Mr & Mrs B R Boam

Masson House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Masson House is registered to provide personal care for up to 18 older adults, which may include some people living with mental health issues. This inspection was unannounced and took place on 15 March and 4 April 2016. At the time of our inspection there were 16 people living there.

There was a registered manager at this service. 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. At our last inspection in January 2014 the provider was fully compliant in all areas inspected.

Records we looked at were very poorly maintained and updated. Care plans had not been updated they were not personalised and did not always included decisions people had made about their care including their likes, dislikes and personal preferences.

Staff were appropriately trained and confident to meet the basic needs of people they cared for. However staff did not have access to additional training specific to the needs of people using the service, such as palliative care, dementia awareness and falls management.

The service was not managed in an inclusive manner. The registered manager managed in a closed and exclusive manner that did not allow staff to make informed decisions on people's health and welfare. Staff were not always fully aware of their roles and responsibilities for people's care. The registered manager did not have effective systems in place to review the service and to ensure the service responded to the current needs of people.

During our inspection we observed staff delivering care which met people's individual needs and which supported them in a respectful and appropriate way. There was not always adequate training and processes in place to keep people safe and staff generally followed these. People's physical health was promoted although staff needed more specialist training to effectively support people with mental health care needs. Medicines were stored appropriately and they were administered and recorded as prescribed.

Visitors were welcomed to the service at all reasonable times. There was a complaints process in place and the service received may complements.

Most of the staff had some understanding and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

We saw staff ensured people were comfortable and had something of their choice to occupy them. We saw people were supported in a relaxed and unhurried manner. Staff were caring and communicated well with people.

Staff focused on people they were caring for rather that the task they were carrying out. Staff spoke in a positive manner about the people they cared for and had taken the time to get to know people's preferences and wishes. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support.

People's privacy was respected. People had their independence promoted. They were offered choice on how they wanted their care delivered and were given choices throughout the day. The service endeavoured to provide end of life care so people had a choice about where they spent the end of their life. Relatives were offered the opportunity to stay with their relative at this time.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration Requirements) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks were identified but because they were not always recorded this put people at risk from potential harm.

Staff generally knew how to keep people safe and how to report any concerns.

There were systems in place for the storage and administration of medicines. Staff understood these and administered medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training to meet the basic needs of people using the service. Specialist training was not provided.

Staff knew people and their individual care needs.

People had their nutritional needs understood and met. People were generally supported to ensure their physical and mental health was promoted.

Staff were aware of the MCA and how it should be used to ensure people's rights were protected.

Is the service caring?

Good

The service was caring.

People were cared for in a caring atmosphere by staff who knew what was important to people.

Staff were caring and compassionate and spent time getting to know people. Staff assisted people to eat in a manner that promoted their dignity and independence.

Staff ensured they always had people's consent prior to assisting them. They ensured the privacy and dignity of people using the

service was always promoted

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not up to date and did not contain accurate and up to date information about the person. The care plans were not informative and did not have directions for staff to ensure care was offered in the manner people wanted.

People were offered the opportunity to participate in the local community as well as having the opportunity to pursue their interests and hobbies.

There was a complaints process in place that people knew how to use if they needed to make a complaint.

Is the service well-led?

Requires Improvement

The service was not well led.

The service had a registered manager in post.

The service was not managed in an open manner. The manager did not empower staff to make decisions regarding people's care. This meant important decisions in relation to people's care could be delayed until the registered manager was available.

The registered manager knew the needs of people but did not always ensure this knowledge was available to all staff in the form of up to date records.

The registered manager did not have good quality assurance systems in place to monitor and review the service they provided.

Masson House

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 inspection took place on the 15 March and 4 April 2016. It was unannounced and carried out by two inspectors on the 15 March and one inspector on the 4 April 2016. The service was previously inspected in August 2015.

The service provides nursing care to 18 people. Most of the people using the service had physical disabilities some had mental health needs. The inspection was carried out by two inspectors.

The 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. 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. At the time of this inspection there was a registered manager in the service.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.
During this inspection we spoke with four people and two relatives. We spoke with four staff members and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at three staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Masson House. One person said they, "Feel safe, absolutely." Another said, "The staff always make me feel safe." Families told us they were confident their relative was safe.

Staff told us people were kept safe because they understood their roles and responsibilities to protect them. They said they received training in how to safeguard and protect people from the risk of abuse. The staff team were aware of local procedures for reporting allegations of abuse and told us they were confident in raising any concerns they had. The local authorities safeguarding contact details were displayed on noticeboards which meant this information was freely available to anyone using or visiting the service should they wish to report any concerns directly to the local safeguarding team.

