

Minster Care Management Limited

Ideal Home

Inspection report

Knowsley Drive
Gains Park
Shrewsbury
Shropshire
SY3 5DH

Tel: 01743 366701

Website: www.minstercaregroup.co.uk

Date of inspection visit: 27 October 2015

Date of publication: 30/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 27 October 2015 and was unannounced.

Ideal Home is registered to provide accommodation with personal care for up to 50 people. There were 42 people living at the home on the day of our inspection.

There was a registered manager in post who was present during the 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 2008 and associated Regulations about how the service is run.

People’s rights were not always protected because people’s ability to make their own decisions about their care had not been appropriately assessed. Where decisions had been made on people’s behalf there were no records to show why these decisions were in their best interests.

Summary of findings

The provider had checks in place to assess and monitor risks associated with people's care and treatment. People's care plans and risk assessment were regularly reviewed. These records were not always accurate or up to date.

People felt safe living at the home and there enough staff to meet their needs in a timely manner. Staff had received training on how to keep people safe. They knew how to identify signs of abuse and who to report concerns to. Risks were managed appropriately promoting people's rights and independence.

People received support from staff that had the training and knowledge to meet their needs. Staff had received training which was relevant to their role and the people they supported. Appropriate checks had been made to ensure that staff were suitable to work at the home.

Staff sought people's consent before supporting them and respected their wish if they declined support. We saw that people were given choice about day to day decisions such as when they would like to get up and where they would like to sit.

People received their medicines safely and when they needed them. The provider had checks in place to ensure ongoing safe management of medicines. People were supported to see health care professionals as and when required.

People's nutritional health needs had been assessed and they were given a choice of what they would like to eat and drink. People told us they had enough to eat and that they enjoyed the food. Staff were aware of individual dietary needs.

People were treated with kindness and compassion. Staff had good working relationships with people and were aware of their likes and dislikes and how they preferred their care and support to be provided. People were treated with dignity and respect and were supported to remain as independent as possible.

People were able to choose how they spent their time and were encouraged and supported to do things that they liked doing. People told us they could go out to the shops and pub or they could remain at home and take part in activities of their choosing.

People told us they felt confident and able to raise any concerns or complaints with staff. The registered manager had systems in place to gather people's views on the quality of the service provided.

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

People who used the service felt safe living at the home. Staff were aware of the risks associated with people's needs and knew how to keep them safe. There were enough staff to support people's needs and people did not have to wait for support. People were supported to take their medicine as prescribed in order to promote good health.

Good



Is the service effective?

The service was not consistently effective

Where decisions had been made on people's behalf there was no reason recorded why these people had not made their own decision. Staff sought people's consent before supporting them. People received support from staff who had the training and knowledge to meet their needs. People were supported to see healthcare professionals when needed.

Requires improvement



Is the service caring?

The service was caring

People found staff caring and compassionate. People's choice was promoted and staff enabled people to communicate their needs and wishes. People were treated with dignity and respect and staff supported them to remain as independent as possible

Good



Is the service responsive?

The service was responsive

People were happy with the care and support they received and had regular opportunities to discuss their care plans. Staff were attentive and responded to people's changing needs. People chose how they spent their time and were encouraged to take part in activities they enjoyed. People felt confident and able to raise complaints or concerns

Good



Is the service well-led?

The service was not consistently well led

The provider had checks in place to monitor the quality and safety of the service however they did not identify that records were not kept up to date. People and staff felt there was a positive atmosphere at the home and that they could approach the registered manager at any time should they have any concerns. The provider sought people's opinion on the quality of the care and used feedback to improve the service

Requires improvement



Ideal 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.

This inspection took place on 27 October 2015 and was unannounced. The inspection team consisted of two inspectors 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are

about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service. We used this information to plan the inspection.

During the inspection we spoke with 13 people who lived at the home. We spoke with eight staff which included the registered manager and care and support staff. We viewed nine records which related to people's medicines, assessment of needs and risks and consent. We also viewed other records which related to management of the home such as complaints, accidents and recruitment records.

We spent time observing interactions between people and staff and how people spent their time.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person said, “I have been here a long time, it’s alright here they look after you, you can do as you please and it’s a safe place to be”. Another person said, “I am very happy here and I feel safe, I am safe”.

Staff had received training and were aware of the different forms of abuse. They told us they would not hesitate to report their concerns if they witnessed or became aware of any abuse taking place. There had not been any safeguarding concerns in the last 12 months. When we spoke with the registered manager they were able to demonstrate their understanding of safeguarding procedures and their duty to report concerns of abuse. We saw that the provider had a safeguarding policy and there was easy read safeguarding information on display in the home.

