

Mellifont Abbey LLP

Mellifont Abbey

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mellifont Abbey is a residential care home providing personal care for up to 23 people with mental health conditions and older people. At the time of the inspection 20 people were living at the home. Three of these people were in hospital.

The home is a large converted building where each person had their own bedroom. There were communal areas on the ground floor including a dining room and lounges. There were extensive gardens and a patio area which was more secure.

People's experience of using this service and what we found

People told us they were happy living at the home and they felt safe. Since the last inspection, improvements had been made for all concerns around fire safety and governance identified at our previous inspection.

Medicine was administered and managed safely. People were supported by enough staff to meet their needs. Staff had received a range of training including specialist training in health conditions some people had. People were comfortable in the presence of the staff.

The registered manager had completed a range of audits to identify concerns and issues at the home. They strove to be open and constantly develop and improve the support people were receiving. When audits had identified issues, actions were being taken to rectify them. The registered manager was aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

People had care plans which were personalised and provided a range of information for staff to follow to support their needs and wishes. There were good links with other health and social care professionals.

Staff were kind and caring and knew the people living at the home well. Staff respected people's privacy and dignity throughout the inspection. Links were being developed with the community to have a positive impact for people. Independence was promoted, as were the values of treating each person as an individual.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 29 September 2018)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mellifont Abbey

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one 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

Service and service type

Mellifont Abbey is a 'care home'. People in care homes receive accommodation and nursing or 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and three visitors including a family member and health and social care professionals. We spoke with the registered manager and eight staff who were either senior staff, care staff, activity staff or ancillary staff.

We looked at three people's care records. We observed care and support in communal areas. We looked at two staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems, policies and procedures, and environmental files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection, systems were not in place to protect people in the event of a fire. Improvements were found at this inspection.

- Risks assessments were in place to protect people in the event of a fire. When shortfalls were identified then actions had been taken to rectify them.
- People had risks identified and ways to mitigate them in place. This included in relation to pressure care, their mental health and eating and drinking.
- People who had behaviours which could challenge themselves or other had risks identified. Specialist training had been undertaken by staff to help reduce the risks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and one relative agreed with this. One person said, "I feel very safe in this home. Much safer than where I lived before." Another told us, "Yes of course I feel safe living here."
- Staff understood how to recognise and report potential abuse. All staff spoken with knew who to raise concerns with and felt they would be listened to.
- Systems were in place to protect people from potential abuse. An example was shown of how one person had been protected when concerns had been raised by staff and other health professionals. The registered manager clearly talked us through the example and explained the actions they had taken.

Staffing and recruitment

- People were supported by enough staff to meet their needs. They said, "Yes there are plenty of staff to help me when I need it" and, "There are enough staff, yes."
- One health care professional had identified an improvement in staff levels. They told us, "Staffing can seem very chaotic here from time to time. But has got a lot better."
- Staff had been through a recruitment process to minimise the risks to vulnerable people. This included checks with previous employers and a full employment history.

Using medicines safely

- Medicine was managed safely. The staff member administering medicines went at the pace of the person. Staff were aware of people's preferences about how they liked medicines administered.
- All medicine was stored securely, including those requiring refrigeration and additional security.
- People who had 'as required' medicines had clear protocols in place which ensured consistent administration of them by staff.

Preventing and controlling infection

- Staff were aware of their responsibilities to prevent the spread of infection. Gloves and aprons were available to use when supporting people with intimate care.
- When a recent infection control related incident occurred, all the appropriate actions were taken to protect people at the home.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and this led to systems changing. When incidents occurred in the home the situations were reflected upon with staff and, if appropriate, people. If it was identified something could be improved, then action was taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed regularly and any changes were reflected in their care plan.
- Prior to people returning from hospital a full assessment was carried out by staff to ensure the home could still meet the person's needs. If they could, then their care plan was updated to reflect their new requirements.
- The registered manager ensured they were keeping up to date with current guidance. They had been developing a new medicines tool in line with some recent updates.

Staff support: induction, training, skills and experience

- Staff told us they had the training and experience needed to support people with their needs. This included specialist training to reflect people's individual health needs. One member of staff said, "[Registered manager's name] has worked really hard in getting staff through training."
- All staff who administered medicines had their competencies checked regularly to ensure they were following best practice.
- New staff went through an induction and shadow shifts alongside experienced staff. One member of staff told us they felt very supported when they started.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see a range of health and social care professionals to meet their needs.
- Staff followed the advice given by the health professionals. One person said, "My needs are being met here." Care plans contained evidence of all the appointments people attended. This included specialists for specific health conditions.
- One health professional raised a concern about staff understanding around specific medical equipment one person was using. The management told us they would arrange additional training and support for staff around this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy balanced diet. They chose their meals in the morning. If people changed their mind, then this was facilitated by the kitchen.
- People said, "The choice of food is excellent. I like the food choices" and, "I don't have much of an appetite these days, but I do enjoy the meals here."
- Specialist diets were adhered to and staff knew who required alternative meals. Care plans reflected

people's nutritional needs, so staff had guidance to refer to.

- Drinks were regularly offered throughout the day. There were also set times to help people with dementia navigate through their day. Staff told us if people wanted to eat or drink at different times or in different places this was facilitated.

Adapting service, design, decoration to meet people's needs

- People had bedrooms they could personalise around their needs and wishes. Some people had chosen to have pictures and ornaments in their bedroom.
- Mellifont Abbey was a large older style house which had been adapted to meet the needs of people who lived there. This included providing ground floor accommodation for people with mobility difficulties.

Ensuring consent to care and treatment in line with law and guidance

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 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 when this is in their best interests and legally authorised under the MCA. 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 had the appropriate legal authority and were being met.

