

Minster Care Management Limited

The Lakes

Inspection report

Duncote
Towcester
Northamptonshire
NN12 8QA

Tel: 01327352277

Website: www.minstercaregroup.co.uk/homes/our-homes/duncote-hall

Date of inspection visit:
05 December 2017

Date of publication:
26 January 2018

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 5 December 2017. The Lakes 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.

The Lakes accommodates a maximum of 45 people in one adapted building. On the day of the inspection there were 30 people living at the home. The Lakes support older people and people living with dementia.

The Lakes had a registered manager in post. 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.

This was the home's first inspection.

Improvements were required to ensure that people were given the opportunity to express their end of life wishes and that care planning supported people with this. Improvements were also required to ensure that the home was meeting the Accessible Information Standards to ensure that people's preferred communication needs were planned for.

People were supported by staff that understood how they could people safe. Safeguarding procedures were in place to help protect people from harm and staff understood their responsibilities to do so and to report any concerns. All concerns were investigated and appropriate action was taken.

Infection control systems were in place to support people to receive their personal care appropriately. Staffing within the home was good and ensured people received their care in a timely way. Staff responded to people quickly and suitable recruitment systems were in place to recruit staff from appropriate backgrounds.

People's medicines were administered safely and people were given the appropriate support they needed to take them safely. Medicines were stored securely and medicines records were completed appropriately. Accidents and incidents were investigated and if learning was identified this was shared across the staffing team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service worked within the principles of the Mental Capacity Act and the registered manager completed appropriate documentation to evidence this.

The registered manager completed an assessment of people's needs before they moved into the home to

ensure the care staff would be able to support people effectively. People's healthcare needs were monitored and when people required external support from other services, for example, the mental health team, this was requested at appropriate intervals.

Staff had the skills and knowledge to provide people with safe and compassionate care. Staff were able to have regular supervision with a senior member of staff and feedback was given to staff to help improve their performance. People were supported to have a balanced diet and to have their nutritional needs met.

People were supported by staff that treated them well and were friendly and kind. Staff were attentive and encouraging and people's independence was respected. People were encouraged to do what they could do for themselves and to make their own choices. The registered manager had a good understanding of advocacy services and details of this was available for people that may require independent support.

Care planning supported people's diverse needs, and the service was able to support people with complex needs as a result. Staff had a good understanding of people's preferences and supported people to participate in activities they enjoyed. The service had appropriate complaint procedures in place and complaints were investigated thoroughly.

The culture within the home was open and transparent and the provider made efforts to ensure that people who lived at the home received good quality care. People and their relatives were given opportunities to become involved in giving feedback about the home and this was acted on promptly wherever possible. The provider and registered manager were keen to learn and to make improvements within the home wherever necessary. Quality assurance systems were in place to review the quality of the service and these were effective at identifying and acting on improvements.

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.

The staffing within the home was good and people were able to receive their care and support when they wanted it.

Safeguarding procedures were appropriate and people's medicines were handled safely.

Is the service effective?

Good ●

The service was effective.

People's needs were fully assessed and the home liaised with external services to ensure people received the support they required.

Staff had the skills, knowledge and competence to provide people with the care they required.

Is the service caring?

Good ●

The service was caring.

People received their care from kind and compassionate staff who were encouraging and attentive.

People were treated with dignity and respect and they were able to make their own choices about how they spent their time.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Improvements were required to ensure people were given the opportunity to express their end of life care plans.

People were able to participate in activities they enjoyed.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture at the home which ensured people had all their care needs met.

People and their relatives were encouraged to provide their feedback and this was actioned promptly.

The Lakes

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 5 December 2017 and was unannounced. The inspection was completed 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.

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection we spoke with eight people who lived at the home, five relatives or friends, three members of care staff, one domestic staff, the Registered Manager and the provider. We spoke with two visiting nurses at the home and we also reviewed information we had received from local authority care managers that identify care and support for people that require it.

