

Minster Court (Bracebridge Heath) Limited

Minster Court Limited

Inspection report

off York Way
Bracebridge Heath
Lincoln
Lincolnshire
LN4 2TS

Tel: 01522521212

Website: www.retirementsecurity.co.uk

Date of inspection visit:
18 January 2017

Date of publication:
13 March 2017

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

This inspection took place on 18 January 2017. Minster court Limited is a domiciliary care service run by Minster Court (Bracebridge Health) limited which provides personal care and support to people who live in apartments in an independent living complex owned and run by Minster Court (Bracebridge Heath) limited. On the day of our inspection 23 people were using the domiciliary service.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run. People felt safe and staff understood their responsibilities with regard to protecting the people who used the service from abuse or harm. Risks to people's health and safety were assessed and managed, and people were encouraged as far as possible to maintain their independence.

People's needs were met and they were cared for by sufficient numbers of staff. They received their medicines as prescribed and the management of medicines was safe. Staff caring for people received sufficient and appropriate training to carry out their roles.

People were encouraged to make independent decisions and staff were aware of legislation and the principles of the Mental Capacity Act 2005 (MCA) to protect people who lacked capacity when decisions were made in their best interests.

When required people received the support they needed to have enough to eat and drink and referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care and were treated in a caring and respectful manner by staff who delivered support in a relaxed and considerate way.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and staff understood the procedures required should people lack capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs and care

plans were regularly reviewed and updated to ensure they contained accurate information.

People knew how to make a complaint and felt able to do so if required.

Is the service well-led?

Good ●

The service was well led.

People felt the registered manager was approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Minster Court Limited

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.

This announced inspection took place on the 18 January 2017. The inspection team consisted of one inspector and 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office. We needed to be sure that they would be in.

Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications the service submitted. A notification is information about important events and the provider is required to send us this by law.

During the inspection we spoke with two people who received services from Minster court Limited, three relatives, four members of staff and the registered manager.

We looked at the care records of three people who used the service, three staff files and a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff who came into their apartments to care for them. They were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "Yes I feel safe, if I had concerns I would tell my family and they would go to the manager," a second person said, "Safe? Yes very much so." The person went on to say they trusted the staff who cared for them. Another person told us, "Yes I could talk to any of the staff if I was worried they make me feel safe." Relatives we spoke with felt their loved ones were safe, one relative said, "Yes definitely I could go to the manager and they would address any issues."

People were supported by staff who knew how to keep them safe. Staff had received training in safeguarding to help them understand the different types of abuse that people could be exposed to, and how they should deal with any suspected abuse. Staff we spoke with showed a good understanding of different types of abuse. They were able to provide a description of the types of abuse people they cared for could experience and what their responsibilities were in regard to reporting concerns. Staff told us they would document any incidents of concern and ensure the registered manager was aware. Staff we spoke with were all aware they could report issues of concern to ourselves or the local safeguarding team. One member of staff told us, "I would go to the duty manager they would sort things out." Another member of staff also told us they would report any possible abuse to the registered manager straight away, they said, "I know the manager would sort it, I know I could go to the social services or CQC (Care Quality Commission) if I needed to."

The registered manager was aware of their responsibility with regard to keeping people safe. They were aware of their managerial role in reporting safeguarding issues when required. Staff had been developed and trained to understand and use appropriate policies and procedures. This had helped to ensure they understood their role in safeguarding people.

The risks to people's safety had been appropriately managed by the registered manager and staff. People's care plans contained information about how staff should support them to keep them safe whilst enabling them to maintain their independence. For example, there were risk assessments on different people's mobility needs. The care plans detailed what aids should be used and when and how to offer help to individuals. People we spoke with told us when necessary the staff safely used equipment required for their care and the care they received was tailored to their need. One person we spoke with told us they had a wrist alarm they could press if they required assistance. We saw in the person's care plan they were at risk of falls, but liked to mobilise independently around their apartment, they told us "I have all the things to keep me independent."

A member of staff we spoke with told us the information in the care plan along with their knowledge of the people they cared helped them manage the risks to people's safety. They told us, "I have one person who is at risk of falls and I move things and check for risks to them to help prevent any falls. The information is in their care plan."

