Care Quality Commission

Stour Sudbury Limited

Mellish House Residential Home

Inspection report

Kings Hill
Great Cornard
Sudbury
Suffolk
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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

Overall summary

The inspection took place on 10 February 2015 and was unannounced.

Mellish House residential service is based in Sudbury, Suffolk and can provide care for up to 48 people with dementia support needs. At the time of the inspection there were 46 people at the service.

There was a registered manager in place. 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.

Summary of findings

Staff interacted with people who lived at their home in a caring and professional way. People were supported to attend planned activity sessions if they wished to do so. Staff talked with people individually and in groups using both photographs and everyday items to stimulate memories.

Staff and visitors described the management of the service as open and approachable.

People and their relatives considered that the service was safe and secure.

People had their mental health and physical needs monitored. Staff had received training in how to recognise and report abuse. Staff spoken with, were all confident that all situations arising would be fully investigated to ensure people were protected.

The service provided training in the form of an induction to new staff and comprehensive on-going training to existing staff. The senior staff of the service were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the Local authority to support people who used the service with regard to (MCA) and (DoLS)

People who used the service were content with the meals and staff supported people with their food and fluid intake. We saw that risk assessments and resulting plans of care had been recorded in the individuals care record.

People who used the service were consulted about the way in which the service should provide activities for people.

Care plans were written in a consistent way while being person-centred. The service carried out audits to monitor and improve the care to people as identified by the audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough skilled and experienced staff to support people. The manager had calculated from the combined assessed needs of the people who lived at the service the number of staff required.

Staff had a good understanding of how to recognise and report any concerns. The service responded appropriately to allegations of abuse.

Peoples medicines were stored, disposed of and administered safely to people.

Good

Is the service effective?
The service was effective.

The registered manager and senior staff were knowledgeable about the requirements of the Deprivations of Liberty Safeguards (DoLS). The service was arranging for all staff to have training in the Mental Capacity Act 2005 and DoLS in the next year.

Staff had received training appropriate to their responsibilities and needs of the people using the service, including dementia training.

The service worked with other professionals such as the GP and dentist to ensure people received the care they required.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion.

Staff spoke with people in a pleasant, professional and friendly manner and people were not rushed.

People who lived at the home and their relatives were involved in decision about their care from reviews and the running of the home from surveys and meetings.

Good

Is the service responsive?
The service was responsive.

People received care and support which was personalised to their wishes.

There was a structured activity programme.

There was a complaints policy and procedure. Relatives we spoke with told us they would be comfortable to make a complaint.

Good

Is the service well-led?
The service was well led.

The management team were open and approachable to ideas.

Good

Summary of findings

The service had effective monitoring systems in place regarding health and safety to ensure on-going improvements.

Peoples care records were reviewed monthly as part of an audit and changes were made as required.

Mellish House Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 10 February 2015 and was unannounced.

This inspection was carried out by two inspectors 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. Their expertise is older people and dementia care.

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. Before our inspection we reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During our inspection, we spoke with nine people who used the service, four visiting relatives and seven members of staff. They were the registered manager, deputy manager, a team leader, the chef and three care staff. We looked at eight records which related to people's care, we also viewed health and safety records including fire and water temperature records regarding the safe running of the service. We used the Short Observational Framework for this Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe and there were arrangements in place to protect people from abuse. One person told us, "I feel safe here because the staff are kind." A relative said. "This is definitely a safe home." They explained to us that they visited regularly and were always asked to sign in the visitor's book. They were then taken by a member of staff to see their relative, the staff would inform them about their relatives health and what they had been doing. They considered the service safe because of the staff's knowledge and that there were enough staff on duty.

People were appropriately protected from the risk of harm and abuse as staff understood their role within the safeguarding of adults and there was a clear policy and procedure in place for staff to follow. The manager informed us that all staff undertook training in how to safeguard adults during their induction period and we saw there was planned and on-going training arranged for the year.

