Maricare Limited

Montrose

Inspection report

40 Prince of Wales Road
Dorchester DT1 1PW
Tel: 01305 262274
Website: montrosecare@aol.com

Date of inspection visit: 5 August 2015
Date of publication: 13/10/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Montrose Care Home was last inspected on 01/10/2013 and found to be meeting the regulations. A registered manager was in post that supported us at this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Montrose Care Home is registered to provide accommodation and personal care for up to 21 older people.

The provider had systems in place to ensure the quality of the service was regularly reviewed and improvements were made. The care and support people received were regularly audited and areas for improvement recognised. Staff knew people's needs; the records relating to people's care and support were kept up to date.

People told us that the staff met their care needs well. One person told us "The staff look after me well and I have plenty of friends here. They know what I like and treat me with a great deal of kindness". We observed this to be the case.

Staff knew people's routines and respected them. One person told us "I like to spend time on my own; the staff

Summary of findings

know this and only come to make sure I am alright if I use my call bell". Staff knew how to support people when they became anxious and had effective ways of addressing this.

The provider was meeting the requirements of the Mental Capacity Act 2005 and assessments of people's capacity had consistently been made. Staff understood some of the concepts of the Act, such as allowing people to make decisions. Staff demonstrated that they could apply this to everyday life.

Staff demonstrated a caring and compassionate approach to people living at the home. People were offered choices at mealtimes such as where to sit and what to eat. The provider had a system to offer choice of what to eat during mealtimes that was effective.

People told us there was enough staff to meet their needs. The provider was able to demonstrate that extra staff were available to support people should their needs change or if extra support was required.

People told us they felt supported at the home and safe in the company of staff. The staff told us they worked well as a team and enjoyed working at the home. They told us there was enough flexibility within their working hours to sit and talk with people and to do things with them that they knew interested them. We observed this to be the case during the inspection.

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?

Good

The service was safe. People were protected from harm and abuse because there were processes in place for recognising and reporting abuse. Staff received training in protecting people and were able to talk with us about their responsibilities.

People received their medicine safely. Medicines were administered and stored safely.

There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. The provider had effective systems to ensure people's rights were upheld. Staff understood the principles of the Mental Capacity Act (2005) and how to apply it to their work.

Staff received training to ensure they could meet people's needs.

Staff worked in partnership with health and social care professionals to ensure people's needs were met.

People received sufficient food and drink.

Is the service caring?

Good

The service was caring. People were at ease with staff. They received support in a caring and empathic manner. Staff communicated with people in a friendly manner.

People were treated with dignity and respect and were consulted about their needs.

Is the service responsive?

Good

The service was responsive. People were consulted about the care they received and the provider responded to changes in individual needs.

People and their families were involved in decisions about their care.

The provider had a system to respond to complaints.

Is the service well-led?

Good

The service was well led. The staff were organised and felt involved with the decisions regarding the running of the home.

The registered manager was committed to providing a good quality service and there was a system to ensure ongoing improvements in care and support were made.

Staff were keen and motivated and knew what was expected of them.

Montrose

Detailed findings

Background to this inspection

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

This inspection took place on 5 August 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. At the time of the inspection a Provider Information Record (PIR) had not been requested. 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. In order to gain further information about the service we spoke with two people living at the home and two visiting relatives. We also spoke with seven members of staff.

We looked around the home and observed care practices throughout the inspection. We looked at five people's care records and the care they received. We reviewed records relating to the running of the service such as staffing records, environmental risk assessments and quality monitoring audits.

We contacted a representative of the local authority's contract monitoring team and the care commissioning group involved in the care of people living at the home to obtain their views on the service.

Observations, where they took place, were from general observations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us "you can trust the staff here, they helped me sort out many problems to do with my finances" another person told us "we all get along like one big family, I have never seen anyone (staff) raise their voice in anger or been impatient, we are safe here". People and staff were relaxed in each other's company.

Staff told us, and records confirmed that they had received training in safeguarding adults. We spoke with three members of staff who told us how they would respond to allegations or incidents of abuse should they arise. The registered manager who told us about one ongoing safeguarding issue that they were working closely with the local authority to resolve.

People who were at risk of harm had documented risk assessments in their care records. We spoke to staff about the risks people faced. One staff member told us about people's risks and how they were managed for example. We were told that people regularly used the main kitchen to make cakes and help with some of the tasks in this area. They told us of the importance of people being able to use their skills, such as baking to maintain their self-worth, but also acknowledged the risks of using the kitchen equipment. They told us that people always had support from staff when people were in the kitchen area and the importance of hygiene. Another member of staff told us that whilst the risks of using the kitchen were known, the benefits to people from retaining previous skills and being able to work together far outweigh the risks, if managed carefully. Other risks such as falling or confusion leading to anxiety were well documented in people's care records and known to staff.

