

Amethyst Arc Limited

Mandalay

Inspection report

10-12 Julian Road
Folkestone CT19 5HP
Kent
Tel: 01303 258095
Website:

Date of inspection visit: 21 and 22 July 2014.
Date of publication: 26/01/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service had a registered manager who, together with the deputy manager, assisted with the inspection. A

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

This unannounced inspection was carried out on 21 and 22 July 2014. Mandalay Care Home provides accommodation and personal care for up to 46 older people, some of whom have dementia. There is a small separate dementia unit in the service. There were nine people living in the dementia unit and 30 in the residential unit.

Summary of findings

We were able to talk with some people using the service but not everyone was able to tell us about their lifestyle and how they preferred to be supported and cared for. We spent some time with people and observed their lifestyle and interactions with the staff.

There was a risk that inconsistent care was being delivered as we found that risk assessments did not have sufficient guidance for staff to follow to manage the risks. We also found that risk assessments were not written in enough detail to ensure people were protected from the risk of harm. Improvements were needed in this area.

People's medicines were stored securely and appropriately. Senior staff with responsibility for administering medicines had received appropriate training to make sure people received their medicines safely.

People told us they were satisfied with the service they received. They said, staff were kind and caring and respected their rights and dignity.

The care plans were reviewed and updated to make sure staff had information about people's current care needs. People said they did not have any complaints but would speak with their family or staff if they had any concerns.

Staff were not always effectively communicating with people at lunch time to ensure that people were receiving the support they needed to enjoy their meal.

There were sufficient staff on duty at the time of the inspection. People were receiving care from staff that had received appropriate training. Staff practice was being monitored by the management team, however further support was required because some staff were unsure of the procedures to follow after they had reported concerns to their line manager.

There was a management structure in the home, which gave clear lines of responsibility and accountability. The management in the service carried out quality monitoring to assess the quality of care provided and plan on-going improvements. Health care professionals told us that they did not have any concerns about the service being provided to people who lived at Mandalay.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) with systems in place to protect people's rights under the Mental Capacity Act 2005. Where people were unable to make complex decisions for themselves the service had considered the person's capacity under the Mental Capacity Act 2005. At the time of the inspection there were no Deprivation of Liberty Safeguards authorisations in place.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Not all risks associated with people's care had sufficient guidance for staff to follow, to make sure they took a consistent approach to reduce the risks, so that people remained safe. In some cases risk assessments were not in place for people who had a high risk of falls or for people who used the bath hoists.

Staff understood the importance of reporting allegations of abuse to the senior staff. However they were unable to tell us what further action was required to make sure people were protected from harm.

Staff had received Mental Capacity Act training and understood the importance of people being supported to make decisions about their care; however they did not have a clear understanding of the process when referrals were made to health care professionals.

Records showed that staffing levels were consistent to make sure that people's needs were met and there were robust systems in place to manage people's medicines safely.

Requires Improvement



Is the service effective?

The service was not always effective. At meal times, some staff were not supporting people effectively with their meals to make sure they had a pleasurable experience.

People were receiving care from trained staff and their skills and competencies were monitored. However, some staff required further training to show they had a good understanding of mental capacity and safeguarding training. Staff told us that they received training appropriate to their role.

Care plans were up to date and detailed people's choices, preferences and independence skills. We found that staff were following the plans to ensure that people's health care needs were met.

People were supported to maintain a healthy diet. Nutritional assessments had been carried out for each person who lived at the service. Health professionals had been involved in these assessments and clear guidance about how to meet people's nutritional needs were recorded in people's care plans.

Requires Improvement



Is the service caring?

The service was caring. We observed during the inspection that people were treated with dignity and their privacy was respected. Staff spoke respectfully

Good



Summary of findings

to people using the service and we saw that people were supported to make decisions as to what they wanted to do and staff respected this. People we spoke with told us they liked the staff and enjoyed living in the service. They said: "I like the staff". "The staff are good".

People were positive about the care they received and we also saw examples where staff made every effort to make sure people received the care and attention they needed.

