Minchinhampton Centre For The Elderly Limited

Minchinhampton Centre for the Elderly - Horsfall House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was completed on 12 and 13 July 2018 and was unannounced.

Minchinhampton Centre for the Elderly – Horsfall House is better known as Horsfall House and will be referred to as such throughout this report.

Horsfall House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Horsfall House accommodates up to 44 people in one adapted building. There were 43 people at Horsfall House at the time of the inspection.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous inspection was completed in February 2017. There were two breaches of regulation at that time in relation to the governance arrangements in the home and the rights of people who could not consent to their care were not always protected. We found the provider had made the needed improvements and met the requirements of the regulations during this inspection.

Medicines were managed safely and people received their medicines as prescribed. Health and safety checks were carried out regularly to ensure the service was safe for people living there.

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide support to help meet people's health needs.

Staff had received training appropriate to their role. Staff had received training around safeguarding and were confident to raise any concerns relating to potential abuse or neglect. Staff received regular supervision from the management team. The administration and management of medicines was safe. There were sufficient numbers of staff working at Horsfall House. There was a robust recruitment process to ensure suitable staff were recruited.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure the ongoing safety of the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were

encouraged to make choices about their day to day lives. People were supported to access health professionals. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them to be as independent as possible.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team. People's feedback and the views of relatives and staff were sought to make improvements to their experience 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?

Good

The service was safe.

There were sufficient staff to keep people safe.

Medicines were managed well with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from abuse and harm.

People were kept safe through risks being identified and well managed.

Infection control procedures were safe.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs and were supported to carry out their roles.

People's consent was routinely sought. Capacity assessments were completed when people may be unable to consent to the care provided or make specific decisions.

People received a balanced diet and were supported to have enough to eat and drink. They were supported to access health care.

Is the service caring?

Good

The service was good.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were kind and caring. People were supported in an individualised way that encouraged them to be as independent as possible.

People's views and preferences about their care and support were promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care and were consulted about the support they received. Staff knew people well and their care plans clearly described their likes, dislikes and preferences.

People were enabled to maintain relationships and communicate with those who mattered to them.

People could raise complaints and these were listened to.

Is the service well-led?

Good

The service was well-led.

Quality monitoring systems and regular audits were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

People's views and those of their relatives and staff were sought to make improvements to their experiences of their care and support.

The management team and staff worked closely with other agencies and organisations.

Minchinhampton Centre for the Elderly - Horsfall House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we looked at information we held about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 12 and 13 July 2018 and was unannounced. The inspection was completed by one adult social care inspector.

We spoke with the registered manager and five members of care staff. We spoke with six people living at the home and five relatives who were visiting. We spoke to one health and social care professional who was visiting the service. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "I am safe, they keep an eye on me. I'm quite independent but they listen". One relative said, "I love visiting here, they look after everyone well. People are safe and well looked after".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event may constitute abuse. The registered manager told us they would inform the local authority, CQC and any other relevant agencies such as the police if they had any safeguarding concerns. The staff we spoke with had a good understanding of the provider's safeguarding policies and procedures. They told us they would report any concern to the registered manager who would raise these with external agencies.

The number of staff needed for each shift was calculated based on the number of people using the service and their needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection, we observed a strong staff presence. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. The staff we spoke with told us the registered manager ensured the service was always sufficiently staffed and if further staff support was required, the registered manager was always willing to support the care staff. One staff member said, "We hardly use agency and staff have worked here for years and years."

We looked at the recruitment records of a sample of six staff members employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character.

Staff completed a six month probationary period which enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary policy and procedures which were followed when required to ensure people who used the service were kept safe. One staff member said, "I am fairly new, and I feel like I've been well looked after. It is my first week and I feel valued".

People were supported to recognise and manage potential risks when aiming to gain and retain their - independence. We found individual risk assessments in people's care and support plans relating to their risk of falls, medicines, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. This ensured staff had relevant information to help them manage people's risks.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding

events. The service was able to identify areas for improvement and lessons were learnt from each event. For example, one person had a degenerative condition which had led to a specific health care need. There were daily and weekly updates and guidance for staff and visiting health professionals to monitor. Staff had maintained accurate records in relation to this health need, which included the treatment they provided which had led to the person's subsequent recovery. These records could be accessed by visiting professionals who had been accessed to provide additional guidance.

There were clear policies and procedures for the safe handling and administration of medicines. Staff administering medicines had been trained to do so. Some people required assistance to take prescribed medicines. Where this was the case, the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance was in place for staff to follow.

