us they enjoyed their meals whereas other people were not as keen on the food available to them. One person said, "The food is very good, we get a choice of two options and there is plenty." Another person said, "The food is excellent." However a third person said, "The food is not brilliant here. It seems we are on the wrong menu – we still have the winter menu." A visiting relative told us, "Tea is very good. Lunch can either be good or not. It's quite up and down." We observed the mealtime experience and saw that there was room for improvements to be made. People's meals were served to them ready plated with gravy on and they were not routinely offered extra portions. We spoke with the registered manager about the feedback about the food and our observations. They told us that the new menu was due to be commenced the following week and had been based on people's feedback.

We recommend the registered manager review the meal time practices in terms of how people are offered choice and the meal time experience overall to ensure it is one which encompasses choice.

People continued to be supported to access health professionals for assessments, appointments and care.

Is the service caring?

Our findings

At our last inspection of the service, we found staff provided people with respectful, dignified care. We rated the service as Good in this area. During this inspection, we saw that people continued to receive the support they required in a caring way; the rating remains as good.

Most people continued to be happy with the care they received at the home from the care staff. One person told us, "Staff are good, caring and nice to us." Another person said, "Staff are very good here." A third person wasn't as positive about the staff and they told us, "They [care staff] don't do as much as they should." This person told us that they had they didn't like living at the home and they and their family had raised their individual reasons with the registered manager.

The majority of people were very happy with the care and support they received. One person said, "It is good here. Staff are good, caring and nice to us." A visiting relative told us, "'It's the staff. It's how they care for a person that's the priority. That's why it is so good here."

We observed people being treated with dignity and respect during the inspection. We saw staff knocking on bedroom doors and discreetly asking people if they would like assistance. Staff demonstrated warmth and caring attitudes towards people.

People continued to receive the support they required to maintain relationships that were important to them. People were supported to maintain contact with their families and friends and those people who were important to them.

The two care records we viewed of people who lived at the home demonstrated they and their relatives were involved in care planning. People's history was included along with their family memories. Where people could not contribute these details, we saw that families had been involved. Those who lived at the home confirmed support was planned together with family. One person told us, "I let my [family member] get involved in my care planning. My [family member] would soon tell them [care staff] if there was a problem with my care."

Staff treated people with dignity and respect and told us they understood the importance of caring for people as individuals and encouraging independence. One member of staff said, "We treat people as individuals, we encourage people to do things independently and to do as much for themselves as possible."

Is the service responsive?

Our findings

At our last inspection of the home, we found that people received personalised care that was responsive to their needs. The registered manager recorded and responded to complaints appropriately and feedback was used to develop the service. We rated the service as Good in this key question. During this inspection, we found the home continued to be responsive to people's needs; the rating remains as good.

People had access to activities however we received mixed feedback from people about the variety and their access to these. One person told us, "There are things going on, I go to bingo or go to the coffee morning." Another person however wasn't as positive saying, "All the activities are over at the other home [another of the providers care homes on the same site] and I don't like going over there." A relative we spoke with was quite positive about the activities on offer. They told us, "There is a lot going on here however they are over at [other home] which is a shame."

We saw each person had a copy of the homes activities arranged and available and that these included options such as bingo, music, movies and games for example. We spoke with the registered manager about the activities on offer and the need for people to go to one of the providers other home on the same site in order to participate in them. The registered manager told us that they were inducting a carer who was starting work on the day of our visit as an activities co-ordinator primary based at the Haywain. They had recognised the need for more activities based at the home. During our visit the new activities co-ordinator spent time with each person discussing their hobbies and interests and told us they were learning more about each person.

People continued to have detailed individual care plans which covered a range of information relating to their health and social care needs. The care plans provided staff with sufficient guidance to ensure people care needs were met and included information about people's individual preferences. Care plans were very personalised and person centred. For example, they contained information to assist staff to provide care in a manner that respected people's choice and wishes.

People knew how to make a complaint if they were unhappy with any aspect of their care There was a complaints policy and procedure available to enable people who used the service or their families to make a complaint. People we spoke with were confident about making a complaint if they so needed to. One person said, "I would know how to make a complaint if I needed to."

One person's relative told us, "If I was unhappy with something I would talk to [registered manager] straight away. It would do no good to wait. I think things would be sorted out" We were made aware by one person's relatives that they had made a formal complaint to the provider. We saw evidence of the complaint and also of the providers response to the complaint and saw it was being responded to in accordance with the provider's policy.

Is the service well-led?

Our findings

At our last inspection of the service in April 2015, we found the service was well-led and we rated it good. At this inspection we have rated well-led requires improvement. This means that we had concerns at this inspection that we didn't have at the last one.

Although there were systems in place to assess and monitor the way the service was run, we found that they had not identified or fully addressed all of the issues that we found during our visit.

We saw that audits of the medicines took place, however these were not wholly effective because they did not pick up on some discrepancies in the amount of medicines held with administration records that we found. The discrepancies meant that the registered manager and staff team could not be assured that people were receiving their medicines as the prescriber intended. Despite there being a medicines audit process in place, these had failed to pick up the concerns we found with the safe management of people's medicines.

Audits of the meal time experience were not carried out. Some people told us, and our observations confirmed, that improvements were needed in terms of the choices available to people, the presentation of the food and the overall experience. There was no system in place to review people's feedback and monitor that the necessary improvements needed were made.

There were other quality assurance processes in place which included audits on areas such as infection control, care plans and accidents and incidents. A senior manager from the provider carried out compliance visits at the home and looked at a variety of information about the quality and safety of the home. These audits were effective and we could see that appropriate action was being taken where needed.

There was a registered manager in post at the time of our inspection. 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.'

The majority of people and their relatives continued to be positive about the registered manager and care staff. A person's relative told us, "The majority of staff really do give 100%. They do try very hard. The [registered] manager is also very responsive." One person's relatives had raised concerns about the care their family member was receiving however these were being addressed through the provider's complaints procedure.

There were clear management arrangements within the service and the staff had clear guidance on who to report to. Staff spoke positively about their job role and the care they provided to people. One member of staff told us, "This is people's home; we [staff] are here to look after them. There is a good happy atmosphere here." Staff were positive about the support the registered manager provided. There were regular staff meetings and records showed that the staff team worked well together, and were clear about

their role and responsibilities.

The registered manager told us that people were regularly asked for their feedback through surveys and feedback. The most recent survey results were not yet available to review at the time of our visit.

Staff were aware of the provider's whistleblowing procedures and when to alert external agencies such as the local authority about poor practice

The manager had understood their responsibility to notify CQC of any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.