Minster Care Management Limited

The Hay Wain

Inspection report

Brybank Road
Hanchett Village
Haverhill
Suffolk
CB9 7WD

Tel: 02084227365

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Hay Wain is a residential care home that provides accommodation and personal care for up to 10 older people, some of whom are living with dementia. There were eight people living in the service when we inspected on 22 November 2018. This was an unannounced comprehensive inspection. The home is situated on the edge of the town of Haverhill in Suffolk.

The Hay Wain is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post at the time of our inspection however they were not at work when we inspected. A registered manager is a person who has registered with CQC 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. On the same site as The Hay Wain, the provider also had another 'sister home', The Meadows Care Home which is a residential home for up to 65 older people. The registered manager of The Hay Wain also managed The Meadows Care Home.

We previously inspected this service in June 2017 and rated it Good overall with well-led rated 'Requires Improvement'. Since that date the provider changed their company name from Minster Haverhill Ltd to Minster Care Management Limited. This resulted in a new registration for the provider and the 'archiving' of the previous rating. At this inspection we found that the home still required improvement in well led and in addition we found concerns in the key question of Safe. The management oversight of the service continued to be cause for concern and audits were still not effective at identifying issues. The home has been rated Requires Improvement overall at this inspection.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

The premises were not always safely maintained, fire safety checks had not been completed as planned. Improvements were needed to the safe management of people's medicines.

Audits were in place to enable the registered manager to monitor service quality however, these were not effective as they had failed to pick up the lack of fire safety checks and the improvements needed to the safe management and storage of people's medicines.

There were sufficient staff to meet people's needs in a timely manner. The provider operated safe recruitment procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received a service that was caring. Staff knew people's needs well and were responsive and supportive.

People's mental capacity was appropriately assessed and their rights were protected. Care staff had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves.

Staff knew people well and had a good knowledge of their needs. They treated people with kindness. People were encouraged to do what they could for themselves, but support was available when they needed it.

People were supported according to person-centred care plans, which reflected their needs and preferences. These were regularly reviewed with people and their relatives. People had the opportunity to engage in activities if they wished. The service had a complaints procedure which was made available to people and their relatives. People were happy living at the home and had no complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Improvements were needed to the fire safety checks to ensure these happened at the planned intervals.

Some improvements were needed to the management of people's medicines.

Risk assessments were in place and provided guidance.

There were enough staff to meet people's needs.

There were effective recruitment procedures and practices in place and being followed.

Is the service effective?

Good

The service was effective.

Care staff had the training they needed to support people effectively.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing.

People were supported appropriately and effectively with their health care needs.

Is the service caring?

Good

The service was caring.

People's privacy was valued and staff ensured their dignity was upheld.

People and relatives were as involved as they wished to be in making decisions about their own care and support.

Is the service responsive?

Good

The service was responsive.

People had detailed and person centred care plans in place.

People had access to activities if they wished to participate.

A complaints process was in place should people or their relatives need to raise a concern.

Peoples end of life wishes and preferences were recorded where these were known to inform staff.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Auditing systems in place and management oversight had failed to identify the gaps in fire safety checks and the improvements needed to the safe management and storage of people's medicines.

People and their relatives thought that the service was well-led.

Staff felt the management of the service was approachable however they needed to be more visible.

The Hay Wain

Detailed findings

Background to this inspection

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

This inspection took place on 22 November 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as statutory notifications. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with six people living at the service and observed care and support being provided in communal areas. We also spoke with the relative of one person. We spoke with three members of care staff as well as activities staff, the registered manager, the deputy manager and housekeeping staff. We also spoke with a visiting healthcare professional.

We reviewed three people's care records in detail including their daily records, fluid and repositioning charts where applicable. We checked a sample of medicine administration records (MAR) and reviewed the medicine management procedures in place. We also looked at management records for the service.

Requires Improvement

Is the service safe?

Our findings

Fire safety checks at the home had fallen behind schedule. The member of staff responsible for carrying out the weekly fire checks had left the home suddenly at the end of August 2018 and following their departure, no other staff member had taken the responsibility for completing the fire safety checks. This had not been identified or picked up by staff or the registered manager. This showed that fire safety procedures were not robust and could have placed people at risk in the event of faulty fire safety equipment in the home. Following our visit the registered manager sent us a copy of an audit which indicated that the fire safety checks had been completed. However this document stated that by completing this audit the registered manager had checked and confirmed that the fire log book was up to date which it was not when we viewed it. Other maintenance checks were completed by an external contractor and inspections of fire detection equipment and systems on an annual basis had been completed.