We spoke with four members of staff. They informed us they had received training in how to safeguard people and how to recognise and report abuse. They each understood about how to report any concerns and were encouraged to do so. In the first instance staff would report to the registered manager or senior staff on duty. However they were aware that they could report directly themselves to the local safeguarding authority. Staff were aware that abuse could occur in different forms and were able to describe to use what the differences were.

Accidents and incidents which occurred in the home were recorded and analysed by the senior team. As appropriate the manager had requested support from the hospitals falls prevention team to support the care team to provide care for a person with an increased likelihood of falling.

The management team had considered potential emergency situations and had worked together to devise an evacuation plan for people to leave the service in the event of fire. We saw at our inspection that the fire doors were checked to be in working order every week and all fire safety certificates were up to date. This meant that the service had taken steps to provide a safe environment in which people lived.

We saw that risks had been considered and risk assessments written to enable people to take part in trips out for the day with minimum risk to themselves and others. Staff had worked with people and their families to consider the risks and hazards of their intended activity. One person told us about how they enjoyed going out on weekdays.

There were risk assessments within each individuals care record. We looked at the care records for three people who received all of their care in bed, due to their individual condition. Risk assessments with regard to ensuring that the person had sufficient food and fluids and was turned regularly to prevent pressure sores were in place. We saw a risk assessment relating to how the service was supporting a person with their mobility. The appropriate equipment had been made available to support the person to maintain as much independence as possible.

A relative told us. "I visit quite regularly and there are always enough staff on duty." We looked at the staff rota for day and night duty for the previous month and saw that the service had a consistent level of staff. The manager told us that the staff turn-over was low. The manager explained to us how the individual dependency levels of people at the service were considered and calculated to determine the number of staff required to provide the required care and support.

All of the staff we spoke with considered that there were enough staff on duty and people worked as a team to support each other. One staff member said that some people required two staff at times to deliver their care and that there were always enough staff on duty to ensure this happened effectively.

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One relative told us, "I am happy with the management of my [relatives] medicines." They believed before the person came to the service they had not been taking their medicines, which was of great concern to them. Records were maintained of medicine received into the service and of any disposed. There were audit checks of medicine records and stock balances by senior staff. We saw training

Good

Is the service safe?

records which informed us that staff had been and were up to date with their administration of medicine training. We spoke with the deputy manager about the administration of medicine and they explained the medicine procedure used by the service which had changed since our last inspection. The deputy and the manager were happy with the procedure used and in particular that medicine prescribed would be obtained the same day. We observed medication being administered at lunch time and tea time.

We saw a member of staff informing people about their medicines and asking if they required any pain relieving medicine. All medicine was stored in a locked room and within this room there was a separate lockable cupboard. There was also a lockable refrigerator for the storing of medication that needed to be stored within a refrigerator as per the manufactures instructions. We saw that a record of both the refrigerator and room temperatures were recorded each day to ensure they were within acceptable limits for the safe storage of medication. The service also stored medication in portable medicine cabinets and when not in use these were also stored securely in the medication room. We found that the service was safely storing and administering medicines as per the service policy.

Good

Is the service effective?

Our findings

Relatives we spoke with considered that staff were skilled and knowledgeable. One person said. “The staff, always know what they are doing.”

The service had an induction program for new members of staff, a training plan and support mechanisms in place including supervision. A member of staff informed told us. “I have developed my knowledge since working coming to work here, in the care of dementia, which we talk about in staff meetings.” The service had developed a training plan for all staff so that they had the knowledge and skills to care for people who used the service. Staff told us that they had access to a variety of training and that this helped them to meet people’s different needs, associated with dementia care. They told us that they had regular supervision and felt well supported in their roles. New members of staff commenced their employment on a twelve week induction course and were provided with a mentor. The induction included supervised practice for new staff until they were confident and competent to work on their own. The induction could be extended if so required and in agreement with both the member of staff and service to give them more time to develop skills to work in a service providing dementia care. We saw that all staff had a yearly appraisal, which acknowledge accomplishments and agreed objectives for the forthcoming year.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Following new legal guidance the manager had made four DoLS applications to the local authority to ensure that restrictions on people’s ability to leave the home were appropriate. They confirmed that staff all received training in MCA and DoLS. Documentation in people’s care plans showed that when decisions had been made about a person’s care, where they lacked capacity, these had been made in the person’s best interests and in accordance with legislation.

