

MPS Care Homes Limited

Eliot House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 2 March 2016 and was unannounced. Eliot House provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 29 people who require personal and nursing care. At the time of our inspection there were 26 people living at the home.

There was a registered manager in post. 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.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as a the district nurse and GP and were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered.

Staff received training to help them to provide appropriate support to people. The provider had a training plan in place and staff had received regular supervision. We saw that staff obtained people's consent before providing care to them. People had access to activities and leisure pursuits.

Staff felt able to raise concerns and issues with management. Relatives were clear about the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Audits were in place for areas such as falls and infection control. Accidents and incidents were recorded.

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.

There were sufficient staff.

Staff were aware of how to keep people safe. Risk assessments were in place and people felt safe living at the home.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met and had access to healthcare services.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had access to a range of activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Is the service well-led?

Good ●

- The service was well led.
- There were effective systems and processes in place to check the quality of care and improve the service.
- Staff felt able to raise concerns.
- The registered manager created an open culture and encourage concerns and issues to be raised.

Eliot 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 2 March 2016 and was unannounced. The inspection was completed by an inspector and an 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.

Before the inspection, we reviewed information which we held about the home and looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, a nurse, three members of care staff, six relatives and seven people who lived at the home. We also looked at three people's care plans and records of staff training, audits and medicines.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, "Yes I feel safe." Relatives told us that they felt their family member was safe. We observed staff responded to people promptly. One relative told us, "I am so happy with Eliot House, they are extremely kind and caring towards my relative. I have complete peace of mind and don't have to worry about anything when I leave here. They keep me well informed and let me know of any changes. It feels like one big family."

People and staff told us that there was enough staff to provide safe care. The registered manager told us that they rarely used agency staff and that if they did this was only for nursing cover. They said they had a stable team of carers which ensured that people received safe and appropriate care. The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed this. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed. Where there were specific risks such as a risk of falls these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. For example, a person remained in their room during the day because of their health needs and was unable to use a call bell to summon help. A risk assessment had been completed and arrangements were in place to ensure they were checked on a regular basis. Risk assessments were also in place where equipment was used such as bed rails. Accidents and incidents were recorded and investigated to help prevent them happening again. Plans were in place to support people in the event of an emergency such as fire or flood.

We observed the medicine round and saw that medicines were administered and handled safely. Staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. Staff ensured that people knew how to take their medicines and observed that they had taken them. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Staff told us and records confirmed, they received training about how to manage medicines safely and that their competence was reviewed on a regular basis. We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. Where people required their medicines to be given in their meals this was documented and discussions had taken place with the GP and pharmacist to ensure that this was a safe method of administration.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person said, "I think the staff are very good, always consistent and approachable, they care, listen and keep me well informed."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received mandatory training on areas such as fire and health and safety. They also received training on specific subjects which were relevant to the care people required, such as supporting people with behaviour that challenged. The registered manager told us that there was a system for monitoring training attendance and completion. This meant that it was clear who required training to ensure that staff had the appropriate skills to provide care to people. Staff also had access to nationally recognised qualifications.

Staff were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision that provided an opportunity to review their skills and experience. The registered manager told us that appraisals had been carried out which meant that staff had their skills and performance reviewed.

We observed that people were asked for their consent before care was provided, for example, we observed staff asked people if they required help. Staff were able to tell us what they would do if people refused care. We observed a person refused their medicines at lunchtime but that staff tried a number of ways to explain to the person why it was important to take their medicines. Records included agreements to the provision of care. Where people were unable to consent this was detailed in the care records and records detailed what support people required and why.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were 23 people who were subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People who used the service told us that they enjoyed the food at the home. One person said, "Oh yes, the food is definitely good here, all home cooked and usually very good. We do have a choice and yes they will more or less cook you anything you want if you don't like what's on today." Another person said, "The food is good there's no doubt about it. The cook looks after us very well." A relative said: "My [family member] eats very little as they have trouble swallowing, but they [staff] are so kind and persevere until they find

something [my family member] can enjoy. They go the extra mile to make sure [my family member] has something soft and easy to swallow." We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. The lunchtime meal was quiet and relaxed with staff serving the meals and engaging in conversation with people. Staff sat alongside people and chatted as they supported them. We observed people being offered choices. Staff told us if people didn't want the offered meals they were able to provide alternatives. The registered manager told us that all the meals were home cooked with fresh ingredients.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. For example, some people received nutritional supplements to ensure that they received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs and fruit and snacks were available. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example, the local mental health services visited on a regular basis and provided advice and support. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person told us, "They all care, the laundry, carers, cooks, handyman, everyone. Everywhere is clean and tidy." A relative said, "If I wasn't happy with the care here my loved one certainly would not be here I can assure you. They manage [my family member] really well because they can be difficult to manage. I have true peace of mind and trust in them all." Another relative said: "I have a room booked just in case I need care in the future; it is so good here, it's the only place I would consider. It's so family orientated and they always make you so welcome."

People were involved in deciding how their care was provided. Staff were aware of respecting people's needs and wishes. For example, we observed a member of staff support a person to enter the lounge and ask, "Do you want to sit down, would you like this chair?" The person chose not to sit down but continued to wander around the building. We saw that the member of staff remained with them in order to keep them safe and chatted with them.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. Where people were unable to communicate verbally alternative arrangements and support was in place. One person's records stated, 'Staff to look for nonverbal signs, discomfort and changes to facial expressions.' Another record said, "Only ask one thing at a time and maintain eye contact."

