

Able Care (Menwinnion) Limited

Menwinnion Country House

Inspection report

AbleCare (Menwinnion) Limited
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced focused inspection was completed on the 4 July 2016. This inspection was completed to check that necessary improvements had been made to address and resolve failings identified during the unannounced comprehensive inspection completed on the 19 and 20 January 2016.

This report only covers our findings in relation to those requirements identified during our previous comprehensive inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Menwinnion Country House on our website at www.cqc.org.uk.

Menwinnion Country House is registered to provide care and support to up to 40 people. The service does not provide nursing care. On the day of our inspection there were 39 people, some of whom were living with a diagnosis of dementia, living in the service. The service is a detached rural house within its own gardens where accommodation is provided on two floors. The building was appropriately decorated and well maintained.

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. At this inspection we again found that the service did not have a registered manager. Since our previous one of the service's managers had left and the deputy manager had been promoted to the role of care manager. The care manager was now responsible for the day to day management of the service and was now based full time in the service's office. The provider recognised current management arrangements were insufficient and was actively recruiting for additional managerial roles. The providers nominated individual was based in the service on an almost full time basis and the training lead had also visited the service each week to assist with the process of reviewing and updating people's care plans. The care manager told us, "The director's ring and visit regularly and I know I can ask for support" and "I can't ask for any more support."

Staff told us that the service was now more organised and we saw all staff had received formal supervision since our last inspection. Staff comments included, "[The manager] is brilliant, she is really organised and does not stress. She sorts things out" and "[The manager] is good at what she is doing, everything is running along smoothly."

At our inspection in January 2016 we found staff training had not been regularly updated, that staff had not received regular supervision and new staff had not completed formal induction training. During this inspection we found that all staff had now received formal supervision. However, we again identified that the service had failed to ensure that staff training was appropriately updated. Our analysis of the training matrix found that some staff had not yet received appropriate training updates. A number of staff who, the provider, had identified as in need of training in specific topics in 2014 had not yet completed this training. In addition induction training for new staff was not provided in accordance with current best practice.

Training complete during previous employment had been accepted, without any assessment of current skills, as evidence of the competence of new members of staff.

In January 2016 we found that risks were not effectively managed. First floor windows were unrestricted and individual risk assessments were inaccurate. At this inspection we found that window restrictors had now been installed on all first floor windows and in some ground floor rooms where specific risks had been identified. Risks assessments within people's care plans had been reviewed and updated since our previous inspection. Accidents and incidents had been appropriately investigated by the care manager and the service's emergency procedures had worked effectively during a recent minor fire. This incident had been fully investigated and additional safety checks had been introduced as a result of learning identified during the investigation process. This meant people were now adequately protected from risks within the service.

Previously we found that the service was in breach of the requirements of the Mental Capacity Act as assessments of people's capacity to make decision had not been completed and necessary applications under the Deprivation of Liberty Safeguards had not been completed. At this inspection we found the care manager had now completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Systems for assessing people's capacity to make decision were now available and with support from professionals the care manager had made appropriate applications for people's potentially restrictive care plans to be authorised by the local authority.

In January 2016 we found that people's care plans did not accurately reflect their current care needs. Some care plans were of a generic nature and information about people's likes, hobbies and interests was limited. At this inspection we found everyone's care plans had been updated since our previous inspection. Each person's care plan was now sufficiently detailed to enable staff to meet their individual needs. Staff told us, "They [care plans] are more up to date" and "They are all better than they were." In addition, we found that all of the care plans we reviewed now included information about people's life history and interest. The care manager told us "we are having fun with that" and staff said they had enjoyed gathering this information and gaining to know people better.

Recruitment practices were safe and three additional staff had been recruited since our January inspection. People told us, "The staff are very good, very kind and caring" and a relative said, "It is flooded with staff and they would all like to take [My relative] home." Staff told us people were safe and that staffing levels had increased since our previous inspection. During this inspection we saw staff were able to spend time chatting with people and responded immediately to people's requests for support.

The service employed an activities coordinator and people us, "[The activities coordinator] tries very hard, we made flags and things last week" and "We get so many different people in to do things with us I don't know where they all come from." During our inspection people enjoyed a variety of activities. The service had hosted a Summer Fair and Garden Party since our previous inspection.

In relation to the training and induction of staff we identified a continuing breach of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014. You can see what action we told the provider to take to address these breaches at the back of the full version of the report.