We observed the care and support provided to people in the communal areas of the home and also spent time talking with people in their bedrooms if they gave their permission. We 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.

We looked at care plan documentation relating to four people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, maintenance records, meeting minutes, staff rotas and arrangements for managing complaints.

Is the service safe?

Our findings

Staffing levels within the home were high, and people were able to receive staff support in a timely way as a result. People were happy that staff came to support them when they needed help and they did not have to wait. One member of staff told us they had worked in care for a long time. They said, "This is the best place I have ever worked in. We are never short staffed." We saw that staff were always on hand and close by to help support people so they did not struggle. Staff interacted well with people whilst they gave them guidance to keep them safe, for example whilst walking around the home. The home used agency staff to help maintain good staffing levels and had identified strategies to ensure the same staff were used wherever possible.

Recruitment procedures were in place to minimise the risks associated with staff working with people living in the home. Staff confirmed that they were required to be successful in an assessment process before they were employed. The registered manager completed checks on each new member of staff's work history and obtained references from previous employers. They also checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions before people were able to provide care independently to people.

The home was clean and free from unpleasant odours. One person said, "It's clean all the time." Another person said, "It's always good. They are always brushing it (pointing to the floor in the lounge)". We spoke with a member of the domestic staff who told us about the cleaning regime and it was evident that there were clear processes in place to ensure the cleanliness of the home. We checked the communal areas, bathrooms and some people's bedrooms and found them to be clean.

People were protected by the prevention and control of infection. Care staff received training about good infection control practices and we saw that staff utilised personal protective equipment such as gloves, aprons and hand gel to prevent the spread of infection. Regular audits of the environment, infection control procedures and checks such as legionella were made and action taken when necessary.

People had individual risk assessments in place which identified any additional support people may need to keep them safe. These helped to enable people to maintain their independence and receive safe care. People were encouraged to maintain their independence as much as they wished and to do what they could for themselves. Staff were knowledgeable about people's risks and were flexible with the support they provided. One member of staff explained that one person had a risk assessment in place about leaving the home and how the person could be supported safely. We saw that people's risk assessments contained advice and guidance for staff and these were regularly reviewed and updated as necessary.

People felt safe living at the home and there were safeguarding systems in place to help protect people from harm. People told us they felt safe whilst at the home and that staff looked after them well. One person's relative said, "[Name] is safe here, we have no concerns." Staff had a good understanding of the different types of abuse, and knew how to report any concerns promptly so they could be investigated. One member of staff said, "If I had any concerns I would share them with the manager straight away, and monitor what happens." The registered manager investigated and resolved concerns with a detailed approach and took

action in a timely way. The registered manager took action at the conclusion of safeguarding investigations to help prevent similar occurrences.

People were happy with the support they received to take their medicines. People confirmed they received their medicines at the right time and they had a good understanding of why they took their medicines. Staff were able to describe safe medication administration procedures and the practices that were in place demonstrated good person centred care. Each person had their own medicines stored securely in their bedroom and staff told us this helped to make it all more personal for people.

We reviewed the storage facilities for medicines and saw that they were safe. They were kept locked at all times and were not accessible to people who did not need access. Staff completed people's Medication Administration Record (MAR) appropriately, once people had completed their medicines, or if necessary, refused them. Staff that were trained to administer medicines safely had access to full details about people's medicines, potential side effects and any medication allergies people may have. This ensured that in the event of any concerns with people's medicines staff had instant access to the information they required.

Procedures were in place in the event of an accident or incident and learning was shared from these. The registered manager investigated these incidents thoroughly and where necessary, worked with external partners and stakeholders to identify where improvements could be made. The registered manager had an open and transparent approach with staff and was keen to ensure staff were aware of any relevant information following an incident. For example following incidents where people's mobility had changed, staff were aware of how they could support them.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 authorisation to deprive a person of their liberty were being met.