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were happy and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. For example they said, "Lift your feet up," and assisted the person physically to ensure that they were supported safely.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. Two people shared a room, the registered manager told us that this had been their choice. We saw that a screen was available to pull out and separate the areas in the room to protect people's privacy. However the screen was not the full height of the room and could easily be knocked which meant that people's privacy may not be fully protected. We spoke with the registered manager about this who said that they would look at alternative arrangements. Following our inspection the registered manager told us that they had purchased a new screen to use in the bedroom.

We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. People could choose where they spent their time in the service. There was a variety of communal lounges and people also had their own bedrooms. We saw that people had been encouraged to bring in their own items to personalise them.

Is the service responsive?

Our findings

Activities were provided on a daily basis however on the day of our inspection the person who was responsible for coordinating activities was unavailable. Despite this we observed staff carrying out leisure pursuits with people such as reading a newspaper with a person. People told us that they had trips out to the local garden centre and the pub in the village. We saw photographs of previous events such as cake making and parties. We observed a member of staff talking to a person who had been recently admitted to the home. They told them about trips to the local pub and asked them if they would like to go. They also said that if they liked a glass of wine or beer with their meal to let them know so that they could arrange this for them. A relative said: "Oh yes, they do things together. My husband made me a Valentines card the other week which was lovely. I feel lucky we could get my husband into this particular home because it's so lovely."

The registered manager told us about visits by local community groups for example the local school and a local musician. They also said that they visited the local town as many of the people at the home originated from the local town. There were also photographs on the walls depicting the town in the past which staff told us they were able to talk with people about. Visual prompts are important to people with dementia because it assists them with memories and orientation. For example, bedroom and bathroom areas were clearly marked with pictures in order to help people to orientate themselves around the building.

Relatives and people who used the service told us that they were aware of their care plan. We looked at care records for three people who lived at the home. People's care records detailed their past life experiences in order to help inform staff about people's interests. This information helped staff to understand people's past and provide a reference for staff to have a conversation with people about. Care records included risk assessments and personal care support plans so that staff knew how to provide appropriate care to people. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care.

Care plans had been reviewed and updated with people who used the service. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment was required. This helped staff to respond to people's changing needs. In addition each person had a personal profile which was kept in their bedrooms. This detailed how they liked their care to be provided so that staff were always aware of what care people wanted to meet their needs. For example, one person liked to have their radio on when they were in their room and records detailed this. We checked and observed when the person was in their room the radio was playing.

Two people required additional support on a one to one basis in order to keep them safe. We saw that care records detailed what support people required and how staff should provide this. We observed staff providing one to one care in a sensitive manner which did not interfere with their choices and wishes. For example, one person did not want to sit down to have their medicines and staff ensured that they received their medicines without going against their wishes.

Relative's and professionals told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and a meal. One relative said: "They always ask me if I want to stay for lunch which I often do and it's so nice to be able to have a meal with my loved one here together."

A complaints policy and procedure was in place. Relatives and people who lived at the home were aware of how to make a complaint if they needed to. Relatives told us they would go to the registered manager or person on duty at the home. A relative said, "If I had any issue, which I never have had, it would be sorted as the office is always helpful." At the time of our inspection there were no ongoing complaints. People told us that they would know how to complain if they needed to. Complaints were monitored for themes and learning.

Is the service well-led?

Our findings

A relative told us, "The manager has high standards and it reflects throughout. They run a good ship. I have nothing but admiration for everyone of them here."

Systems and processes were in place to ensure the delivery of a quality service within the home. There was an internal audit system in place to check the current service and drive improvements forward. For example, audits had been carried out on health and safety, care records and infection control. Staff were aware of their roles and who they were accountable to. During our inspection we observed staff working together as a team. For example, when a person wanted to go out for a walk staff discussed who was the most appropriate member of staff to go and how they would support the remaining people.

Members of staff and relatives told us that the registered manager and other senior staff were approachable and supportive. Staff said that they felt able to raise issues and felt valued by the registered manager and provider. A staff member told us about a person who required a different piece of equipment to what the home had available. They said that they raised this with the registered manager and they purchased an alternative item of equipment to ensure that they could support the person appropriately. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at minutes of a staff meeting held on 11 February 2016 and saw that discussions had taken place about safeguarding, dignity and working as a team.

Relatives' meetings were held and relatives told us that they would be happy to raise any concerns they had. A relative said, "Yes I know about some sort of relatives' meetings but I don't know how often they are." Another relative said, "I think they have meetings, but I don't attend them, if I had a concern I would go see the manager and sort it out straight away."

Surveys had been carried out with people and their relatives and positive responses received. Opinions had been sought on issues such as activities and meals. We saw that as a result of the surveys various improvements had been made around the home. For example, a gazebo had been erected in the garden to provide shade for people and large clocks had also been purchased to support people to orientate to the time of the day.

The registered manager also told us that they encouraged people and staff to come and speak with her at any time and that she had an 'open door' policy. They said that they tried to resolve any issues of concern at an early stage to prevent undue stress to people and staff. We saw that information was available which informed staff how and when relatives wanted to be communicated with. The registered manager told us that this was people's homes and they wanted people to be happy here. We saw a poster which detailed the philosophy of the home. The poster stated, 'Our residents do not live in our workplace we work in their home.'

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. We observed that the

registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time in the main areas of the service so that they were aware of what was happening and be available to people for support and advice, staff confirmed this. Throughout the inspection we saw the registered manager talking with people on occasions throughout the day.