Improvements were needed to the safe management of people's medicines. We found that some medicines had no expiry or date of opening on them. Some eye drops intended for one person did not have a label with the person's name on and they were also not dated on opening. This meant that staff may have administered it to the wrong person or may have used it past it's expiry date. A topical cream had been opened in 2017 and was still in the medication trolley where in use medicines were stored. Another person had two brands of one particular medicine in one prescription box however, they were both visibly different tablets and one of the foil dispensing packs had been trimmed down so the name of the medicine was no longer visible. This meant that staff could not be assured they were administering the correct medicine to the person. We raised these concerns with the deputy manager who also took a lead role for the safe management of medicines within the home. They told us they would address these concerns straight away. We will follow up on this at the next inspection.

Medicines were stored in a locked trolley within a secure room. An air conditioning unit had been installed. This helped to ensure that the temperature did not rise above acceptable levels. Temperatures were monitored and recorded daily.

People told us they felt safe living at the home. One person said, "They're very kind and caring. I feel safe here." Another person commented, "I'm in better health in here. I'm quite a bit better than a year ago. In here I'm safe."

Staff confirmed that they received training in safeguarding people and gave us examples of the sorts of issues that would lead them to be concerned, such as unexplained bruising. Staff told us that they would always report such things to their management team and were confident they would be addressed.

We checked staffing levels and the deployment of staff during our visit to ensure people received care in a timely manner. We saw that staff were safely deployed across the home and received positive feedback about the numbers of staff available. Two staff were on duty during the day and night. They were supported by a housekeeper three days per week with staff completing cleaning and laundry tasks on the other days. People's meal's were provided from the 'sister' home on the same site and a member of staff wheeled them

across in a heated trolley.

One person told us, "If you press the buzzer they [care staff] normally come quickly. I fell out of bed one night and pressed the buzzer and they were here in seconds, in no time. I was quite surprised by how quick they were." Another person said. "I stay in my room all day. I feel comfortable here and if I want something I ring the buzzer and they come quickly."

We talked with staff about staffing levels and they were mostly positive that there were sufficient of them available with the exception of when people may have been unwell. One member of staff said, "Mostly two staff is okay, it depends on people's wellbeing. If [person] is really unsettled and the other staff member is with someone else and I'm upstairs, it can be an issue. Another member of staff 'floating' would be ideal, however we can always call [sister home on the same site] and they help."

We recommend that the provider continues to closely monitor staffing levels using an effective tool to ensure there are sufficient staff to meet people's needs in a timely manner.

Records showed safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included checks prior to people commencing employment such as references from previous employers and a satisfactory Disclosure and Baring Service (DBS) check. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working within a care environment.

Risks to people were assessed with mitigating actions documented for the most commonly presenting risks, which included moving and handling and the risk of falling. One person had been assessed as at very high risk of falling and as such a detailed risk assessment had been devised. As part of the assessment, control measures such as assistive technology had been put in place to try and help reduce the risks identified.

All areas of the home were clean and tidy and several communal areas had been repainted recently. Staff had access to personal protective equipment, such as disposable gloves and aprons and were using these appropriately to help prevent the spread of infection. Hand sanitisers and paper towels were seen in toilets and bathrooms. The home was clean and free from any odours.

Personal Emergency Evacuation Plans were in place to ensure staff were aware of the support people required to evacuate the premises should an emergency occur. Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents.

Good

Is the service effective?

Our findings

People's needs and choices had been assessed in line with current legislation and good practice guidance. The registered manager or senior staff met with people before they moved to the service to discuss their needs.

People told us staff had the induction and training they needed to carry out their roles effectively and said there was good team work and communication between themselves and their colleagues. Staff completed training which the provider deemed mandatory, such as first aid, moving and handling and infection control. Staff told us, and records showed that, they received formal supervision from the management team. Formal supervision is a process, usually a meeting, by which a manager provides guidance and support to staff.

We received mixed feedback about the meals available. All of the meals served were transported by a staff member in a heated trolley from the larger 'sister home' situated on the same site as The Hay Wain. One person told us, "I quite like the food and there's always a choice." Another person said, "The food is variable and it depends how it's cooked. Last week we had pasta bolognese and it was horrible; all lumpy. Today I'm going to have the veggie burger/ sausage which is quite nice" A relative said, "Most of the time the food is good; occasionally it isn't. Sometimes the meat can be a bit tough and I sometimes wonder if there are enough vegetables. There's certainly enough to eat though. There's a good breakfast and the afternoon tea is nice."