We found that the registered manager had a good understanding of the requirements of the MCA and had submitted appropriate applications when it was necessary to minimise or restrict a person's liberty. The applications had been submitted to minimise the restrictions on each person's life and were in place to help keep people safe. At the time of the inspection no applications had been reviewed or approved by the local authority. Staff were knowledgeable about the requirements of people providing consent for their care and respected people's wishes.

People's care needs were effectively assessed by the registered manager to understand the support they required before they moved into the home. We received positive feedback from local authority care managers that they had faith in the assessments that were made for people, and that the registered manager always ensured that assessments were completed in a timely way to help support people who could be discharged from hospital. The registered manager considered people's care needs and made efforts to gain as much accurate information about these as possible. Assessments considered people's mental, physical, and social care needs. The registered manager took this into account to ensure the home only took people who they felt confident they would be able to support.

People's healthcare needs were carefully monitored and staff worked proactively with external services to support people to have access to healthcare professionals. The registered manager confirmed that they had worked in partnership with the local G.P. surgery to enable people to have their healthcare support in the most appropriate way. As a result, arrangements had been made to have a doctor visit the home on a regular basis for medical reviews so the doctors would have a better understanding of each person's medical needs.

People received appropriate support to have their healthcare needs met effectively. We spoke with two nurses who were required to provide medical healthcare support to people living at the home. They were positive and grateful to the care staff for the support they received to do their job and did not raise any concerns about the care people received. One nurse told us, "The care staff are good and they are happy to help if we require any additional support. They are willing to learn and can follow our advice. They're good

at recognising when people need our support and alert us to people's changing conditions."

People were happy with the skills of the staff and felt they were able to deliver effective care and support. One person said, "The staff are very capable of helping me if I need them to." Another person's relative told us, "I used to be a carer and I've watched what they do. They seem to do very well." We saw that staff supported people appropriately and worked with them to recognise their needs. For example, staff were skilled at recognising when people required support if they were unable to verbalise this for themselves.

Staff received an induction to the home, and received training in key areas of care. One member of staff told us that they had received training in their first week. They said, "I've had training in fire safety and hoist training and other mandatory training including safeguarding. I think there's enough training in the home." Another member of staff told us, "Training is very efficient here. We received a new piece of equipment which was slightly different to the one we had previously used. We explained this to the registered manager and they sorted some training out straight away." We reviewed the training that staff had received and saw that there were plans in place for all staff to receive a variety of training. Arrangements were in place for staff skills to be refreshed with updated training, and if people with new personal care needs were identified, the registered manager supported staff to obtain the skills and knowledge required to meet those individual needs.

Staff performance was reviewed regularly and staff felt supported by the registered manager. Staff told us they felt they worked well together as a team and we saw that staff made themselves available to support people's needs effectively. Staff received regular supervision which helped them to improve their practices and supported their professional development. One member of staff told us that the registered manager had been very supportive and encouraging about them obtaining further care qualifications.

People were supported to eat and drink enough to maintain a balanced diet and people's preferences and requests were respected. One person told us "We can make our own choices about what we have to eat." We saw that people were asked for their meal choices, but had the ability to change their minds. The provider confirmed that the chefs made additional portions and meals for people to ensure there were options available for people.

Staff were knowledgeable about people's eating preferences and used this to ensure people ate and drank adequate amounts. One person preferred to eat their meals in the lounge area and other people required specific equipment to enable them to eat or drink as independently as possible. Staff were encouraging and made mealtimes a pleasant and social experience for people.

People's needs were met by the design and decoration of the premises. The home had been decorated to help stimulate people's memories and experiences. Throughout the home there were murals on the wall which were of local places, such as the teashop or post office, and of other more personal places like a child's nursery. The home had been designed with local people in mind and great care had gone into supporting people with dementia and rousing people's previous life experiences.

Is the service caring?