However, there was an incident in the past year where some staff had not acted in the best interests of the individual. This was subjected to a safeguarding investigation. This showed that although safeguarding training had been completed not all staff had fully understood their duty of care to keep people safe. At the time of our inspection visit there was an ongoing investigation.

We saw staff used equipment to assist people with moving and transferring. This was done safely and people were communicated with throughout in a reassuring and calm manner.
Risk assessments were not always updated to reflect current risks. However, despite the poor record keeping staff had an understanding of people's needs and understood how to provide people's care and support in a safe manner. This was because the service was small and most people had lived in Masson House for a long time and staff were fully aware of their needs and wishes. Staff told us they did not always read the risk assessment and said they relied on information passed on through staff hand-over meetings at the end of each shift. They said this worked better than trying to read the risk assessments. However should staff miss the handover or if the information was lacking in detail or inaccurate the lack of up to date risk assessments could lead to people been put at risk of poor care. .

There were enough staff on duty to meet people's needs in a timely manner. People we spoke with confirmed this. One person said, "Staff do as well as they can do, it's very difficult to look after all of us." Another said, "They sometimes have a problem getting staff, most of them are excellent and they do a fantastic job for what they get." A relative told us that they were very happy with the care offered to their relative. The manager told us they increased staffing levels if people were unwell or if someone needed to attend an appointment. This was confirmed by staff.

People told us there were enough staff to meet people's needs and wishes. One person did tell us, "They [Staff] have terrible difficulty getting night staff; they have a tremendous amount of work to do." They went on to say, "They [Staff] have to check on us as well as other jobs. All the washing has to be done; it's incredible how they do it."

Throughout our visit staff responded to people promptly. Staff we spoke with felt staffing levels were appropriate for the people living at the home and told us they were able to meet people's individual needs

without delay. A staff member told us there were, "Enough staff."

Staff said they knew how to respond if anyone had an accident or an incident. We saw that accident and incident forms were completed and available in people's care plans.

We found that there were thorough recruitment procedures in place. However not all relevant checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. Not all the staff had references from previous employers. The registered manager undertook action to address this as a matter of urgency. The lack of references meant the registered manager did not have a full picture of the people they were employing. This could have put people at risk of poor care by employing people who were unsuited to a caring role.

Medicine was administered as prescribed by people's GP. However there was confusion over one person's medicines and there were no clear records to support decisions made by the registered manager in relation to conversations and GP visits regarding a change in their medicine. This meant the person could have been at risk of not having the correct medicines in a timely manner. We spoke to the registered managed who assured us processes were in place to make sure this lack of communication doesn't happen again.

People's medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an 'as when needed' basis.

Requires Improvement

Is the service effective?

Our findings

People told us staff knew how to care for them. One person said, "The girls certainly seem to know what they are doing." Another said, "They are good at what they do for me, although I need very little in the way of care. I'm not sure how they care for other people."

Staff told us they had received training to enable them to care for people safely. We saw they had received sufficient basic training in key areas of delivering safe and effective care. One staff member said, "We know everyone really well so we know what to do."

However, staff did not have specialist training. For example some people lived with mental health conditions and staff had not been trained to support people with this condition. Staff were not always able to tell us how the condition affected people they cared for or the impact of the condition on people. This showed that staff did not receive training to update their knowledge of how to meet the individual needs of people. This meant people did not always have care delivered by staff who understood their individual needs.

Staff training was not planned in line with people's needs, or in line with recognised training such as the Care Certificate. Staff we spoke with had received some induction training. Staff told us they were supported by the registered manager and senior staff. While there was some formal supervision this was not regular and planned. However staff said they could always get hold of the manager and support.

Staff we spoke with had some understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the importance of acting in people's best interests. The manager told us how they put the principles of the MCA into practice when providing care to people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed and decisions taken in their best interests.

The registered manager understood their responsibilities under the MCA as required for people's care. 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. Most staff we spoke understood the requirements of the MCA and the importance of acting in people's best interests.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This meant that people's rights were protected. At the time of the inspection no one was being deprived of their liberty.

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People had ongoing access to health care. The assistant manager confirmed people were registered with local GP's and we saw a health care professional visiting the service on the day of the inspection.
Health professionals told us they felt welcomed to the home. They told us they thought there were systems in place to ensure people's health and well-being were monitored and reviewed. Feedback from the health care professionals indicated the provider had improved lines of communication with them; they told us communication had been, "Varied," at times. They also said they would pass on any major concerns or information to the provider. The professionals told us staff followed any recommendations and advice.