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. Risk management procedures had improved and people were now adequately protected from the risks posed by unrestricted first floor windows.

The service's recruitment processes were robust and there were sufficient numbers of staff available to meet people's needs.

Incidents and accidents had been fully investigated to ensure the risk of similar incidents reoccurring was minimised.

Is the service effective?

Requires Improvement 

The service was not entirely effective. Staff training had not been regularly updated and the service's induction training was not provided in accordance with current best practice.

The manager understood the requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

The service was well maintained and people told us they enjoyed their meals.

Is the service responsive?

Good 

The service was responsive. People's care plans were detailed and personalised. These documents now contained sufficient information to enable staff to meet people's care needs.

People were actively encouraged and supported to engage with activities within the service and since our previous inspection the service had hosted events including a summer fete and garden party.

Is the service well-led?

Requires Improvement 

The service was not entirely well led. There was no registered manager. Although improvements had been made to the senior management structure there were on-going management vacancies at the service.

Quality assurance systems required further improvement as issues with the induction and training of staff had not yet been resolved.

Menwinnion Country 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 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 review the services rating under the Care Act 2014.

We undertook an unannounced focused inspection of Menwinnion Country House on 4 July 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our January 2016 inspection had been made. The team inspected the service against four of the five questions we ask about services: is the service Safe, Effective, Responsive and Well-led? This is because the service was not meeting some legal requirements. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, the previous inspection report and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with five people who used the service, four relatives who were visiting, seven members of care staff, the care manager, the provider's nominated individual and a director of the organisation. We also spoke with three health professionals who regularly visited the service. In addition we observed staff supporting people throughout the home. We also inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

At our previous inspection we found that the systems in place to manage risk at Menwinnion Country House were ineffective. Unrestricted windows on the first floor exposed people to unnecessary risks. Risk assessment documentation had not been completed accurately and people who had been identified as unable to leave the service without support had not been appropriately protected. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that window restrictors had now been installed in all first floor rooms and where specific risks had been identified in ground floor rooms. This meant people were now adequately protected from the risk of falling from unrestricted windows.

Most peoples' risk assessment documents had been reviewed and updated since our last inspection. Care plans included appropriate guidance for staff on how to protect people from identified risk. For example, the care plan for one person who enjoyed spending time in the garden included guidance on the support staff must provide to help ensure the person was adequately protected from the summer sun. These measures included supporting the person to apply sun cream and ensuring they were able to request support from staff using the wireless call bell system. However, we again found one example where falls risk assessments had not been accurately completed. The risk assessment indicated the person had no history of falls while care records showed the person had fallen on several occasions. We reported this issue to the service care manager who told us they would review and update this risk assessment.

Since our previous inspection the manager had designated the two rooms nearest the office for use by residents in receipt of respite care. The manager told us, "I want people to feel close to me" and explained that the new arrangements ensured people who visited the service for a short period did not feel isolated. This meant this group of people were more likely to engage with the activities available in nearby communal areas.

The significant improvements identified in the systems for the management of risk at the service meant that the service was no longer in breach of the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, "The staff are very good, very kind and caring" and a relative said, "It is flooded with staff and they would all like to take [My relative] home." Staff said, "People are safe here," "I think people are safe and I think they are happy here" and "People are definitely safe." Information about current local safeguarding procedures was available in both the manager's office and staff room.

Where people required support to move around the service safely, staff used appropriate techniques and provided directions, encouragement and reassurance while providing assistance. All lifting equipment had been regularly serviced to ensure it was safe for use.

Staffing levels had increased since our previous inspection and the service was now routinely operating with

six care staff and two team leaders in the morning and four, sometimes five staff and two team leaders each afternoon to meet people's care and support needs. During this inspection we saw that staff were able to spend time chatting with people and when people requested support this was provided immediately. For example, one person raised a concern with staff as the nearest bathroom was occupied, staff immediately supported this person to their room to use the bathroom.

Staff told us, "There are a bit more staff on now," "Since the last inspection there are more staff on in the mornings so you get to spend more time with people," "Five in the afternoon makes a huge difference," and "We have taken on more staff." We reviewed staff rotas and found that there were ongoing issues with staff availability on alternate weekends. Staff comments on weekend staffing levels were mixed and included, "It still gets a bit short at weekends," "There are enough staff at the weekends, it is usually well staffed" and, "Yes there are enough staff now, weekends are an ongoing issue." We discussed weekend staffing levels with the manager who explained that the service was actively recruiting weekend staff to ensure consistent staffing levels were provided throughout the week.