Apart from one person, everyone else often chose to eat their meals either in their bedrooms or at the 'sister' home. A menu was situated on the dining table to inform people of the meal options for that day. The meals that we saw served at lunchtime were well presented and people received sufficient to eat and drink.

People's weights were regularly monitored and their nutritional health assessed and updated weekly using a screening tool (MUST). MUST identifies adults who are at risk of malnutrition (under nutrition) or overweight. All MUST assessments and weight recordings in the files we viewed were up to date.

The staff worked well within and across organisations to deliver effective care and support for people based on their needs. A person's relative told us, "When [family member] was referred to hospital we arranged for her carer to accompany her because she's so much better at personal care than me and it all went beautifully. When [family member] needed a dentist [care staff] arranged for the dentist to come to see [family member] in the home."

We saw people's healthcare needs were assessed and the service worked with other community-based professionals to ensure they were met. For example, community nurses supported with any skin integrity issues people may have had. A visiting healthcare professional told us, "Staff are always helpful. There are no concerns here that I'm aware of."

Bedrooms were personalised with people's personal belongings, ornaments and pictures and were visibly

clean. There was level access through the ground floor of the home, including access via patio doors off of the lounge area to a small enclosed garden. However, improvements could be made to ensure the home was suited to people living with dementia. Walls and handrails in corridors were of similar colour so that people with a visual impairment may not be able to easily identify the handrails to use as support. There were limited sensory or comfort items around the service such as objects that people could pick up and use to stimulate thoughts and memories, which are important when caring for people living with dementia.

We recommend that the service explores further current guidance from a reputable source on improving the design and decoration of accommodation for people living with dementia.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the care home was following the requirements of the Act regarding DoLS. We spoke to staff and they showed an understanding of the principles of the MCA.

People's rights under the MCA were respected. The registered manager had systems in place to ensure that applications to deprive people of their liberty lawfully were submitted to the local authority. If people lacked capacity, appropriate procedures had been followed to ensure specific decisions were made in their best interests, including consulting with people's families and healthcare professionals. Care staff understood the principles of the MCA and we observed them seeking people's consent prior to undertaking any care tasks.

Good

Is the service caring?

Our findings

People told us staff were kind and caring towards them. One person said, "The staff are very friendly and helpful; there's nothing that's too much trouble." Another person said, "The best thing they do is caring." A person's relative that we spoke with commented, "I'm very happy with [family member] being here and I would never move [family member]. All the staff know them. I know [family member] is perfectly happy here. They're extremely patient, they take time to bath her. It makes me happy because I know [family member] is being well looked after. "

Staff spoke positively about the people they supported. and told us how the staff team delivered good care to people. One staff commented, "Staff know what they are doing and people's care is fantastic." In our discussion with the care staff it was clear that they had a good understanding of the individual needs of each person and were able to demonstrate how they supported and cared for people in a dignified way, also respecting their privacy when providing and supporting them with personal care tasks.

During the morning of our visit we observed two staff with a person who was reluctant initially to have any personal care. We saw that a member of staff patiently took their time and with lots of encouragement and care they were able to help the person up and to the bathroom. Later on after a bath, we observed them both walking back to the person's bedroom and saw the rapport and mutual friendly interaction between them.

People and their relatives were encouraged to be involved in any reviews of their care plans. We saw correspondence from the home requesting that relatives speak to staff to attend review meetings in order that the standards of care could be discussed and the care plans could be reviewed to confirm they were still accurate and reflective of people's needs.

Staff spoken with could explain people's backgrounds and what was important to them. The information they gave us was consistent with what we had seen in people's care plans. Staff encouraged people to participate in decisions about their care and understood the importance of promoting choice. One staff member told us, "We promote people's choice and dignity in all aspects of their care. Everything we do we give an opportunity to make a choice. We [staff] think we know what's needed but [people] know what they want."

Staff supported people to maintain their dignity and respected their privacy. Throughout our visit staff spoke to people with respect, knocked on their bedroom doors before entering and respected people's privacy.

Good

Is the service responsive?

Our findings

People we spoke with told us staff were responsive to their individual needs. One person told us how much they appreciated the support of staff telling us, "When I came in here the carers helped me out by telephoning people for me and helping me sort out all my bills."

Staff knew people's needs and individual preferences well and were clear about how they wished to be cared for. People's needs had been assessed before they moved into the home to ensure that the staff understood how they wished to be supported and that the home was able to meet the person's care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant, had been involved in providing information to inform the assessment.

Each person had a detailed care plan in place which provided relevant information to staff about how they would like their care and support to be provided. Plans included details about people's life stories, their preferences like and dislikes, family life and hobbies and interests. Such information helped staff to better understand the personal characteristics of the person. The plans also helped staff to engage with people in meaningful conversations in getting to know them.

