

Bath MIND

Bath MIND - 82 Lower Oldfield Park

Inspection report

Oldfield Park
Bath
Somerset
BA2 3HP

Tel: 01225448396

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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

Bath MIND 82 Lower Oldfield Park (Bath MIND) is a residential care service without nursing and provides care and support for up to eight people. On the day of our inspection there were eight people resident in the service. The registered manager was not available on the day of inspection however senior staff were able to assist the inspection.

At the last inspection, the service was rated Good. At this inspection we found the service had met all relevant fundamental standards and remained rated as Good.

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

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff completed training to ensure they were suitably skilled to perform their role. Staff were provided with development through a supervision programme.

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Care provided to people met their needs. Care plans provided information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as approachable. Comments from surveys and compliments received by the service confirmed that people were happy with the service they received.

Further information is in the findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 comprehensive inspection took place on 29 July 2017 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection, we viewed information we held about the service, including any information of concern and statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us. We also viewed the Provider Information Return. 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.

On the day of the inspection we spoke with three people and three members of staff. We looked at two people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

People told us they felt safe and that there were sufficient staff on duty to meet their needs. One person said, "Yes I feel safe , why not?" Another person said, "I feel safe here, I like it in my room, yes plenty of staff."

The service had suitable arrangements for the administration and recording of people's medicines. There were medication profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. We saw records that demonstrated that staff had been trained in the administration of the medicines. The medicines were stored safely and securely.

The service had safe and effective recruitment systems in place . There was a robust selection procedure in place. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

People were protected from the risk of abuse. The service had provided staff with safeguarding adults training and had a policy and procedure which advised staff what to do in the event of any concerns. Staff were able to explain the correct action to take if they were concerned about a person being at risk and which external authorities they could report to. Staff told us they were confident that the registered manager and provider would act on their concerns. One member of staff told us the provider encouraged whistleblowing of poor or abusive practice.

There were sufficient staff to meet people's needs. Staffing levels were assessed and organised in a flexible way to support people for their daily needs and for additional activities and appointments outside of the service . Staff told us there were enough staff to meet people's needs. The staff rota was planned and took into account when additional support was needed. Staff told us that on occasion when there was a shortage of staff that this was covered by bank staff.

There were completed assessments of people's risks and recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs.

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's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). We saw information in people's support plans about mental capacity. DoLS applications were not required by anybody living in the service. Staff demonstrated a good understanding when they were asked about the principles of the MCA and DoLS.

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme; the induction training was aligned with the Care Certificate. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they had received training that the provider deemed as mandatory to their roles and also had access to further training if they wanted it. Additional training specific to the needs of people who used the service had also been provided for staff.

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

Is the service caring?

Our findings

The staff knew people exceptionally well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. One member of staff told us about the very particular likes of one person who used the service and how they enjoyed creating art work and visiting various places. People confirmed that staff knew them well and often spent time with them talking about their individual interests and hobbies.

Staff said they knew people well to know if a change in their demeanour or behaviour required an adjustment to their level of support. People we spoke with said when they needed additional support staff were able to provide this.

People we spoke with told us that staff were caring, one person said jokingly, "They're alright, they'll do" whilst gesturing at the staff. Another person said, "It's the best place I've ever lived, they're good here."

We observed that staff universally demonstrated a kind, caring and compassionate attitude towards people using the service. We saw staff checking on people's welfare and offering them private one to one time if they required it. Staff spoke kindly and encouraged independence whilst also offering support when it was needed.

People were treated with dignity and respected by the staff. People told us that staff were respectful when prompting their personal care. We observed a member of staff discreetly helping a person with their clothing which had become stained.

Relatives were actively encouraged to visit regularly and people were supported to invite their friends and relatives to visit them.

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the care and support people needed. We saw detailed information about people's routines and how people's personal care was to be delivered. The plans clearly specified people's preferences and individual needs. We found that people and their relatives also had input into the care plans and choice in the care and support they received.

Care plans also contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

People we spoke with said their care plans were regularly reviewed with them. People were happy being consulted and involved with all aspects of how they are supported. One person said, "It's as I like it I don't need to look at it all the time."

People had access to activities they wanted to take part in. We saw that activities were always evolving and centred on people's individual choices. Activities focused on enabling people to become more independent, such as shopping and going out into the community. People told us they could choose what they wanted to do with their time.

Staff told us they were looking for ideas for group activities for people living at the service in order to help them develop their social skills. People were able to choose if they wished to partake in this and staff had discussed with them the type of group activities they might enjoy.

The service had a complaints procedure available for people and their relatives. People we spoke with felt able to complain or raise issues within the service. People we spoke with said they knew how to complain, and all said they had never had cause to.

Is the service well-led?

Our findings

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.

The senior staff told us the registered manager operated an open door policy and welcomed feedback on any aspect of the service. Staff also said they felt confident people and relatives would talk with them if they had any concerns. Staff understood what whistle blowing was and that this needed to be reported. Staff told us they felt confident to do so.

Staff we spoke with told us about the ethos of the service as supporting people as individuals; focusing on their individual goals and providing person centred support to enable people to achieve these goals.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the service. Staff told us they felt well supported by the registered manager and their colleagues.

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed areas such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risks were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been managed. We found that the registered manager had made appropriate notifications.