Meal times were at set times during the day. A member of staff informed us that some people became restless during the night the staff would provide them with snacks and drinks if they were hungry.

People we spoke with were positive about the food provided for them. One person told us, “The food is OK. It’s improving.” A relative said that the person they visited, “Loves their food and always clears their plate.” People with dementia were supported to make choices about the food they wanted to eat by the use of clear photographs of the options available. People were offered choices of the drinks they would like. However, we asked one person if they liked the blackcurrant drink they had been given and they told us. “I prefer water.” A member of staff responded to their preference and provided some water for the person.

People’s nutritional needs and their risk of malnutrition were regularly assessed. People were appropriately referred to the GP and dietician when they had lost weight. We saw that one person had lost over 10kg in six months. They had been referred to the dietician. As a result the person’s weight had had stabilised over the past three months. Their care plan stated that they should be offered fortified snacks and fluids on an hourly basis. Staff told us that they were offering additional snacks and fortified drinks, but this was not always recorded.

We discussed this situation with the manager who took immediate action to address with staff the recording of the fortified drinks and any alternative meals or snacks so they could accurately assess the amount of food and drink the person was taking.

The senior management team were in the process of improving the auditing of people’s nutritional status and their risk of malnutrition. We discussed this situation with the manager and they informed us that new food and fluid charts were being installed into the service that week. The new charts would allow staff to be descriptive in their recordings of the meals and fluids offered and the amounts. The manager also assured us that snacks and fortified nourishing drinks would be offered as per the care plan. We saw that two other people had been referred to their GP and dietician due to the service identifying weight loss. The resulting plan had been followed and the peoples respective weights had stabilised. A relative informed us that they were impressed with the support given so that their relative did eat sufficiently.

We spoke with the Chef and they informed us that they changed the menu every three months to take into account seasonal differences. The Chef met with some residents

Good

Is the service effective?

and relatives on a monthly basis to discuss and plan meals. This had resulted in the meal times changing which had been agreed by all concerned had been a positive change. One person told us. "I enjoy the fish and chips on a Friday."

People were supported to maintain good health. A relative told us about the positive involvement of the district nurses to support their relative. The staff had sufficient time at the handover between shifts to discuss people's progress and current condition. Each person had their own GP, Dentist, Chiropodist and Optician which was recorded in the care record. We saw in the care record when symptoms of illness such fever or coughing had been recorded and the GP summoned. This has resulted in a course of action at the service which included the prescribing of medicines or admission to hospital for diagnosis and treatment.

Three relatives of people with dementia told us that they felt fully involved in decisions about people's health care. People had been admitted to hospital appropriately by the GP's when they needed medical treatment that could not be provided in the home. A person with dementia had episodes when they became very distressed or verbally aggressive. The person's care plan had a clear process to follow in such circumstances about the support to be provided should they become angry or distressed. People were referred to the local Mental Health team when their mental health became of concern. A referral was made if people were regularly refusing support with personal care. The staff we spoke with told us that they were supported by the Mental Health team with regard to people's condition. Working together by following the advice given had resulted in people's care being delivered effectively.

One relative told us that staff called the paramedics when their relative had a fall. They said that staff contacted them about the fall and always kept them informed about any changes in the person's health. Another relative said that staff always requested a GP visit if there were concerns about their relative's health and always kept them informed.

We noted that the service worked with the hospital which included going to assess the person in hospital to support their appropriate return to the service, when the service was confident it could meet the person's needs.

Good

Is the service caring?

Our findings

We saw staff engaged people with activities which stimulated conversation, one person said: "I get on well with the staff here and they look after me alright." Throughout the inspection we saw that staff members were present in the communal areas and were responsive to people's needs. We saw staff supporting people in a kind and unhurried fashion. Some people found it difficult and others impossible to communicate by speech but we observed from their gestures and smiling they were confident in their interactions with staff.