People we spoke with told us they felt there were sufficient staff to meet their needs. The staff were generally on time and people reported there had not been any occasions when staff had failed to turn up when they were supposed to. They told us there was enough time for staff to support them during their visit and one person told us, "Staff come in when they are supposed to." Another person said, "Very, very good, they come when they are needed." A relative we spoke with told us staff always stayed for the time that was allocated and if needed, they would stay longer.

Staff we spoke with told us that they felt there was enough staff to meet people's needs. One member of staff told us, "Yes there are enough staff. I have plenty of time to deal with people and if I need more time then I ring the office and I can have more time." Another member of staff told us, "Yes we have sufficient time to give care. If someone is a bit poorly and we need a bit more time we will ring the office and let the next person know if we are going to be late."

We saw the staff rota and call timing sheets for different people and saw when one person required two people this was planned for so they received their support in line with their needs. Staff told us this worked out well and people were not kept waiting for their care.

The registered manager had taken steps to ensure people were protected from staff who may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers make safer recruitment decisions. We also saw references had been obtained prior to employment and retained in staff files.

People's medicines were managed safely and individual care plans gave details of what help each person needed. One person told us, "My medicines are given to me by the care staff." They went on to say they had some support from care staff and family with ordering replacement medicines but they preferred to do as much of this for themselves as they could. Another person told us staff helped them with their medicines they said, "They (staff) remind me to take them."

We saw in the care plans the support different people required with medicines was clearly recorded. Staff we spoke with knew what levels of help individuals required and how they should record and report any anomalies, such as if a person was refusing to take their medicines. One staff member told us, "I would record this and let the duty manager know if they keep refusing them and we need to take this further, find out why and ring the GP." Staff told us they had received the right training for safe handling of medicines. One staff member told us, "Yes I have had the training and get updates, I feel confident."

We saw records of the training staff had received to ensure they were safe to administer medicines, the records showed staff received on-going training and support from the registered manager to remain competent.

Is the service effective?

Our findings

People were cared for by staff who were given relevant training and regular support. People we spoke with told us they felt the staff who cared for them were competent and received the right training to do their job. One person told us, "Yes they must have (training) because they know what to do." Another person said, "Yes they know what they are doing. New staff are supervised, and staff can ring the office for advice." One relative we spoke with said, "Certainly the ones I see have the right training." Some people who used the service and their relatives told us the duty managers came to their homes on occasions to observe the staff working.

Staff told us they had received induction training and were supervised when they were first employed. They discussed the different elements of the training which included health and safety, safeguarding vulnerable adults, moving and handling and fire training. One member of staff said, "The training is really good, gives us everything we need." They told us they had received a good induction process that allowed them to familiarise themselves with the needs of people who used the service. One staff member said, "It was a good induction; we shadowed experienced staff and had time to look at all the paperwork." Training records viewed showed that staff received regular training relevant to their roles with regular up-dates. The registered manager confirmed they used face to face training and felt this gave staff the right support.

People who used the service told us they were asked to provide their consent before any care was given. They told us that staff always checked what they wanted before supporting them. One person said, "Yes staff ask me what I want them to do" A second person told us, "Yes we do what I want to do and they are the things I need." Staff we spoke with understood their responsibilities about gaining consent from people before providing care. One member of staff said, "I go in and ask people what they want." Another member of staff told us, "I would follow the person's lead, they tell me what they want me to do."

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans. The information in place highlighted where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. The focus of the assessments was on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "People should be able to make their own decisions, we should do everything we can to help them with this." One staff member told us that before any decisions could be made on someone's behalf they would need to have a mental capacity assessment. They went on to say, "If decisions are made after an assessment they should be the least restrictive options."

People who needed support with eating and drinking were given appropriate support by staff. Minster court had a chef who cooked meals for people to eat in their own apartments or in the communal dining area. People told us the food was good and they were able to choose if they wanted to use this facility and where they wanted to eat their meals. One person we spoke with told us they came down each day for lunch in the communal dining room and their relative who visited them each day would make a sandwich for their evening meal. One relative we spoke with told us, "My (relative) does have a regular lunch at the court (communal dining area) almost every day. That gives me confidence that they are eating appropriately." Another person told us the staff oversaw their meals for them they said, "They (Staff) are always checking I eat and drink well."

The needs of the people who used the service were varied and individual needs were recorded in the care plans. Staff told us they used the care plans and the work sheets to see who required assistance or support to ensure they were managing a healthy diet. Staff told us they checked people's fridges to ensure there was enough food for them, the dates had not expired on food items and also undertake shopping for them if required.