People could lock their bedroom doors if they wished and there were a number of rooms available where they could meet friends and relatives. Staff understood their responsibilities about confidentiality.

Is the service responsive?

The service was responsive to people's needs. People's care and support plans were reviewed and updated regularly.

Relatives of people using the service were involved in review meetings so were able to express their views on the service provided. They told us they were kept informed of any changes to their relatives' care needs.

There were systems in place to support people when they were unable to make complex decisions to ensure decisions were made in people's best interest. We saw that these involved the appropriate people and professionals.

People had opportunities to undertake a range of activities and were being supported to maximise their independence.

People we spoke with did not have any complaints. They said they would contact their family or tell staff if they had any concerns.

Good



Is the service well-led?

The service was well led. Throughout our inspection, staff and relatives spoke positively about the culture of the service and told us the home was managed well. Relatives told us they saw the management team often and felt comfortable speaking with them.

People and staff had the opportunity to develop the service as there were regular meetings with people using the service and staff to discuss the service. There was a management structure in place to help ensure the service delivered the organisational aims and values, resulting in people receiving a good standard of care and support.

The service had a business continuity policy in place, which outlined what action staff should take to deal with emergencies, such as evacuation in the event of a fire.

Mandalay

Detailed findings

Background to this inspection

The inspection was carried out by two adult social care inspectors.

At our last inspection in November 2013 we had not identified any concerns with the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and identifying good practice. We contacted the commissioners of the service and three healthcare professionals to obtain their views about the care provided in the service.

We obtained feedback from a local authority commissioner, and from two visiting health professionals.

We visited the service on 21 and 22 July 2014. During the inspection we spoke with twelve of the people living at the service, three relatives, the registered manager, deputy manager and three staff. We also looked at six people's care plans and other records relating to the management of the service.

We spent time sitting with people in the dementia unit and observed their interactions with each other and with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed a variety of documents which included staff training records and rotas, medication charts, quality surveys, and some of the home's policies and procedures.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. They said: “I feel safe and well cared for here”. Relatives also told us that they were confident their relatives were safe and well looked after.

Staff had received safeguarding training and told us they would report any concerns to the senior staff on duty. However, they were unable to tell us what agencies they could raise concerns with outside the organisation if they needed to, such as the local authority. This posed a risk that staff would not respond in a timely manner to protect the people in their care if they needed to raise concerns outside of the organisation. We saw that the safeguarding policy in the procedures file was out of date and contact numbers for the local authority were not current. We discussed this with the registered manager who told us that it had been revised and printed a new copy off their system. There was a risk therefore, that staff may not have the latest guidance to follow should they need to make a safeguarding referral in the absence of the registered or deputy manager.

Staff told us that they would report any changes in people’s mental capacity to the senior member of staff on duty; however they were not aware of what process would be put in place to support a person to make decisions in their best interests. Although some staff did not have the knowledge of the system with regard to mental capacity, we saw that the management team had made appropriate mental capacity referrals to health care professionals when required. We received positive feedback from one health care professional, they said: “In my opinion the staff are aware and understand their responsibilities under the Mental Capacity Act 2005 (MCA) regarding clients that I have reviewed at this service. The MCA 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.

If the service had any concerns with Deprivation of Liberty safeguards (DoLS), advice was sought from the local authority and acted upon. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

We saw that there was a system in place to identify risks and protect people from harm. However risk assessments and management plans varied in detail and some did not record guidelines for staff to make sure risk was managed appropriately. For example, one care plan stated “XXX is able to stand and transfer safely with the assistance of one or two carers with a handling belt in place”. There were no details of what “assistance” meant or when one or two members of staff were required. There were no guidelines for staff to show how they supported this person to move safely or take into account their medical conditions. An assessment for one person stated that they were at risk of falls but there was no information in the care plan of what action was being taken to minimise the risks of this person falling. People had not been risk assessed when using the bath hoist to make sure they were managing safely.