Our findings

People were treated kindly and with respect. One person told us "I get on with all the staff very well." Another person said, "Staff are really lovely, they have a chat, see if I am ok." And another said, "They really are nice people." We saw that staff were friendly and nice to people. Staff made time to talk to people and engage them in topics of conversation that they enjoyed.

Staff demonstrated a good knowledge and understanding about the people they cared for. They knew about people's individual needs and were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to share jokes and banter with each other. Throughout the home there was a relaxed atmosphere with a sense of fun which encouraged people to talk to each other and to the staff.

People were encouraged to express their views and to make their own choices. People were asked about their opinion on matters within the home, and in their day to day lives. One person said, "I don't like going to my room." We saw that staff helped them to retrieve items from their bedroom if they did not want to go there and this made the person happy. We saw staff asking people for their preferences, for example, if they wanted to join in activities or where they spent their day. Staff understood when people might want to spend some time alone and respected this, ensuring they were safe but from a distance.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. Staff supported people to maintain their dignity and respected people's independence. For example, one member of staff told us "I always make sure the curtains are closed. I know no-one is likely to see them here but you just never know and their privacy is important."

We observed the home provided personalised care which supported people's individual requirements. One person said, "They [staff] will do anything for you they will." Staff were encouraging and attentive. We observed staff offer reassurance when one person showed signs of distress or anxiety and staff spent time with people on a one to one basis if this was their preference. We saw that staff ensured people had access to their own personalised items that brought them comfort and this helped to reduce their distress.

People were supported to maintain relationships that were important to them. Relatives and friends were able to visit whenever they wished and we saw that one person was able to have their dog visit them. One person said, "I miss [the dog] so much. It's so lovely to see him." The registered manager also ensured that people in intimate relationships were able to maintain those relationships even if they did not live together in the home. Staff valued people's relationships and did what they could to enable people to preserve them.

There was information on advocacy services which was available for people and their relatives to utilise. The registered manager had also arranged for an independent advocate to attend a relatives meeting to help

provide support and guidance about the help they could offer. An advocate is a trained professional who supports, enables and empowers people to speak up.

Is the service responsive?

Our findings

Improvements were required to ensure people had the opportunity to discuss and plan their end of life wishes. People had not been asked about their specific wishes and staff had not received training in how this area of care could be provided in an effective and compassionate manner. We found that the registered manager had an understanding about the arrangements that would be required in the event that people were at the end of their life and the home had received positive feedback from one person's relative which commended the staff; "I am so grateful you enabled them to have the end they wished for surrounded by people who cared about [them] and above all, with dignity and compassion." However, the home needed to strengthen this area of care to ensure this positive experience could be replicated for each person.

People were not assured that they could always have access to information in accordance with their communication preferences. The service had not looked at how they could fully comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager confirmed that if people required support to understand written documentation this could be read to them and we saw that staff told people what was happening if they were unable to see. Further improvements were required to strengthen this area of care and ensure people's communication needs were fully considered when they moved in and were supported throughout their stay at the home, for example with access to easy read or pictorial information if they were unable to read and retain information.

People's diverse care needs were considered and care planning supported people's preferences. Following an initial assessment of people's care needs, the registered manager made a care plan which provided guidance to staff about people's care preferences. Each person had an individualised care plan which reflected the care they required. As people's care needs changed, or their preferences changed, people's care plans were amended and updated. Each person's care plan had been reviewed on a regular basis and accurately reflected their current care needs.

The registered manager helped to support people's individual needs in an approach that was right for each person. For example the registered manager was in liaison with a religious leader to visit the home on a more regular basis after they had received positive feedback from people that they would like this. In addition, when people had struggled to leave the home and visit the doctor's surgery, the registered manager had taken steps to arrange for the doctor to make visits at the home.

We received feedback from a care manager which praised the approach taken by the home. They said, "I have had feedback from families of residents placed [at The Lakes] that they are very happy with the care received for their family member." The care manager further explained that the registered manager had supported people coming out of hospital in an efficient way, ensuring they could leave hospital quickly with the appropriate support ready for them at the home. Staff had been responsive to people's needs and there were no concerns about how people received their care.