We looked at the choice of food and drinks offered to people during our inspection. People were satisfied with the quality of meals. One person told us the food was, "Very good." Another person told us, "The food is good; I'm a very good eater." A third person told us, "Food is excellent, it is always made fresh; It is very good." A staff member told us, "Food is really good; It is so much better to have proper home cooked food."
We saw people were offered a choice of time to eat. Some people ate their main meal at lunch time others chose to have it in the evening. We saw this choice was respected. People were offered hot and cold drinks at regular intervals during the day and with their meals. We also saw water available on each floor of the building and jugs of fruit squash in people's rooms and communal lounges, for people to help themselves. This meant people had ongoing access to drinks throughout the day.
At lunchtime, we observed food was freshly prepared and nicely presented. We heard staff supporting people to make a choice of food and drink. There were three main options for main course and only one dessert. Staff were heard to ask, "Everyone want jam sponge and custard?" Not alternative was offered. People confirmed they were happy with jam sponge and custard.

Food was freshly prepared, nutritious and nicely presented. Most people showed signs of enjoying their meal. We heard some staff supported people to make a choice of food and drink. We saw when staff served people their food they chatted with them explained was on the plate and ensured they were happy with their choice.

People were offered an alternative if they did not like what was on the menu that day. At the time of our inspection visit no one was on a special diet. However kitchen staff we spoke with were not aware of the elements of special diets such as diabetics and we identified they needed further training on this.

Good

Is the service caring?

Our findings

People were cared for in a manner that supported their dignity and independence. We saw staff make eye contact with people and communicated well while assisting them. Staff laughed and joked with people and we saw there was a friendly relationship between staff and the people they cared for.

Most people said they were happy with how they were cared for and staff looked after them well. People spoke of having good relationships with staff. For example one person told us, "They're my friends". Another said, "They are lovely and do their best for us." We saw most of the staff were kind and caring and we saw some examples of where staff communicated well with people. Staff greeted people using various titles such as Mr, Sir, Mrs or their first name. Discussions with people and a review of records showed staff referred to people by their preferred title. People's care was delivered in private areas of the home and people were taken to their room for GP and nursing consultations and appointments. This approach to greeting people and to care delivery promoted people's dignity.

Mostly people were involved in making decisions about their own care. For example, people said they were always given a choice about what to wear or how they wanted their care delivered. People said staff always asked for their permission before starting to deliver care. We saw another person was given the option of having their meals at a time that suited them. Where people needed assistance to eat, staff did this with care and allowed the person they were assisting to set the pace of eating. Where staff assisted people to move they set the pace and staff were careful not to outpace them. Other people had their independence promoted through staff suggestions and encouragement. For example people were encouraged to complete their own personal care with encouragement rather than the staff doing it for them.

One person told us, "Most staff are ok fine and they are nice." Another person told us, "Staff are caring." One person told us that most of the staff were friendly and kind but they had problems with one staff member who they felt did not understand them. The manager was addressing this.

We saw staff were seen to be kind and caring in their interactions with people. Staff ensured people were comfortable and took the time to communicate what was happening in a friendly and reassuring manner.

People's privacy was respected. Staff we spoke with were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, one staff member understood the need to give people choice. They also told us how they reassured one person it was ok to have music on when they were in their bedroom. Another staff member told us how they promoted people's independence and how they, "Encouraged people to try and do things for themselves; It is important we ask people if they want to try and do things and we shouldn't assume they don't or can't."
Visitors were welcomed to the service at all reasonable times. We saw visitors come and go to the service throughout the time of our visits.

Requires Improvement

Is the service responsive?

Our findings

Care plans had been written for all of the people who lived at the home and they told us they were involved in discussions with staff about how they could meet their needs. However they did not always contain sufficient detail to give staff an understanding of people and their needs. At our last inspection in August 2015 we pointed this out to the manager. The manager assured us the care plans were under review and would be updated as a matter of urgency. At this inspection this had not been completed.