All staff we spoke with had a good knowledge of the people they cared for. They were able to tell us about the individuals and aspects of their life history. Staff had a good understanding of the needs of people with dementia and encouraged people to make choices in a way that was appropriate to each individual. We looked at eight care plans and saw that each followed the same care plan process. Within each care plan there was detailed information about how individual care was to be provided for the person.

The service supported people to express their views. There were meetings arranged for people to attend to talk about the service and the staff informed us that relatives were encouraged to attend. The manager arranged meetings with the person and their families so they could discuss care on an individual basis.

We saw large clocks accurately telling the time and calendars, so that information had been displayed in the most appropriate way for people to understand. The manager and staff had worked with people and their families to create reminiscence areas in the service. This included photographs, objects and decorations in style that would be familiar to people of earlier times in their lives. The reminiscence stimulation promoted and supported people to talk with the staff, so they could listen to their views and gain a great understand of the person.

A relative told us that the staff had explained to them the symptoms of the illness of their relative. This had helped them to understand the care plan and also some of the behaviours of their relative and in particular why they experienced problems with their memory and did not always recognise people. They explained that they were present when the care plan was reviewed and time was taken to check that the person was content with their care plan.

People's privacy was respected. All rooms were single occupancy. This meant that people could spend time in private if they so wished. Rooms we were invited to see had been personalised with people's belongings, including photographs, pictures and ornaments which all assisted people to feel this is their home. We noted that bedroom doors were always kept closed when people were being supported with personal care.

We saw that staff were respectful, patient and kind when providing support and care and had a good understanding of people's individual needs. Relatives praised the staff. One relative describing them as "Cheerful, helpful and caring." They said that staff always treated people with respect and dignity. Another relative said. "Staff are always respectful and always ask residents what they want and what they like." Another told us that, staff were very good at meeting their relative's individual needs and responded appropriately and supportively when they were having a difficult time or low in mood. They said, "Staff always treat people as individuals rather than treating everyone the same." They also appreciated the fact that staff were very caring and supportive towards relatives who often found it extremely difficult when their relative was diagnosed with dementia.

The service had started a dignity champions group that included a relative. The group were in the process of assessing dignity within the home. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discreetly about their personal care needs.

Staff communicated well with people at different stages of dementia. They used non-verbal cues to understand people wishes and needs when they had more advanced dementia. A relative told us, "Staff have a great deal of patience when looking after people with dementia. They wait to make sure people understand when talking to them."

Good

Is the service responsive?

Our findings

We asked one person how was the service responsive. They said. “They definitely know me as a person and they're always obliging.”

The manager carried out a detailed assessment before people moved into the home. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. There was evidence that people wishes and preferences were included in their care plans wherever possible. Relatives said that they were fully involved in decisions about their relative’s care. The manager said that they had a ‘resident of the day’ when the person’s care and care needs were reviewed. The staff of all departments in the service were involved in the review and relatives were invited as often as they wished to be. One person told us that staff, “Definitely know me as a person and they are always obliging.”

The Manager explained to us that a detailed assessment was carried out before the person came to the home. This assessment identified choices of life-style so this could be included into the care plan, this included the time people got up and television programs they liked to watch.

Each person who lived at the service had been involved with recording their life history or support had been sought from a relative. The care record contained information about people’s preferred daily routines. This meant that staff were able to provide care that was personal to the individual. The service also operated a key worker system. This system identifies a named member of staff to spend time to get to the know the person for whom they are a keyworker and to be involved in their care review. The key worker had the designated time to work with the person and pay particular attention to the care plan being up to date. A keyworker informed us, that knowing the person overcame problems of people having to repeat themselves particularly with sensitive and personal information.

One person had been admitted to hospital but their needs had subsequently increased. The manager confirmed that their readmission had been delayed until the appropriate equipment, for example, a specialist bed and mattress, was in place for them in the home.