Staff had a good understanding of people's needs and preferences. One member of staff told us that one person often chose to eat their dinner in the same area of the home, but they regularly asked them if they would like to eat with the other people in the home. Another person liked to walk around the home and staff supported them to go upstairs or downstairs as they wished.

People had an understanding of who the manager was and that they were able to raise a complaint if they were unhappy about their care. We saw that one person had made a complaint in the previous 12 months and this had been investigated thoroughly, and an outcome had been provided. The complaint had been reviewed to identify if there was any learning that could be gained and appropriate action had been taken to attempt to prevent any similar occurrences.

People were supported to follow their interests and take part in social activities. We saw that during the inspection an activities person spent time on a one to one basis with people, supporting them to complete activities of their own choice. Some people enjoyed group activities and making arts and crafts whilst other people enjoyed a relaxing hand massage. Throughout the home people were supported to do what gave them pleasure and the atmosphere throughout was upbeat and jolly with people laughing and enjoying themselves.

Is the service well-led?

Our findings

The home had a registered manager in post and they were active and visible throughout the home. One person who lives at the home told us "I see the manager, checking everything is OK." Staff told us they were happy with the management of the home and said that they felt very supported in their roles. One member of staff said, "Whenever you need her, she is available. She is a hands on manager and I like that." The registered manager spent time in all areas of the home and made time to talk to people and staff to make sure everyone was happy. This helped to maintain the positive environment and maintain easy communication with management.

Systems were in place to deliver high-quality care and support. The provider regularly visited the home and audited the service that people received. People who lived at the home knew who the provider was and the provider was committed to ensuring that people received good quality care which surpassed their needs. The provider regularly gave feedback to the registered manager about systems and practices within the home which could be improved and this had been acted on promptly.

The registered manager also completed their own weekly audits which reviewed the quality of care people received. As part of the auditing process the registered manager took time to speak to people about their experiences, completed observations of mealtimes, checked call bell response times and gave thought to the experiences of the people living at the home. Improvements or suggestions were quickly acted on and this helped to ensure an efficient management system which worked to continuously develop and improve.

There were a number of opportunities for people living in the home, or those that were involved with the home, to provide feedback. The registered manager arranged meetings for people living at the home, their relatives and staff to work together to identify if any improvements could be made. The registered manager recognised that sometimes small issues could become big issues and worked on suggestions or gave feedback if this was not appropriate. We saw that when people had raised that they would like different kinds of biscuits to be available this had been actioned quickly. The registered manager had recently ordered a comments box to further encourage feedback from people that spent time at the home.

Despite the home being large, the home had a family feel and the ethos of staff was to treat people as they would like their loved ones to be treated. People that lived at the home were listened to and had their preferences respected. We saw that relatives and visitors were welcomed, and they had also been invited to celebrate special events with their friends or family at the home, for example at the Christmas party. Relatives commented that they felt the atmosphere was welcoming and were pleased with the approach of staff. The care staff interacted well together and organised themselves effectively to ensure that people received timely support.

People and their relatives were involved in the development of the home. People were given options and choices about the home as it became established and new bedrooms became available. For example, the registered manager had asked people if they would like to move bedrooms to be upstairs if they felt they would prefer this as there were better views of the woodlands and gardens upstairs. People's choices were

respected and this was taken into consideration as the service continued to grow.

The home had a collaborative and open approach with external stakeholders, and worked to ensure people living at the home had cohesive care that was right for them. The registered manager had built relationships with external professionals such as healthcare professionals and supported them to have access to the information they required to provide holistic care which met all of the person's needs.

Records related to the running of the service and people's care were well maintained. Staff had access to people's records and to the operating policies and procedures. Records were stored appropriately and maintained people's confidentiality where necessary.