Some of the care plans still lacked detail on how people's needs were recognised and met. People's wishes in relation to how they wanted to spend their time and hobbies and interests they wanted to pursue. Of the care plans that had been completed and updated there was evidence that people were involved in care planning. One person said, "I am involved in my care planning." However, staff told us they did not use the care plans on a regular basis as they contained very little useful information. This meant that care plans were not being used as working documents to aid and assist staff to deliver care based on up to date information on people's needs and wishes. The lack of up to date written information could cause staff to assume they knew people's care wishes and could deliver poor or inconsistent care.
Care plans were based on people's physical needs and were not person-centred. People's personal histories, aspirations and wishes were not always included. Information was not easily available in care plans and directions to staff were not clear and informative. Staff said that they did not read all the care plans and relied on staff handover meetings for their information. The acting manager was aware of this and care plans were being reviewed as a matter of urgency. This meant that important information that was not used on a daily basis could have been missed and not used to enhance the life of people.

People were offered the opportunity to follow their hobbies and interests. For example to assist one person who wanted to pursue their hobby of gardening the service bought them a small greenhouse. Other people went out to nearby towns and others were assisted in the home with activities such as reading and completing puzzles.

People's views about activities were mixed. One person told us, "We don't do much." And, "We don't go out much." Another person told us, "We don't do much apart from watch TV." A third person told us, "It is brilliant here; I get to go out when I want and mates can visit." One person had been supported to pursue their hobby. The service had purchase equipment for them to allow them to get the best out of it. They told us they were 'very happy' living at Masson House. When asked what they would like to do most people said they were happy watching the television or reading papers and books. One person said, "We don't do much but that's how I like it. I worked all my life now I want to rest." Another said, "I like the outings we have."

There were no formal ways of capturing people's opinions and views. However everyone we spoke with felt they could talk to the manager with any problem they had. One person said [manager] is always about. I can talk to [manager] anytime if I have a problem." They said they didn't have a problem at that time.

The provider had a complaints procedure in place. One person told us they were not happy with the service. We passed this concern on to the registered manager. The service did not have a formal way of collecting

people's views on the service. However people said the manager was always around if they wanted to talk about anything. The people we spoke with said the manager would 'do anything' for you. We saw there had been no complaints since the last inspection visit and saw the service had many compliments from families of people who live there.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have effective systems in place to ensure records were updated and reflective of people needs and wishes. Staff were reliant on their knowledge of people and that the manager was always available to staff for consultation. However due to unforeseeable circumstances this approach to the management of the service had caused problems in relation to one person's medicines. Also because there was no clear and accurate records of professional health care visits and directions following the visits staff had been left without direction.

The registered manager had not always ensured the appropriate paperwork was checked when employing staff. This included some people not having proof of previous employment. There were no monitoring systems in place to identify that this information had not been received.

The manager had not always ensured there was a clear line of management and delegation when they were not available. This caused staff to postpone decision making such as calling in a GP. Staff were not always empowered to make decisions in the manager's absence. The manager told us that this was not the case however they were unable to give examples of how staff were empowered.

Care plans were not reviewed and updated on a regular basis. This resulted in many beingf out of date and lacking information on how to assist staff to care for people in a manner that promoted their care and welfare. This meant that there was a risk that people may receive inconsistent and inappropriate care. There were no systems in place to identify and monitor this.

The lack of clear audit trails in relation to a person's care and treatment resulted in a safeguarding referral being made and investigation been carried out.

The provider did not have systems in place to ensure staff worked in a way that supported people in their absence. There was an uncoordinated approach to this with some staff not feeling empowered to call in support services such as health care without the permission of the registered manager. Some staff did make the decision to call other health professionals however they felt they were 'breaking the rules'. The results of this were some people may not get care in a timely manner.

There were poor records of communication between staff and visiting professionals. Staff were supervised by the registered manager as they went about caring for people. No records were available on how or when this was done.

There were no clear up to date staff training records available.

This demonstrated that systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of services, and risks were not assessed, monitored and reduced.
The registered manager told us they regularly carried out reviews in relation to quality assurance. However

we saw that the records kept were of poor quality and not completed in a regular or timely fashion.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Some staff felt the provider was approachable. Some staff were confident in raising any issues or concerns they had. One staff member told us the manager was, "Approachable and listens". Another staff member told us, "[The manager] was really good." [They] check we are ok and works with the team. I feel valued and respected." A third staff member said, "[The manager] tries to help with any problems." Other staff felt they were not trusted to make simple decisions such as calling a person's GP without 'the permission of the manager.
The registered manager understood their role and their responsibilities in respect of their registration with the CQC and provided information as required. During the last year we received appropriate notifications.
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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 17 HSCA RA Regulations 2014 Good governance The provider did not have systems in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. 17 (2)(a)(b)