People's medicines were stored, administered and recorded safely. People received their medicines when they needed these and at the required times. The staff responsible for administering medicines had been suitably trained. The training records we observed confirmed this. People received their medicines safely and staff carried out safety checks, including staying with people while they took their medicines. If people were prescribed medicines on a 'required needs' basis there was written guidance to ensure people were given their medicines appropriately. The medicines were stored in a suitable lockable cabinet and were well organised. The provider had a system to audit medicines received and dispensed in the home. This system ensured that people were given their medicines safely and provided a check to ensure if errors occurred these were identified quickly and rectified. It further ensured that all medicines available to be dispensed were in date and safe to use.

People told us that there was always enough staff to meet their needs. One person told us "If I need help I just ring my bell, I never have to wait too long" another person told us "we always seem to have someone to talk with; they (staff) are often in the lounge with us". Staff confirmed that there was always enough staff on duty to support people. One staff member told us that if they need extra staff, because they are going on a trip or someone is unwell, all they have to do is let the registered manager know and extra staff will be available if required. We looked at the staffing rotas for the preceding three weeks which confirmed there was sufficient staff to meet people's needs.

Good

Is the service effective?

Our findings

Mental capacity assessments were meeting the requirements of the Mental Capacity Act (MCA) 2005. For example, one person who had recently taken up residence was having their mental capacity assessed as there were some concerns about their ability to retain information. People's care records showed that consideration had been given to people's capacity to make decisions for themselves. Where it was deemed necessary, a full assessment had been carried out involving the person and those people important to them. This demonstrated the registered manager was aware of the process to follow to ensure the person's rights were respected. Staff were aware of the MCA and what that meant for people living at the home. Staff told us about how they offer choices to people who cannot retain information such as offering two different sets of clothes to wear or by showing people orange or blackcurrant juice.

We spoke to people about the food and drink at the home. One person told us, "the food here is good, all home cooked". Another person told us that food is available by way of snacks and biscuits throughout the day. One person told us about the choices they had at meal times stating "there is enough choice, if I don't like anything on offer, which is not often, I am sure staff will get me something different". We spoke with a relative who told us "the food here looks good; I have heard no complaints, plenty of it if that's what you want". We looked at the menus for the last two weeks. These evidenced that a choice was offered and when required further alternatives had been made available.

We spoke with staff about people's nutritional needs. They told us that currently no one was at risk of unplanned weight loss. Where people needed assistance to eat this was provided in a discreet manner. Staff told us about the systems they had in place to monitor people's weight to ensure people's care plans could be altered to support their needs as required. People's care records showed an effective recording system was used to monitor what people ate and drank.

People told us that if they needed to see a health care professional such as a doctor or specialist, staff made the necessary arrangements on their behalf. People gave examples of when they had felt unwell and staff had called the GP 'just in case'. A relative told us that staff always let them know if their relative was unwell or 'off colour' and the action they had taken to support their relative. Care records showed that when a person's needs had changed a range of services had been considered, such as advice from a dietician or advice from an occupational therapist.

Staff told us about the training they had undertaken and how they accessed training. They told us the training was mainly available was through distance learning materials with some face to face training. Staff told us they had received training in areas such as dementia care, control of substances hazardous to health, health and safety and moving and handling. One staff member told us that if you identify an area of care practice you would like to know more about, either the registered manager or senior staff would support you to find a suitable course or the information. The registered manager told us how they kept up to date with their own training; the most recent was a course to become a trainer in dementia care.

Good

Is the service caring?

Our findings

We observed that people were well cared for. Staff sat and spoke with people about things that interested them. We observed that most of the staff joined in with the activities on offer for example. During the inspection there was a singing group and staff sat with people holding their hands when required and encouraging people to join in. People reacted positively to this and showed their enjoyment by smiling and singing along.

People's needs were understood by the staff. Where people had certain conditions that made it hard for them to tell if it was day or night the staff recognised the signs that people may display and had a strategy for helping them during this period. We spoke to staff about people's needs and the support they required. From our discussions it was clear that the staff knew people's routines well, such as when they liked to go to bed and how they used their time.

