

Minster Care Management Limited

# Ideal Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Ideal Home is a residential care home providing personal care to 28 people at the time of the inspection. The service is registered to support up to 50 people. There are two sides to the home, one side supports older people living with dementia and the other side supports people with enduring mental health problems.

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

Some improvements had been made to the physical environment since our last inspection. However, further improvements were required to keep people safe from harm. Improvements were still needed to the provider's infection prevention and control practices. Although some improvements had been made to the provider's quality assurance and monitoring systems further improvements were still needed to identify and drive good care. Although people were informed about what was happening in their home they were not engaged in decisions and felt their opinions were not encouraged.

People received safe support with their medicines by staff members who had been trained and assessed as competent. People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing. People were supported by a trained and supportive staff team. The provider followed safe recruitment practices when employing new staff.

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests and the application of the policies and systems supported good practice. The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them. The management team had good links with the local community within which people lived. The last rated inspection rating was on display at the location and on the providers website.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 12 November 2022). At that inspection there were breaches of regulation regarding protecting people from abuse, keeping people safe, consent, complaints and governance processes.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We found improvements had been made although some were still required. The service is now rated requires improvement. However, the provider remained in breach of regulations regarding keeping people safe and the overall governance.

This service had been in Special Measures since 12 November 2022. During this inspection the provider demonstrated that some improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last rated inspection.

We looked at infection prevention and control measures (IPC) under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this report.

#### Enforcement and Recommendations

We have identified continued breaches in relation to keeping people safe and how the service was managed.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ideal Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Ideal Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by 1 inspector.

#### Service and service type

Ideal Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ideal Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people living at Ideal Home. In addition, we spoke with 4 staff members including carers domestic support, the registered manager and the compliance officer.

We looked at the care and support plans for 4 people and multiple medication records. In addition, we looked at several documents relating to the monitoring of the location including quality assurance audits, health and safety checks, incident and accident reports. We confirmed the recruitment checks of 2 staff members.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management Preventing and controlling infection

At our last rated inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The provider had completed a significant amount of work to the physical environment since our last inspection. However, some improvements were still needed to ensure people were protected from preventable injury. One part of the home did not have any fire signage in place to direct people in the event of an emergency and 1 escape route was partially blocked by furniture. Ladders outside were stored in the upright position and accessible to people. Although these ladders were secured to a fixed point there was nothing preventing people from climbing these pieces of equipment putting them at the risk of a fall from height.

Following our inspection, the registered manager confirmed these points had been addressed removing the potential for harm to people.

- The provider had boxed in hot water pipes leading to radiators and hot water taps since our last inspection. However, in some areas only temporary measures were in place and this piece of work needed to be completed to ensure these areas were effective in preventing access to hot surfaces and to ensure they could be cleaned. The registered manager confirmed the temporary status of these measures, and they were exploring alternatives with the assistance of their estates team.
- Not all wardrobes in unused rooms had been secured to the walls thus presenting a risk of crushing should they tip over. Although these rooms were not in use people could still access them. The registered manager secured these rooms during the inspection preventing people from entering them.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We noted significant improvements at this inspection. However, there was still some evidence of rust on a bath hoist impeding the effective cleaning of this equipment. We noted there was sticky tape in several locations which hindered effective cleaning and some fixtures including door closures and electrical points were visibly dirty and not part of a programme of cleaning. Some doors were showing signs of engrained dirt with missing wipeable finger plates. The registered manager told us they

would address the remaining issues as a matter of priority and amend the cleaning schedules to include all touch points and replace any missing finger plates.

These issues constitute a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had individual assessments in place which reduced the potential for harm. Staff members knew the risks associated with people's care and support and knew how to keep people safe from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last rated inspection the provider had failed to ensure systems were robust enough to safeguard people from abuse and improper treatment. This placed people at risk of harm. This was a breach of Regulation 13: Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People felt safe and protected from the risks of abuse. One person said, "I am very safe here. I don't have any worries." People knew who to approach if they were worried. One person told us, "I can go to any staff member or [registered manager's name]. I trust them all."
- Information was available to people and visitors on how to report concerns.
- Staff members had received training on safeguarding and knew what to do if they suspected abuse or concerns were raised with them. One staff member said, "We have a policy to follow if anything is reported to us. We have the contact details for the local authority or the police if we need to report anything as well."
- The provider had made appropriate referrals to other agencies, for example the local authority, when concerns had been raised with them.