People were offered choices about where they wanted to be during the day and what activities they wanted to join in with. There was a range of activities that people could join in with if they wished. These included arts and crafts, flower arranging, gardening and sewing as well as one to one activities. People’s individual interests and hobbies were encouraged and supported whenever possible, this included painting and supporting people to complete jigsaws. There were regular entertainments and occasional trips out of the home. One person described the range of activities with enthusiasm but had particularly liked it when small furry animals had been brought to the home.

We saw that the service routinely listened to people through care reviews and organised meetings.

The manager said that ‘residents’ meetings’ were held once a month and ‘relatives’ meetings’ every three months. Minutes were taken and people and relatives were kept informed of the actions taken to address issues raised, which included ideas about growing and gardening activities.

The service had a complaints policy and procedure which was available and within easy access to all people that used the service. Two relatives informed us they would have no hesitation in complaining if the need arose. One person informed us that the staff were highly responsive to requests and through this attentive approach and care, matters did not escalate to a compliant. At the time of inspection there were no outstanding complaints.

Good

Is the service well-led?

Our findings

A relative told us, "I can't praise the manager highly enough." Another relative said, "The home appears well managed. There's a friendly and cheerful atmosphere. I can't think of anything that could be better."

The manager provided visible leadership within the home and toured the service whenever they were on duty to meet with people and staff and resolve issues. They explained their training was in a person-centred approach to care and lead by example. This encouraged staff to emulate them and provide the best quality care. A relative told us that they were very impressed with the manager's caring attitude when they were first shown around the home. They said that the manager broke off conversations with them a number of times, if people living in the home needed attention. They felt that this showed that the manager's priority was the welfare of people in the home and not just trying to attract new people.

A positive culture was created and supported by the manager having open door sessions at which relatives could attend to discuss any issues with the manager. The information was usually pertaining to the care of an individual, rather than improvements to the service. The culture also extended to developing links with the community and this included with the local schools so the pupils could come to the service and provide entertainment.

The manager carried out a range of audits to monitor quality within the service. There was evidence of action plans and follow up when areas for improvement were identified. The senior management team demonstrated a commitment to continuous quality improvement. They were in the process of improving quality audits of the standards of care. They were also introducing initiatives to support and encourage staff to provide more person-centred care. One of these was to produce a summary of people's needs and preferences and how they liked to spend their day. This would also include information on how staff supported them on good days and also when they had difficult days either emotionally or physically.

The manager told us that they were provided with the resources to make improvements within the home. For example, they had developed a reminiscence area for people in the home. They were also considering providing bedrooms with doors that looked like a front door of a house, in order to reinforce the fact that this was their own private space.

We raised with the manager that a small corridor area of the service did have an odour which people would consider unpleasant. This detracted from the positive atmosphere in all other areas of the home. The manager explained to us that the problem was the carpet which was being removed that weekend and replaced with a wooden flooring which had been used in other areas of the service. This would remove the odour and also look pleasing to the eye and could be easily kept clean.

The manager and senior staff provided an on-call rota of support for staff at the service, so that one of them could be contacted in an emergency. This was further supported by area managers. The manager carried out effective quality assurance and monitoring systems which had been put into place to monitor care and plan on-going improvements. For example peoples care records were reviewed monthly and changes were made as required.

The maintenance team worked closely with management colleagues carrying out audits and checks in place to monitor safety of the service which included lifting equipment and that water temperatures were within acceptable ranges. We noted how the auditing information was recorded and shared between staff so that action plans to resolve problems as they were identified were clear. We saw at our inspection that the fire doors were checked to be in working order every week and all fire safety certificates were up to date. This meant that the service had steps to provide a safe environment in which people lived.

The manager said that as part of their quality assurance they carried out Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help understand the experiences of people who are unable to talk, due to their complex health needs. This gave staff more insight into these people's needs and helped them evaluate whether they were providing the most appropriate support and care. The manager explained to us the training they had received in order to be able to carry out a (SOFI).