Risk assessments for people who needed support with their behaviour varied in detail. One risk assessment stated “diversion techniques should be used in order to defuse potential situations occurring”, but the assessment did not give written guidelines for staff to know what ‘diversion techniques’ were to be used to make sure this person received consistent care and support.

The lack of detailed risk assessments and care plans left people at risk of receiving unsafe or inappropriate care and if new or agency staff were on duty they would not have current guidelines to ensure that people received the correct care and support safely.

This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that staff kept a record of accidents and incidents. These contained information about what had happened, and the action that had been taken as a result to make sure people were as safe as possible.

There were sufficient numbers of staff to meet people’s needs. We saw from staff rotas, and our observations, that there were enough staff on shift to meet the needs of people that lived there. At the time of the inspection the registered and deputy manager were on duty. There was a senior member of staff and one care staff member on duty in the dementia unit to support the nine people living there. There was one senior care staff and three staff in the residential unit supporting 30 people. We saw that when needed staff would assist in both units to make sure

Is the service safe?

people's needs were being met. There was also a cook and a kitchen assistant on duty, together with a housekeeper and two domestic staff. One senior member of staff and two and two care staff covered the night duties.

Medicines were being given to people safely and when they needed them. We looked at people's medicine administration records (MAR) charts. Records showed that people received their prescribed medicines according to the prescriber's instructions. People said: "Yes I get my tablets at the same time every morning". "The staff always ask if I am in pain to see if I need a pill".

All staff administering medicines had received appropriate training, including observation, to make sure they had the competencies to administer medicines safely. There were appropriate systems in place for the receipt, recording, storage and disposal of medicines. People's allergies and how to support them with their medical conditions, such as

diabetes, were recorded and there was information on what reactions people may suffer so that staff had guidelines of how to manage possible side effects. Temperature checks on storage facilities were taken daily and recorded to ensure the quality of medicines used.

We observed staff in the dementia unit explaining to one person what their medicines were for and why they take them. Staff spent time with people to make sure they took their medicines safely.

The home had an 'evacuation back pack' in place for any emergency. This included

contact information of all staff, and senior management. It also included important information about each person. This ensured that staff knew what action to take in an emergency and what individual support people in the home might need from staff to get to a place of safety.

Is the service effective?

Our findings

We observed lunch in the residential and dementia units and found a variance in the way staff supported people with their meals. The atmosphere in the residential dining room was relaxed and people were chatting with each other and staff. However, although most of the interactions with staff were positive and caring, in one case one person's meal was put in front of them without a word and they were not asked if that was what they wanted. Two people who left their meal were not asked why or if they wanted something different, although staff made sure they were offered dessert. There was also a lack of communication when supporting a person to eat. We discussed this with the registered manager who told us action would be taken to address these issues.

People had a diet to suit their individual dietary needs and preferences. A nutritional risk assessment had been undertaken for each person who used the service. We saw that detailed guidance was in place to ensure people received suitable and adequate food and drink. For example we saw that one person had a sustained weight loss over the last three months. It was noted in the care plan that this person was underweight and a diet maintenance chart was in place to monitor the amount of food given and how much was eaten so that an appropriate referral to health care professionals could be made if needed.

We saw that people were able to choose from two meal options at lunch time. One person told us how they had taken their food back to the kitchen to request something different and this was no problem. The food was regularly discussed at the residents meetings so that people had the opportunity to make suggestions. At lunch time, after the main course, the cook asked if anyone wanted second helpings and two people asked for more and were given what they wanted. The portions were large and people told us there were always lots to eat and they enjoyed the food. They said: "I really like the food". "The food is marvellous".

In the dementia unit we saw that staff were very caring and took their time to speak with people about their meals and encouraged them to enjoy their food. The staff showed people the choice of meal, explained what was on the plate

and gave them time to decide which meal they would prefer. People were asked if they had enough to eat before the plates were removed and offered a choice of dessert when they had finished their main meal.

Staff had received training appropriate to their role and there was an on-going training plan in place. Records showed that new staff had received induction training and established staff had been booked on to the relevant courses to update their skills and competencies. We saw that new staff shadowed established staff for 36 hours to make sure they were confident before they worked alone.