Medication administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people, they had signed to record the medicines had been given. Staff had their competence reviewed annually to check they were still managing medicines safely.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. There were policies and procedures to follow in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency. These were being updated to detail methods of evacuation and any support needs people may have such as anxiety or stress. Other areas of potential risk such as; legionella, water temperatures, moving and handling equipment and electrical equipment had all been checked at regular intervals.

Staff completed training in infection control and food hygiene. We observed staff wearing gloves and aprons when supporting people with their care to reduce risks of cross contamination. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided.

Good

Is the service effective?

Our findings

At our comprehensive inspection of Horsfall House on 8 and 9 February 2017, we found the provider was not working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Checks had not always identified where DoLS applications were required for people who lacked the capacity to consent to living at Horsfall House. At this inspection we found these had been completed for people who required them and met the requirement of the regulations.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the act and how it impacted on the day to day support they gave to people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where required, the registered manager had assessed people's mental capacity and a DoLS application had been submitted to the supervisory body (the county council). It was evident from completed capacity assessments that these had been done in relation to specific decisions and they had been reviewed at regular intervals. For example, we saw capacity assessments in relation to where people should live, keeping people safe, medication and care needs.

Where people were assessed as lacking mental capacity staff had worked closely with the person's representatives and relevant professionals to ensure decisions were made in the person's best interests.

People and relatives told us people were well looked after and their health needs were addressed. Relatives told us staff made them aware of any changes in their relatives' health. One relative said, "They always communicate with us".

People were supported by staff who had the skills and knowledge to meet their needs. Training systems were in place to deliver induction training which included the Care Certificate for new staff, proceeding to nationally recognised social care qualifications. The Care Certificate is a set of national standards that staff receive training on to be able to provide care and support to people at a recognised standard. Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them.

Staff had received training in core subjects such as; adult safeguarding, first aid, manual handling, Mental Capacity Act (MCA) and DoLS. Other training courses were provided such as; dementia, care planning and person-centred care. Staff told us they felt adequately trained to do their job effectively. One staff member said, "I feel well supported. I really enjoy my job".

Supervisions were used to monitor and improve staff performance. Supervisions are one to one meetings that a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. All staff we spoke with said their managers were supportive. Annual appraisals were being completed to monitor staff development. One staff member who had recently had their appraisal said, "It went really well".

People spoke positively about the food provided at the service. One person said "It is fine. There are options if we don't like what's on the menu". Another person said "The food is lovely". Staff told us people were supported to eat a healthy diet and drink plenty of fluids. People's dietary and fluid needs were assessed. If people were at risk of malnutrition or dehydration the service monitored their food and fluid intake. We looked at the menu and found there was a varied choice of meals available to people. Relatives we spoke with told us they felt the meals were of good quality and people had a good choice. One relative told us the breakfast menu was lovely and people could choose what they wished. They said, "A cooked breakfast or cereals or toast. It all looks lovely".

The provider assessed people's needs and choices in line with current legislation and standards. One visiting health professional gave us feedback and said, "They are good, really good. The nursing staff are knowledgeable and they flag up any concerns. Communication is great and we don't need to intervene".

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists and opticians. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy.

Horsfall House had a welcoming and homely feel and some areas had recently been decorated. The service had an on-going maintenance plan to ensure inside and outside areas were serviceable and maintained to a high standard. One relative said, "The care home is very clean and tidy and I enjoy visiting everyday".

Good

Is the service caring?

Our findings

People were treated with kindness and care. They had positive relationships with staff and were observed chatting amicably with them, enjoying their company and sharing a joke. There were positive comments about the staff from people, relatives and health professionals. One person said, "The activities co-ordinators and other staff come and pop in to my room to talk as I don't like to leave. They really do care and I'm happy living here".

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. One person said, "They will do anything for you, you just need to ask "Staff commented on how they worked well as a team and were keen to support each other in their roles.

The caring nature of staff was evident during the conversations we had with members of staff. Staff spoke passionately about their role and the people they supported. One member of staff said, "I like working here. I feel I have an impact on people's quality of life." People told us they felt they received a caring service and would recommend it to others.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. Care files identified any areas of independence and encouraged staff to promote this.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. All of the people we spoke with told us staff treated them with dignity and respect, particularly when they were delivering personal care. People were supported in an individualised way that encouraged them to be as independent as possible. People's protected characteristics under the Equality Act were promoted.