An activity programme was displayed so that people were informed of the events and activities planned. The service shared an activity organiser with the sister home and many of the activities took place at that location. However, we saw that people were approached by staff and offered the opportunity to go to the other home to take part and in addition, some activities were also held at The Hay Wain each week.

People were positive about the opportunities they had to take part in activities and social events at the home. One person said, "We do have good games. There are outings and this Saturday there's a fete." Another person told us, "They have a sing along which I like and the church comes in. Next week we've got a trip to [garden centre] which will be nice." A third person commented, "It's no problem getting over to the [sister home] for the activities if you want to go. Someone will always go over with you."

People and a relative told us how they were able to freely access and enjoy the outside space and use the secure and enclosed garden area. Staff supported and encouraged those who wanted to, to be involved in the maintenance of the garden too. One person said, "I help with planting and looking after it which I really enjoy." A person's relative told us, "They have a nice garden. We [family member and I] enjoyed sitting out there with a glass of wine during the summer."

A complaints policy was available and people knew who they would talk to if they had a concern. The people we spoke with told us they had no cause to raise a complaint but felt comfortable in approaching the registered manager and staff if they had to raise a concern. People told us they felt confident that their concerns would be listened to and taken on board. One person said, "I've no complaints. They're very conscientious. The carers will do their best to sort out any problem you've got." Another person's relative commented, "When [family member's] TV 'played up' they fixed it straight away. [Registered manager] is

always there if I need to see her about something." We looked at the complaints records which showed that no complaints had been received in 2018.

People had their end of life care wishes recorded as part of their support plan, where this had been identified as a need. Information was recorded about preferences for such things as who was important to the person, where people wanted to be and what they wanted to happen after they died. Staff told us they had received training in end of life care, which provided them with guidance about how to continue meeting people's care needs at this time. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. We saw that these had been completed appropriately, either with the person's involvement or as a best interest's decision by relevant people such as the GP, people's next of kin or power of attorney.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance systems were in place to assess, monitor and improve the service, however these were not always effective. Audits carried out by the provider and registered manager had not identified the areas of concern we found during our inspection. For example, they had not identified that weekly fire safety checks had ceased in September 2018 when the maintenance member of staff had left the home. The quality assurance system in place had not identified the issues with the safe management of people's medicines found during our visit. We concluded that improved management oversight of The Hay Wain was needed to ensure that any issues were identified and addressed in a timely manner.

People and their relatives were positive about the management of the home stating that the registered manager was caring. The one relative we spoke with was positive about the care home, including the management saying, "I'm very happy with [family member] being here and I would never move [family member]. [Registered manager] is very approachable and is always available if I need to discuss something."

Staff enjoyed their job role and described the team work and morale amongst themselves as good however, they all also felt that the registered manager needed to have increased oversight of the home. Staff described the registered manager as visiting the home 'infrequently' but they did all comment that she was contactable throughout the day at the 'sister home' if needed. The registered manager told us it was a challenge managing both homes and that the 'sister home' was a big service requiring a lot of management. They also added that between them and the deputy manager they had 18 management hours at the Hay Wain each week with twice daily handovers and observations. We fed back to the registered manager that the staff felt the service needed increased oversight, they told us they were not aware of this and moving forward would make more time to spend at the home.

A regional manager for the provider company visited the home to complete audits, we were told that they didn't spend time at The Hay Wain during every visit to the site however they were available to contact. The registered manager told us they received the support they needed from the regional manager.

We found a welcoming and calm culture at the home. Staff were helpful and knowledgeable about the service; clearly knew their job roles and people they were caring for well and had a good rapport with them. Opportunities were available for people and their relatives to comment on their experience of the care delivered through regular surveys the most recent of which was sent out in August 2018. The registered manager told us however that they had no surveys returned. Further surveys had been sent in October 2018 in attempt to obtain some feedback.

Meetings were coordinated which people were invited to attend. One person told us, "We do have meetings, but haven't had one recently." From the meeting minutes, we saw that the aim of the meetings were to gain people's feedback about the home as well as an opportunity for staff to share information and updates with people.

The registered manager, deputy and staff fostered good partnership working with other social and health

care professionals by seeking advice and support for people when needed. People had access to healthcare support and the team worked to follow any guidance in place such as the use of falls prevention equipment and monitoring for one person with the aim of reducing the likelihood of them falling.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to. Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. The registered manager demonstrated a good understanding of when to send notifications to CQC.