In some cases the staff we spoke with did not fully understand the processes to follow with regard to mental capacity and safeguarding issues, even though they had received training. We spoke with the registered manager who told us that they assessed the staff competencies and we saw records to confirm this. For example during the assessment of staff competencies the registered manager had identified that six members of staff had not passed their competency test in safeguarding training and as a result they were being rebooked to attend a further course.

Staff told us and records confirmed that they received regular individual meetings with their line manager, team meetings and an annual appraisal, in order to support staff to deliver care and support safely and to an appropriate standard.

People had up to date care plans which recorded information that was important to them, such as support with their mobility, communication, medicines and personal care needs. People had regular visits from the community nursing team, chiropodists and opticians. People who were at risk of developing pressure ulcers had pressure relieving equipment provided, for example. cushions and mattresses to increase their safety and comfort.

When people had specific health care needs we saw that the relevant health care professionals were involved in their care. For example the local mental health team were involved in carrying out a dementia mapping process (an observational tool and process to help staff to consider and improve the quality of care for people with dementia) to identify what further support one person needed. The resulting documentation noted that staff were prepared to spend time with people to make sure their needs were met.

Is the service effective?

Relatives we spoke with were positive about the care being provided. They said: “I feel comfortable and confident in my relative’s care. The staff call me if there are any issues and keep me fully informed.” “I have no concerns at all.”
“Excellent care, all my relatives’ needs are catered for”.

Is the service caring?

Our findings

People were complimentary about the staff and said they were kind and caring. One person said: "I like the staff and I love it here". We overheard a member of staff being caring and kind to one person using the service. They asked if they were comfortable and warm enough. One health care professional we spoke with told us they felt staff respected people's privacy and dignity and that the service was caring.

Relatives commented positively on the care and support their family member received. They said the care staff respected their relative's wishes and treated them with privacy and dignity. Staff told us they covered privacy and dignity during their induction training and there were policies and procedures in place. One health care professional stated: "In my opinion and when speaking with people using the service and family members, staff treat all of them with dignity and respect".

People also told us that the staff were polite and caring. We asked staff about the people who they supported. They knew the people well and were able to tell us about the person, their likes and dislikes, personal interests and what was important to them.

During the inspection we saw that staff responded to people's needs promptly, taking time to speak quietly to

them if they were distressed or needed to go to the bathroom. We saw one staff member reassuring a person who became anxious. The staff member stayed with the person until they became calm and relaxed.

People, relatives and health care professionals told us that the staff were available for support when needed. People said: "Staff are ok I have no complaints". "The staff are nice". A relative commented: "The staff are friendly when I visit."

People had privacy when they needed it. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private. For example there were two lounges and a dining room.

People were being supported to be as independent as possible. For example we saw that some people were supported to take their own medicines and other people were accompanied to go shopping. A health care professional told us that they had observed people being encouraged to participate in daily task and activities if they were able to do so. Staff demonstrated they understood the need to keep information about people confidential.

Advocacy services were available; however at the time of the inspection no one in the residential or dementia unit needed this support.

Is the service responsive?

Our findings

Throughout the inspection we saw that staff spent time with people to make sure they received the care that was personalised to their needs. We saw that the staff responded to people well and they took time with people using the service, so that they would feel valued and respected.

Before people moved into the service a detailed care needs assessment had been completed by the registered manager. We saw that when people came to live at the service there were details of the person's needs recorded in the staff communication book, such as mobility, diet, medical needs, equipment and a reference for staff to read the full assessment. This was then signed by the staff on duty to make sure that had read and understood the contents. A health care professional commented: "Mandalay welcome new residents and respect their choice and ensure their needs are met."

People and their representatives were encouraged to make their views known about their care. There were systems in place for people to have the opportunity to feedback about the service being provided through annual surveys and regular meetings.

There were systems to gather the views about the quality of care being provided in the service. We saw that satisfaction surveys had been sent to relatives, health care professionals and staff. The registered manager was in the process of collating and summarising the information to see what could be improved in the service.