People's spiritual, religious and cultural needs had been identified and details of people's preferences were documented within their care and support plans. One person living at the home had been involved with a local church for many years. They said, "I have many visitors from the church and they are always welcomed. The staff talk with us and they feel included". One member of staff said, "We know people so well and we know their religious and cultural needs well".

The registered manager told us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered manager also stated they used information from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs. One relative said, "We feel included and we can talk to the manager or care staff about anything. Nothing is too much trouble".

There was a large file of cards and compliments from relatives of people who had passed away at Horsfall House. One card said, 'Thank you for all you did for [The person]. We were overcome by the sheer

professionalism and the all-round care that he received. It was outstanding in every sense and I'm sure you all feel very proud with the dedication of the staff'. A letter we read said, 'The care was exemplary and we always enjoyed our visits. The staff I met were cheerful, dedicated and kind'.

Good

Is the service responsive?

Our findings

Each person had a care and support plan to record and review their care and support needs which provided guidance on how staff were to support people. Each care and support plan covered areas such as; communication, cultural and religious preferences, nutrition, mobility, night care, medication and psychological needs. People's care plans were person centred and gave staff relevant information on their life stories and what was important to them. One person's care plan stated they liked to listen to classic FM on the radio and enjoyed quizzes. In June 2018 and individual life story document had been given to people and their relatives to complete to support staff to know people's backgrounds and life history. The registered manager told us this would feed into the care and support plans to further enhance them.

There was evidence that regular reviews of care plans were being carried out. The registered manager told us reviews were carried out monthly and more frequently if required. People's relatives and healthcare professionals who visited the service told us they felt staff responded well to people's needs and were proactive in managing their changing needs.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. Daily notes were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any issues occurring on shift so that the staff working the next shift were well prepared.

People were supported on a regular basis to participate in meaningful activities. During the inspection we observed daily activities in the mornings and afternoons. Staff involved all people who indicated a preference to participate in activities. People took part in activities such as singing, exercises, puzzles, quizzes and music. On the second day of our inspection two external entertainers were playing small musical instruments and seven people were singing and dancing in one of the communal areas.

Two activity co-ordinators were employed who told us how regular activities were important to people living there. Day trips out were planned and risk assessed for those who wished to participate. For people who did not wish to participate in group activities, one to one sessions of their choice were offered. People and their relatives told us the activities were amazing and there was always plenty to do.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One relative said, "If you have any questions or concerns the management are available".

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. It was evident end of life care was seen as an important part of providing effective and responsive care. The

registered manager had attended a recent conference on how to implement shared care plans for the last days of life and was in the process of updating people's care and support plans to include preparing and coping for end of life.

Good

Is the service well-led?

Our findings

At our comprehensive inspection of Horsfall House on 8 and 9 February 2017, we found the provider did not always have arrangements in place to check on the quality and safety of the service and had not always identified shortfalls with regard to MCA and DoLS within care records. At this inspection we found effective action had been taken and arrangements were in place with regard to audits in documentation and the requirements of the regulations were met.

There was a registered manager employed at Horsfall House. People, staff and relatives told us they felt well supported by the registered manager and the provider. One person said, "She is lovely, really approachable." Another person said, "They can't do enough. They are always available".

The registered manager was responsible for completing regular audits of the service. Audits such as medication, falls, risks, accidents, incidents and health and safety were regularly carried out. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. During our feedback on the second day of our inspection we spoke with one of the trustees at Horsfall House who told us one of the trustees was planning to audit all areas of the home including the registered manager's audits regularly to improve the over-arching quality assurance of the home. The registered manager shared with us the improvements they had planned for 2018 and going forward, including maintenance and improving people's care plans to make them more person centred and to include life stories.

Managers and staff attended regular team meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. One staff member said, "We have a good team and the manager is always open to us giving ideas to improve things".

The service was actively seeking the views of people using the service, relatives and staff by sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. An action plan was produced following the feedback and actions and outcomes were recorded. We noted that in the 2018 survey results one person asked for a small variation to a recipe that would create a different dish. The registered manager told me this was being discussed. One person had stated that, "staff retention was good and after a shaky few days they had settled in well and was more than happy with the care provided". In the relative's survey for 2018 one relative stated they felt their relative was 'receiving excellent care' however would like to have two reviews per year rather than one. The registered manager told us the outcomes were being discussed and feedback given to those who participated.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents, falls, ill health, behaviour that challenges, and abuse were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken. People who were at risk of falls were monitored and action plans put in place to keep them safe.