The service was actively recruiting at the time of our inspection and interviews were planned for the following day. Following interviews, Disclosure and Barring Service (DBS) checks were completed and references reviewed before prospective member of staff were offered employment. This helped ensure new staff were suitable and safe to work in a care environment. In addition the manager had used the service's staff disciplinary procedures appropriately to help ensure people's safety.

Accidents and incidents had been documented and investigated by the services manager. Since our previous inspection a small fire had occurred in a tumble dryer in an out building. On seeing smoke staff had correctly followed procedures and sounded the alarm before further investigating. Staff had used their training appropriately and successfully extinguished the fire using available firefighting equipment. This incident had been fully investigated by the manager as the fire alarm had not sounded before staff saw the smoke. On the day following the fire an alarm technician visited the service to identify why the system had not sounded automatically. Improvements to the system had been made in line with their recommendations. This demonstrated the manager took action to protect people from identified risks.

People's medicines were stored securely and facilities were available for the storage of medicines that required stricter controls by law. Medicine administration records (MAR) were available for each person and had been correctly completed. These records included a photograph of the person to help ensure people received the correct medicines. Team leaders were responsible for supporting people with medicines and encouraged to regularly review each other's records to ensure their accuracy. Staff had been provided with specific guidance on when to reorder medicines to ensure sufficient stocks were available to meet people's needs. Some people had chosen to retain responsibility for the management of their own medicines and this was recorded within their MAR charts. Regular medicines checks had been completed and unused medicines had been regularly returned to the pharmacist for safe disposal.

Menwinnion Country House was clean and people were well dressed. Aprons and gloves in a variety of sizes were available throughout the service and all Control of Substances Hazardous to Health (COSHH) materials were stored securely when not in use.

Is the service effective?

Our findings

During our previous inspection we found staff had not received regular supervision or appropriate training. In addition, new members of staff had not received induction training in accordance with current best practice. This was in breach of the requirement of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our previous inspection all staff had received formal supervision and a schedule of bi-monthly staff supervision meetings had been introduced by the manager. However, we noted that none of the supervision meetings planned for June had been provided. Staff told us they felt well supported by the manager and one staff member told us, "I had a review a couple of months ago."

We reviewed staff training records and the training matrix used to monitor and manage the training needs of staff. These records showed that staff training had not been regularly refreshed as planned. The training matrix recorded the date when training required updating. We reviewed these records in detail and found examples where training identified as in need of updating in 2014 had not yet been provided. However, since our previous inspection a number of additional training courses had been provided and staff said, "I have done moving and handling, health and safety and dementia this year," "I did infection control at Camborne college and we have [a nurse] coming to do some training soon [on continence products]" and "Every couple of months we have refreshers and training updates." Professionals complimented the service on the standard of care provided by staff and told us, "Staff seem to be well trained."

When new members of staff joined the service they received informal training from the service's manager and then observed experienced members of staff providing care for a number of shifts before they were permitted to provide care independently. On the day of our inspection one new member of staff was shadowing an experienced staff member within the home.

Where staff had previous experience of care work but had not completed the care certificate there was no evidence to demonstrate an assessment of their skills had been completed before they were permitted to provide care independently. For example, one recently recruited staff member who had completed an NVQ level 2 qualification but had not worked continuously in the care sector had not received training or completed the care certificate since their appointment in accordance with current best practice. In the file of another recently recruited member of staff we saw that training certificates completed in a previous role prior to their employment had been accepted as proof of current skills without any formal assessment.

Although all staff had received supervision and some additional training since our previous inspection the failure to ensure training was regularly refreshed and lack of training for new members of staff meant the service remained in breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection a new staff induction process and training schedule has been introduced to help ensure that in future all staff receive regular training updates.