- Staff sought consent from people prior to helping them with anything. One staff member said, "We are encouraging them all the time" and continued, "We cannot force them [people] to do anything."
- People who lacked capacity had specific decisions made in their best interest. Examples of this were seen in people's care plans. These demonstrated the decisions were the least restrictive and in their best interest.
- Systems were in place to monitor people's DoLS and ensure renewals were made when they were due to expire. When people were at risk of their liberty being deprived applications for DoLS had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff who recognised when they were getting upset and needed support. They said, "The staff care for me very well", "The staff here are lovely. They are marvellous" and, "I think all of the staff are nice and I enjoy living here."
- Staff were aware of how to speak with people when they required emotional support. All interactions we saw were supportive between staff and the people. One staff member said, "My first impressions of staff were care came first not the job."
- People lived in a home where there was a culture of respect and valuing each other. One member of staff said, "We treat them [people] as individuals."
- People's religious and cultural beliefs were acknowledged and respected by staff. On the second day of our inspection three people went to the local church. Others explained how 'lovely' it was to have the church visit them because they get to sing songs.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices about their care and support. These were respected by staff. One person said, "The staff are very helpful when I want something." Numerous examples were seen of staff respecting people's choices during the inspection.
- Regular conversations occurred between staff and people about their care needs and wishes. Staff recorded these in note books they carried round with them so care plans could be updated.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Each person had a bedroom which they could lock if they chose to. Staff would always knock on bedroom doors before entering them. One person said, "The staff treat me with dignity and respect."
- People were supported to maintain contact with those important to them such as family and friends. One relative told us how they were always made to feel welcome. They said, "You always get offered a drink here or a cup of tea. That is what I like." One person was supported to regularly visit and speak with their family member living in another home.
- Independence was always promoted by staff and the management. Throughout the inspection some people were seen accessing the local community and the grounds on their own. When it was less safe for people to be fully independent staff were aware of supporting them in a considerate way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had their own interests and routines. They were able to make choices about their day to day lives. Staff told us they respected people's choices. During the inspection people were supported to do everything they asked for.
- Care was personalised to each person. Everyone had a care plan which gave information about their needs and their likes and dislikes. Life histories were included which was important for those people with limited verbal communication and memory issues. Staff knew people very well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in a way which was accessible to them. Some people had pictures to help them process the information. Others had documents read out to them because their vision was affected.
- Staff were aware of each person's difference and how to adapt information for them. Those who were hard of hearing had information shared in a considerate way. Magnifying glasses had been purchased and a special large print Bible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in a wide range of activities both within and outside of the home. These were aligned with people's hobbies, needs and interests.
- The activities coordinator had worked hard with people and staff to build up people's likes and interests. They said, "I know their [people's] characters so well. I try to make things happen. I involve them too." We saw photos of the many activities that had been carried out.
- Special events were arranged to encourage intergenerational contact for the people. Plus, it helped to build links with the local community.

Improving care quality in response to complaints or concerns

- People and their relatives knew who they could raise concerns with. Staff were able to recognise when people were upset or distressed. They would immediately find out what was wrong and find a resolution.
- During the inspection one concern was raised. The registered manager talked us through the process they

had followed which was in line with their systems.

- Systems were in place to manage formal complaints. All recent complaints had been managed in a timely way in line with the systems.

End of life care and support

- No one was receiving end of life care at the time of inspection. Care plans demonstrated these wishes had been considered for people who were ready to discuss them. When it was appropriate, family had been involved in the plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection we found improvements had occurred and there were no breaches. However, it found that it was not clear if the progress was sustainable as audits had not identified concerns found during the inspection. During this inspection, we found improvements had been sustained and audits were now identifying all concerns.

- The management strongly believed in continuous learning to improve the care and support people received. When significant incidents had occurred, they had reflected and put things in place. For example, concerns around fire safety had all been resolved.
- Since the last inspection, the registered manager had been developing links with other services. This included them visiting and sharing ideas best practice between them. One of the providers stated, "Staff were welcoming. All residents appeared happy and contented. Lovely atmosphere throughout the home. Medication is well recorded."
- The registered manager valued the staff which promoted them wanting to constantly drive improvement in care. All staff were positive about the support they received. One compliment read, "It is clear [registered manager] and the team are working hard to improve all aspects."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had a positive relationship with the registered manager. Throughout the inspection we saw they were comfortable and enjoyed engaging with them. One person said, "The manager is on the floor often. I do like to see her."
- The registered manager promoted a culture of respect and care for people. One member of staff said, "[The registered manager] never puts herself above other people." Another staff member told us the home was, "Resident centred."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to demonstrate the management had understanding about monitoring the quality and risks of the service people received. When they had identified improvements were required action was

taken.

- The registered manager was aware of their legal responsibilities to notify the Care Quality Commission in line with their statutory obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in decisions about their care and the running of the home. The activity coordinator had recently undertaken some work with people to ensure they had input into the home. One of the resulting projects was to create an allotment area in the grounds and clear a greenhouse.
- The registered manager encouraged people and their relatives to come to their office if they wanted to speak. This was a way they could be responsive to people.
- Staff views were seen as important. Staff had recently been given notebooks to carry around with them which provided an additional way for them to communicate with the registered manager. One member of staff said, "The books are awesome" and told us how they can communicate through them.
- Staff were supported through supervisions and appraisals. There were regular staff meetings. These all provided opportunities for staff to make suggestions to improve the home.

Working in partnership with others

- Strong links had been developed with local community facilities. This included with cafes, churches and pubs.
- Intergenerational opportunities were being created by developing relationships with local schools in the area.