One member of staff discussed how they had supported a person who had not been eating their meals. The staff member had seen the person was throwing meals away, the staff member made sure they highlighted this to the duty managers and recorded it on the person's daily record. They then sat with the person and discussed what foods they enjoyed and at what times of the day they would like to eat. They made sure the information was in the person's care plan and the chef was aware of the regime. The registered manager told us staff were proactive in monitoring people's intake and this allowed the registered manager to highlight issues to relatives so health professionals could be contacted and measures put in place to support people with nutrition.

People who used the service could be assured that staff would support them with their healthcare needs. One person we spoke with said, "Yes they are quick to get a doctor." They went on to say, "They pick up on things." The person gave us an example of the registered manager checking up on them and calling an ambulance before the person was aware they needed it. The person said, "It could have been a lot worse for me if they hadn't picked things up." This was one of a number of instances we were told about by people and their relatives that showed staff's awareness of their role in monitoring people's health. A relative we spoke with was also happy with the way healthcare needs for their relations were managed. They told us, "Yes we have experience of the staff calling the doctors and myself on several occasions. They have been able to relay the problems to be sure I get a clear and concise summary of the problems that I can't always get from my relative."

Is the service caring?

Our findings

People we spoke with told us the staff who provided care for them were genuinely caring and took the time to ensure they gave good care. One person told us, "Staff are wonderful." A second person told us they felt the staff were very caring and empathic. Another person told us, "They look after me from the moment I open my eyes." Relatives we spoke with told us the staff were kind and caring towards their relations. One relative told us their relations were able to build relationships with the staff who cared for them and spoke very highly of staff. The relative said, "Very (kind), I have had cause to thank them numerous times, not just for the professional service but for the fact they are able to do this (job) in a respectful and caring manner that is genuine." A further relative told us their relation thought of the care workers as their friends, and they told us when their relation had been in hospital, care staff had gone in their own time to visit the person.

The group of staff employed in the service was small and people saw the same staff regularly and people who used the service could be assured staff had a good knowledge of their needs. Staff we spoke with knew the individual needs of the people they cared for and showed empathy when discussing their needs. It was clear they understood the individual needs of people they cared for. For example, a member of staff discussed a person who required time and support to communicate their needs. The member of staff stressed the importance of giving the person time so they got things done the way they wanted. The staff member spoke warmly about the person.

The interactions we saw between staff and the people who used the service were warm, informal and respectful. One member of staff said, "It's family type attitude, I like coming to work." A senior member of staff we spoke with said, "Staff know people and they have built up good relationships with them."

People were encouraged to spend time in the communal lounge in the complex where they could form friendships with each other. One person said, "Staff always make sure we get to know each other so we have friends." Another person told us it is a very sociable service, they said, "Everyone knows each other and are kind to each other."

People were encouraged to contribute to the formation of their care plan. One person told us, "The staff sort it from what I tell them I need, it's my choice." Another person confirmed they had been involved with setting up their care plan they said, "They (staff) discussed it with me and asked me what I wanted." One relative told us they were involved and continued to be involved in making sure the information in their relation's care plan was relevant to their needs. They said, "We have been involved on several occasions, particularly as care plans have needed to change with illness."

The people we spoke with felt they were treated with respect and staff maintained their dignity. One person told us, "Definitely staff are respectful and we can have a joke." The person went on to say, "They are always careful to keep me covered. They help me match up my clothes and make sure I don't forget my make up." Another person said, "Yes they maintain my privacy when they help me." A relative we spoke with told us they were happy with the way staff maintained their relation's privacy and was able to give us examples of how staff had achieved this during particular instances.

Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect. They were able to give examples of how they maintained people's privacy when providing personal care. One member of staff said, "I always check the blinds are down when giving personal care." Another member of staff told they treated people the way they would want either themselves or their relatives to be treated.

People could be assured staff would support them to maintain their independence as much as possible. One person we spoke with told us, "One thing they do very well here is help people to keep their independence." Another person told us the staff did the things they needed them to but promoted their independence giving them the sense of control the care they received.

Is the service responsive?

Our findings

People we spoke with felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "Yes they (staff) do things in the order I want things done." Another person told us that staff were responsive to their daily needs. They said, "Staff remember how things should be done for me." Relatives we spoke with had confidence in the service and they told us their relatives' preferences were considered. One relative told us, "My relative's care is tailored to their needs."