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 MCA 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

At our last rated inspection the provider failed to ensure systems were robust enough to demonstrate the MCA was effectively managed. This placed people at risk of unnecessary or potentially unlawful restrictions. This was a breach of Regulation 11: Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.



- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person said, "I am free to come and go as I want. I don't believe there are any restrictions on me here. I get to choose what I do and where I go. It works just fine for me."
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

#### Staffing and recruitment

- People were supported by enough staff to support them safely and promptly. One person said, "We have plenty of staff around if we need them."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour. This included retraining or disciplinary procedures if required.

#### Visiting in care homes

- The provider was supporting visits in line with the Government guidance.
- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider was using PPE effectively and safely
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.

#### Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, the registered manager reviewed all incident and accident records to identify any trends in incidents or if anything could be done differently to minimise the risk of harm to people. This was overseen by the compliance officer.

#### Using medicines safely

- People told us they received their medicines safely and as prescribed. One person said, "I have my medicine every morning and again every night. I don't think I have ever had any problems with these."
- People had individual care and support plans which informed staff members what medicines were needed, when and why.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider completed checks to the medicines to ensure staff members followed safe practice.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last rated inspection the provider had failed to ensure systems and processes were established and operated effectively to ensure the regulated activity was carried out safely. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last rated inspection, we identified multiple breaches in regulation. We issued the provider with a warning notice specifying a specific date on which to be compliant with the law. We returned to reinspect Ideal Home on 31 May 2023 and the provider had failed to make the improvements required and there were continuous breaches of regulation. The provider was not compliant with the requirements of the warning notice issued to them.
- The registered manager and compliance manager told us their quality monitoring processes were not specific to this location and they had adopted their own quality checks. These were a significant improvement. However, these checks were not effective in identifying and resolving the issues we found at this inspection. Both the registered manager and compliance manager informed us they were still waiting for the provider to give them an adapted quality monitoring tool which would increase the effectiveness of their checks.
- The registered manager and compliance manager now did regular 'walk around' checks at the location. This generated actions on their 'Home Development Plan'. However, improvements were still required to identify and drive good and safe care. The improvements to their quality monitoring needed to be sustained over time and embedded into the practices of the management team.

These issues constitute a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team completed other checks including a quality audit of the medicines people received. These were effective in confirming people received their medicines as needed.
- We saw the last rated inspection was displayed at the home and on the providers website in accordance with the law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had regular residents meeting however, they did not feel fully involved in decisions about where they lived. One person said, "I tend to be told what is happening rather than asked to be included." Although people had been informed about the changes they had not been engaged in decisions or asked for their opinions. One person said, "It would be nice to be asked as we are the ones living here. But I guess they do the deciding."
- The registered manager told us they would be looking at different systems to engage people in decisions regarding where they lived. However, they expressed some frustration as these decisions are often made by the provider and things like decoration were not discussed with them. For example, we saw one newly redecorated room where there were three different types of wallpaper on one wall. We asked the registered manager about this, and they stated they themselves were not involved in these decisions. People were kept informed of decisions but were not routinely engaged in making them.
- People and staff found the management team to be open and engaging. However, staff did not feel engaged in decisions about where they worked and felt they were told decisions had been made rather than having their opinions sought. One staff member said, "We know those we support very well. It would be good if we could be asked what we think sometimes instead of being told this is what is happening."

At the last rated inspection the provider did not have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service. These issues constituted a breach of Regulation 16: Receiving and acting on complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- All those we spoke with were happy about raising any concerns with the management team or any of the staff. Information was available for people to refer to if they had a concern. The management team had effective systems in place to receive, investigate and respond to any concerns raised with them.

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 provider was aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

- The management team kept themselves up to date with developments in adult social care. The registered interacted with a provider representation organisation who provided them with regular updates.
- The management team received information regarding changes in guidance from the NHS and Public Health England. They received information from the local commissioning groups and the local authority to keep themselves up to date.

Working in partnership with others

- The management team had established links with other health care professionals. For example, GP, and social work teams. Any advice or recommendations were recorded in people's individual care plans.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Not all areas of the home were safely maintained. The providers infection prevention and control practices needed improvement.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers quality checks needed improvement to identify and drive good care.