We saw that care plans were regularly reviewed to make sure that staff had up to date information about people's

needs and the support they required. Health care professionals stated: "I believe the staff to have a good knowledge of the resident's needs, choices and preferences and these are documented in care plans which are regularly reviewed". "In my opinion when undertaking reviews and providing feedback, this has always been followed up. The service advise us of how and when this has been achieved in a timely manner". "I have found senior staff at Mandalay to be very proactive when assessing the needs of existing and potential new residents".

A dedicated activities co-ordinator arranged a mixture of internal and external activities. The external activities were advertised on the notice board, one person using the service commented as they walked by "The man with the guitar is very good, I enjoy that." People also said: "It's wonderful here one member of staff does all the activities but they are on holiday at the moment." "I don't join in with the activities as I don't like to sit with the others, all they do is sleep." "I like to spend time sitting out here in the garden."

People we spoke with told us they did not have any concerns but if they did they would speak with their family or staff. The complaints policy was on display in the home and available in other formats so that people would be supported to understand the process. We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. Records showed that the registered manager had responded to complaints appropriately and we saw that the complaints had been resolved to people's satisfaction.

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by a deputy manager. Staff told us that the management team worked with them to make sure people received the care they needed. Relatives knew the management team and told us they were approachable if they needed to speak with them. They told us that the staff culture was friendly and the atmosphere in the service was homely. Health care professionals said their communication with the manager was good and they had a good relationship with staff in the home.

Staff were aware of the organisation's values. They told us about the importance of individual personalised care and how they supported people to be as independent as possible. Staff spoken with were positive about the management support. The registered manager told us that they had an 'open door' policy and encouraged staff to voice their concerns. Staff were confident in the management of the service and told us they were always available for advice either during office hours or through the on call system. Staff practice was monitored through sport checks and one to one meetings with their manager to discuss their role and development of the service.

There were no restrictions on visiting times and relatives were encouraged to attend residents meetings and socialise with their family, for example at meal times. Outings such as pub lunches were encouraged so that people could have access to the local community.

We saw that the management team worked alongside other organisations, such as the local home treatment team, to keep themselves updated with current guidance and best practice to support people with their dementia needs. Any recommendations made by these assessments were actioned by the service, for example reducing one person's social isolation by supporting them to go shopping with staff.

Staff were aware of the importance of reporting all concerns or issues but did not have a good understanding of the whistle blowing policy procedure. They told us they

were confident that any concerns raised would be acted upon by the management team. We discussed this with the registered manager who told us that this would be addressed when staff competencies were being assessed.

Where investigations had been required, for example in response to whistleblowing alerts, the service had completed a detailed investigation, which included what actions had been taken to resolve the issues. If staff competencies had been questioned, investigations were carried out and if required disciplinary action had been taken. There was evidence that the service learnt from incidents and investigations and where necessary appropriate changes had been implemented, such as additional moving and handling equipment and staff training to make sure people were being moved safely. The information was monitored to identify any trends and patterns to reduce the risks of incidents happening again.

The service completed a number of checks to ensure they were providing a good quality service. Checks on the quality of the service were also carried out at regular intervals by the organisation's general manager. We saw that action plans were put into place if improvements were identified. These were monitored at follow up visits to ensure they had been completed. For example we saw that the medication audit had identified a medication error had been made. The service reviewed the management of medication and implemented additional checks to the system and arranged further training for staff. Staff practice was investigated to assess whether disciplinary action would be necessary. This meant that the service had carried out a thorough investigation and implemented changes to reduce the risk of such incidents happening again.

Staff understood the lines of accountability and the senior staff member on each shift allocated staff responsibilities to ensure that people were receiving the care they needed. Staff told us that they were able to access the management team at any time day or night. There were on call arrangements in place and there was also a contingency plan to ensure that any emergencies would be actioned appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person did not have accurate records in place in relation to the care and treatment of people using the service. Regulation 20 (1)(a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.