At our previous inspection we found the service had not completed appropriate assessments of people's

ability to make decisions and managers did not have a good understanding of the Mental Capacity Act. In addition necessary Deprivation of Liberty Safeguards (DoLS) applications had not been completed when people were unable to leave the service independently. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager had completed MCA training since our previous inspection and now understood the requirements. Systems were now available within the service to assess people's capacity to make decisions independently. In addition people's care plans had been updated and now included guidance for staff on how to support people to make decisions independently. For example, one person's care plans stated, "Staff to give all the information necessary for [person's name] to try to make her own decisions using short sentences and closed questions." During our inspection we observed staff provided appropriate support to enable people to make decisions and staff told us, "We try to assist people to be independent but don't force people to do anything."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and is legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service's doors were not locked and we saw people enjoying the conservatory and accessing the gardens independently throughout our inspection. Since our previous inspection the service had made two appropriate DoLS applications to the local authority as required by law. The manager told us these application were made with support from visiting health professionals and that she now felt comfortable with and understood the application process. These improvements meant the service was now compliant with the requirements of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had made timely and appropriate referrals to GPs, opticians district nurses and dentists to ensure people's care needs were met. Professionals also reported that the service worked collaboratively with them, followed any advice provided and shared information appropriately.

People had been involved in the development and review of their care plans and had signed these documents to formally record their consent. Where people were unable to read their care plans staff had read these documents aloud, to the person, before seeking their consent.

People consistently told they enjoyed the food at the service. Their comments included, "The food is delicious" and "You can choose what you want. We are having fresh fruit for tea by request. We only had to mention it and there it was." Menus were displayed throughout the service and a choice of three hot lunchtime meals including a vegetarian option were provided each day. People were regularly offered drinks and snacks throughout the day and fresh fruit was also readily available. The service was in the process of introducing fruit flavoured water to provide people with additional choice and to encourage people to drink more during the hot summer weather.

The service was well maintained and damage caused by a leak in the manager's office had been addressed since our previous inspection. Communal areas and people's bed rooms were appropriately decorated. People had been encouraged to personalise their rooms with the addition of various ornaments, pictures and other personal items.

Is the service responsive?

Our findings

During our previous inspection we found that some people did not have detailed care plans and that staff had not been provided with information about people's life experiences, interest and hobbies although this was known to senior members of staff. This meant the service was in breach of the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that detailed and informative care plans were available for everyone who used the service. People's care plans provided staff with sufficient detailed information to enable them to meet people's specific care needs in accordance with their individual preferences. For example, one person's care plans informed staff, "[Person's name] likes to have clean painted nails with pink or red nail polish". Where people had been in receipt of respite care or had been present within the service for only a limited time we found their care plans were also sufficiently detailed and informative.

People's care plans were initially completed by the provider's training lead based on information supplied by the individual, their relatives and, where appropriate, the commissioners of care. Key workers were responsible for reviewing and updating people's care plans to ensure their accuracy with support from the care manager and nominated individual. A schedule of care plan reviews had been introduced to ensure that each person's care plans was updated regularly. Staff told us, "They [care plans] are more up to date," "Some have changed, they are getting there," "They are all better than they were" and "Generally the care plans are accurate."

All of the care plans we reviewed now included information about people's life history, hobbies, interests and preferences within the 'my life' section. This information was intended to help staff gain a better understanding of the people they supported as individuals. The manager commented, "My life, my word we are having fun with that" and we saw there had been a clear focus on gathering this information since our last inspection. Some staff had produced one page summaries of this information that included pictures and the person's own view of themselves. Staff told us they had enjoyed the process of collecting this information and their comments included, "I enjoy getting to know people" and "I have not done all mine yet but we are on it." These improvements in the quality of people's care plans meant the service was no longer in breach of the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Detailed daily records of the support staff had provided were included within each person's care plan. The records included information about how the person had spent their time, details of any activities they had engaged with alongside information on the support staff provided and any observed changes to the person's care needs. A handover meeting was held at each staff change during which information about staff observations, areas of concern and details of people's current needs were shared. This helped ensure staff were always fully aware of people's current care and support needs.

There was a detailed schedule of events and activities planned within the service. Staff engaged with people

on a one to one basis having quiet conversations and reminiscing during the morning of our inspection. Staff told us, "I like talking to the residents, when you like your residents and all get on it is great fun," During the afternoon staff supported a group of people to play scrabble in the dining room while others chose to watch tennis or spend time relaxing in the lounge, conservatory and gardens. Since our previous inspection the service had hosted a number of events to which people's families and friends had been invited. These had included a Summer Fair, Garden Party and arrangements were underway to hold a beach party. People told us, "[The activities coordinator] tries very hard, we made flags and things last week," "We get so many different people in to do things with us I don't know where they all come from" and, "Flower arranging yesterday was nice, I enjoyed that." A relative told us, "I think there is enough to do." Staff told us activities within the service had increased and their comments included, "The activities lady is in every day," "There was a fun fair day recently with games and sports in the gardens" and "There have been lots of activities, we had a sports day, a fair and the tennis is coming up and little outings but they could possibly do a bit more in the afternoon."