People told us that the communication between themselves and the staff team was good and the staff and registered manager responded well to their needs. People told us they received their care at the times they wanted it and that the senior staff were available if they wished to discuss changes to their care package. One relative told us their loved one's package had changed over time as their needs had increased and they had been very pleased with the way the staff had responded and altered the package.

Staff we spoke with told us the registered manager and team leader kept the care plans up to date and the information reflected the needs of the person they were caring for. As the care team provided care for people in apartments in one building they were able to speak directly to the team who had been on shift before them. They told us the handovers were effective and we saw a communication book which staff could also read to keep them up to date with daily changes.

People's care plans contained information about what they enjoyed doing and gave staff the information they required to be responsive to the needs of the people they cared for. People were supported to go out on visits if they wished in order to prevent social isolation.

People had access to a number of social activities available at the service. These were arranged by the social committee made up of people who lived in the flats, and there was a wide range of events available in the service. Every day there was a communal coffee morning. On the day of our visit we saw this was a well-attended lively event with people chatting to each other and enquiring after people who weren't there. There were film nights, afternoon talks, board games and barbeques. One person told us they got involved with the different activities when they wanted to and did not feel pressured to join in things if they didn't want to, they said, "I am not isolated here."

People we spoke with felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff caring for them or the registered manager. The people we spoke with believed their concerns would be responded to in an appropriate way. All of the people we spoke with who used the service told us they had never had to make a complaint. One person told us, "I have no complaints, but I would tell a carer if things weren't right and they would listen and put it right." Another person told us they knew how to contact the registered manager if they wanted to discuss a concern. The relatives we spoke with told us they had never had cause to complain about the service, but they also had confidence that any concerns would be addressed.

Staff we spoke with were clear about how complaints were managed and as part of their induction they were made aware of the complaints policy and procedure. One staff member told us, "I would listen to the problem, make sure the manager knew and record the complaint." Another said, "I would talk to the manager, but if I could deal with it I would and I would record it in the care plan."

The registered manager told us they had not had any complaints, but they were aware of their responsibility in this regard. They told us they would follow the complaints procedure and ensure people knew they could also complain to the local authority safeguarding team.

Is the service well-led?

Our findings

People told us they had confidence in the registered manager and felt able to approach him if they wanted to discuss anything. One person told us, "(Registered manager), is always about." They went on to say, "Yes, he listens to us." We asked people if they felt the service was well led and everyone we spoke with felt it was well led and one person said, "Things run as they should." Relatives we spoke with felt the management team was visible and responsive. One relative said, "Yes very approachable." Another relative said, "(Name) manager is tip top."

Staff we spoke with told us they enjoyed working in the service. They told us their manager was readily available to them, the people who used the service and their relatives, and was a visible leader. One staff member told us, "(Manager) is very hands on and very supportive." Another member of staff said, "(Manager) is very observant he will pick things up quickly and sort them out." A further member of staff told us, "(Manager) is very good and goes the extra mile."

Staff we spoke with felt the registered manager was open and promoted an open culture in the service. One staff member said, "He sits with staff chatting before a shift starts." Another staff member told us they had good handovers and regular staff meetings, they went on to say, "Everyone has the chance to talk at the meetings."

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating these procedures. One member of staff told us, "Yes I know there is a (whistleblowing) policy and I would use it if I needed to." Another member of staff told us they would feel comfortable raising a concern, they said, "Yes I am able to talk to the manager or whoever is on duty about any concerns."

Staff told us they were supported by the management team with regular supervision meetings and confirmed that the duty managers observed their practice. One member of staff told us, "We have regular supervision, but can talk to (name) the manager in-between if we need to." Another member of staff told us, "I think the supervision is useful, we talk about different things and get feedback." Staff told us they received a yearly appraisal and we viewed the supervision and appraisal matrix which showed the registered manager had a supervision and appraisal programme in place.

People who used the service, their relations and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. We looked at the information from the last surveys to be sent out and this showed a high level of satisfaction among the people who used the service. We also saw where particular comments had been made the registered manager had addressed them and communicated with individuals to ensure they were happy with his responses to their comments. People we spoke with confirmed they had been given the opportunity to take part in the yearly surveys,

The registered manager also used audits to assess and monitor the quality of the service provided. We saw completed audits relating to areas such as care plans and medicine management. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the

risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.