We looked at people's care records that illustrated how to support people with their social and emotional needs. The people we spoke with told us about some of their emotional needs. One person told us "I prefer my own company, which staff worry about as they feel I may become isolated from the others. They (staff) know how I like to spend my time and respect that, although it is reassuring to know that all I have to do is press the call bell and some will make sure I'm all right". Another person talked with us about how they sometimes felt low in mood. They told us that at these times the staff will ensure I have the support they need saying "they know the signs that I am feeling low and ensure I have company so I can talk about how I feel". Care records evidenced these issues and gave staff detailed information on how to manage and support people.

People told us about how staff gained their views about their care needs. One person told us "staff sit and talk with me about what support I need, I only really need help when walking around at the moment so we have agreed I will call for help at these times." Another person told us about regular meetings with the manager to find out how things were going and if "I needed anything". One visiting relative told us "the experience (of care provided) has been very good, I am always asked if there is anything they (staff) can do to help. They also told us about being invited to care reviews for their family member and felt they could contribute to ensuring their family member's needs were being met.

Good

Is the service responsive?

Our findings

People's care records that evidenced that they, or people important to them, had been consulted about their needs and how they wanted them met for example. We looked at the records for one person who had recently taken up residency. These records evidenced that an initial assessment had taken place where the person and their relatives had been consulted about what their needs were and the expectations of the service. We spoke with the person who told us that the registered manager had spoken to them and asked them questions about their likes and dislikes, about the personal history and the support they needed. They also told us that their relatives had been included in the conversations.

People's care records illustrated people's daily routines. Staff told us about people's routines and how people liked to spend their time, for example they knew what time people liked to get up, if they wanted a nap after dinner or if they enjoyed certain activities. Peoples care records contained a personal profile of each individual including, personal history, people important to them, daily routines, likes and dislikes of food and drink, activities and aspirations. This information gave staff guidance with which to provide a personalised service.

Staff described how they ensured people could choose how they were supported. They told us about people's right to have choice in respect of who should care for them and how to ensure people had choices about what to wear and how the person wished to look. The people we spoke with confirmed that they felt staff respected their individual rights.

Staff told us about how people chose to spend their time and what activities they enjoyed. An activities coordinator was employed by the provider to help meet some of the wishes of the people living at the home. People described the activities available; some joined in, some did not, although all agreed there were things to do if they wanted to.

People knew how to make a complaint if they wished to. One person told us, "if I don't like something staff sort it out without fuss, I have never had to talk with the (registered) manager about concerns but I would if I needed to." Another person told us, "there is nothing to complain about here and if there were staff would sort it out". The provider had a complaints procedure which informed people what they needed to do to make a complaint and the time scales for the complaint to be rectified.

Good

Is the service well-led?

Our findings

The home was well led. The registered manager demonstrated an open and inclusive approach to their work. The people who we spoke with could identify who was managing the home and considered them as someone who would put things right if required for example. One person told us “I have a number of financial issues that I need help with; they (registered manager) are helping me sort these out so that I can have some control”. The staff talked to us about the manager always being approachable and how they would often work as a carer alongside them if required. One staff member told us “because they work alongside us I know that they understand how to get the best for the people living here and the pressures of our work”.

There was a senior staff structure in place at the home consisting of a manager, deputy manager and senior care worker. The staff told us that they received regular individual supervision with the manager where they could discuss the work that they do and any training they may require. They told us they felt valued and their opinions were listened to. They told us about staff meetings where they could discuss issues and make suggestions for improvement. They also told us that they felt their opinions were valued and they felt listened too. Meetings took place between the people who used the service, their relatives and other professionals involved in their care to ensure people’s views of the service was gained and improvements made when necessary. Staff told us that the provider’s values were clearly explained to them through their induction programme and training. Staff received given handbooks which described the aims and philosophy of the service.

The performance of the service was kept under review. The management of the home had systems in place to audit the quality of the care being given and received at the home for example. We saw that people’s daily care records were in the form of a bound book, one page for each day, set out for a complete month. The records had pre populated sections that staff were required to complete such as what the person had eaten, any specific observations, falls or accidents etc. The registered manager told us that these monthly records were analysed at the end of each month as part of individual and collective review of people’s needs, staff interactions and any common problems. This system enabled the registered manager to monitor emerging trends in people’s support needs, to give early indicators of issues such as poor eating or weight loss, trends in falls and to review their plans to meet these needs.

The provider had systems in place to ensure the home was kept clean, that fire safety regulations were being met and risk assessments in relation to health and safety of the building were reviewed. Training records were reviewed to ensure staff could meet people’s needs and provide care and support safely.