The service shared information effectively and appropriately with people's relatives. Telephones had been installed in some people's rooms and a cordless telephone was available from the office to enable people to have private telephone conversations if they wished. One person's relative told us, "They were very good at providing reassurance and we were able to talk to [relative's name] when we called."

The service had not received any complaints since our previous inspection. However, the service regularly received compliments and positive feedback. We saw a number of thank you cards and other compliments had been received from people and their relatives since our previous inspection. These included, "Thank you for a very happy stay, I feel much more relaxed."

Is the service well-led?

Our findings

During our previous inspection we found that the service did not have a registered manager. In addition the deputy managers responsible for providing leadership at the service did not understand their roles and the provider's quality assurance system was ineffective. This meant the service was in breach of the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we again found that the service did not have a registered manager. Since our previous inspection one of deputy managers had left the service and the other manager had been promoted to the role of care manager two weeks before this inspection. The care manager was now based in the office full time and did not routinely provide care. The care manager told us, "It's nice because everyone knows when I will be here."

The provider recognised that current management arrangements were insufficient. Their aim was for the service to be led by a registered manager, supported by two full time deputy managers. This would ensure a manager was always available within the service and would provide sufficient management resources to effectively support the staff team. The service was actively advertising management roles at the time of our inspection and a prospective candidate was due to be interviewed on the day after our inspection. Since our previous inspection an additional manager had been appointed following a rigorous recruitment process. However, this manager had left the service shortly after their appointment. Comments from the care manager and nominated individual included, "We have had people agree to come here but then not turn up" and "We had appointed a deputy but it did not work out and we are actively recruiting."

As a result of the recognised lack of managerial support the provider's nominated individual had been based at the service on an almost full time basis since our last inspection. In addition the provider's training and care planning lead had worked from the service one day each week to support the manager and staff with the process of reviewing all of the service's care plans. Each Monday one of the provider's directors visited the service to offer additional support to the care manager who told us, "The directors ring and visit regularly and I know I can ask for support" and "I can't ask for any more support."

During this inspection we found that management and leadership arrangements within the service had improved. The care manager told us, "I don't feel I am drowning" and "I don't feel too much pressure as I know people will help and the support is there if I need it." Staff told us the care manager now provided effective leadership and support. Their comments included, "[The manager] is brilliant, she is really organised and does not stress. She sorts things out," "[The manager] is doing really well. Firm but fair. Definitely getting there" and "[The manager] is good at what she is doing everything is running along smoothly."

People and their relatives constantly praised the service for high standard of care and support provide. Their comments included, "it's a lovely spot," "I think [my relative] is quite happy here" and "It is second to none in every way shape and form." While professionals told us, "I would say it is a good home" and "it is one of the better homes I visit."

Staff moral had improved since our previous inspection. Staffing levels had increased and staff recognised that the service was now more organised. Their comments included, "The staff rotas are more organised," "there has been a remarkable improvement" and "The rota is definitely more organised [the manager] has definitely got a good grip on it." The care manager told us, "They all know to come and tell me and I will deal with it" and during our inspection we saw that staff routinely sought guidance and advice from the care manager.

Staff told us, "We had a team meeting a couple of weeks ago." This meeting had provided an opportunity for staff to be updated on changes to the manager structure and discuss people's changing care and support needs.

Since our previous inspection one of the companies directors had completed an inspection as part of the services quality assurance systems. During their inspection the director had toured the building, spoken with a number of people and staff about the services performance and viewed two people's rooms to check on their current standard of decoration. A number of minor issues had been identified and resolved as a result of this process. However the service's auditing and review processes required further improvement as issues highlighted in the effective section of this report had not been addressed since our last inspection. We accept that the manager is new to the role and that numerous significant improvements had been made since our last inspection. Although the service is no longer in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 further improvements to quality assurance systems and leadership structures within the service are required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The failure to provided staff with regular training updates and an appropriate induction was a on-going breach of the requirements of regulation 18(1).