Staff were knowledgeable about people’s needs and the risks to people’s health and well-being. They were able to tell us what support people required and how to keep them safe. Staff understood people’s needs and were able to recognise when they had changed. This reduced people’s worries about their care. We observed a person becoming anxious and saw that the registered manager diffused the situation immediately in a calm and kind way. We observed that staff supported people with their mobility and used mobility aids safely. A number of people went out independently to the local shops and pubs. We spoke with one person about whether staff talked to them about keeping safe when they went out, they said, “No, I’m fine, they[Staff] don’t need to”, this demonstrated that people were supported to take risks. We saw that there were risk assessments in place for such things such as nutritional risks and risk of falls, these were reviewed on a monthly basis. We did however find that some risk assessments did not reflect people’s current circumstances.

Staff were aware of their responsibilities to report any accidents and incident and told us that the registered manager had oversight of the forms. The registered manager told us they that they reviewed the forms and took necessary action to prevent reoccurrence. For example, if people suffered an increased number of falls they would refer them to the relevant health care professional. They told us about a person whose mobility had recently deteriorated, they had spoken to the district nurse and referred them to the physiotherapist and were waiting for them to attend.

Throughout our inspection we saw that people were supported in a timely manner and no one was rushed. The registered manager ensured that there were sufficient staff to meet people’s needs. They told us they rarely used agency staff as other staff were willing to do extra shifts. They would also do care shifts when needed. Staff told us they felt that there were sufficient staff to meet the needs of people living at the home. Staff told us that the provider completed checks to ensure they were safe to work with people prior to them starting work. These included references from previous employers, identity checks and disclosure and barring service checks. Recruitment records we saw confirmed this.

Staff we spoke with told us that they had received training in the administration of medicine. They said they received regular competency checks to ensure ongoing safe management of medicine. We observed that people were given their medication appropriately and were given a drink to take their medicine with. We found that medicines were stored and disposed of safely and that accurate records were maintained. We saw that medicine audits were completed by the registered manager and the pharmacist.

Is the service effective?

Our findings

We found the provider had not followed the requirements of the mental capacity act (MCA) 2005 and associated code of practice. They had not proven that people did not have the capacity to consent to their own care and treatment. We saw that relatives had signed some people's consent forms. There were no records to show how the provider had determined these people did not have capacity to consent to their own care and treatment. We also saw no evidence of why specific decisions made on people's behalf were in their best interest. The registered manager told us that they had been advised by the local authority to submit Deprivation of Liberty (DoL) applications for everyone. They were subsequently in the process of submitting applications for everyone even though some people had the mental capacity to make their own decisions and frequently went out independently in the local area. We found that the registered manager did not have a full understanding of their responsibility under the MCA.

Staff we spoke to had limited understanding of the MCA and were not aware if anyone was subject to a DoL. Staff did however understand how to support people to make choices about their day to day care such as what they would like to wear, whether they would like a bath or a strip wash. Staff were clear that people needed to consent to care and that they could not force people to accept support. One staff told us how they always took a positive approach they said they asked people, "Shall we do this? Shall we do that?" Throughout our visit we observed that staff sought consent from people before supporting them.

Staff told us they felt well supported by management and could talk to them and gain support at any time. They received supervision on a regular basis where they had the opportunity to discuss their development needs as well as any concerns or issues that they had. Staff told us that they had received a range of training to enable them to meet the needs of people living at the home. They said that the training made them more aware of people's needs and how to support them more effectively. One staff member told us that they came across something different every

day and felt the training they had received prepared them to deal with the different situations. Some staff had received specific training to meet the needs of individuals living at the home. This included training from the local hospital on how to administer diabetes medicine to a person should they be unable to do this themselves. New members of staff received an induction where they completed training and were able to work alongside experienced staff until they were competent and confident to undertake the role independently.

People told us they enjoyed the food and were given a choice of what they wanted to eat and drink. One person said, "I get looked after here and the food is good". Another person said, "They look after me, no worries. The food and everything is good". We observed staff offering people a choice of meals for the next day. We saw that they took time to explain to people what the choices were. Staff told us they offered people meal choices the day before but would double check with them nearer to the time to see if they had changed their minds. Where people did not like the choice of meals they would ask the cook to make something they liked instead. People told us that staff would make them a drink anytime they would like one. We saw that cold drinks were available for people to help themselves to. We saw that staff monitored people's nutritional intake and their weight. Where they had identified concerns they had reported them to health care professionals. We saw that dieticians and doctors were involved where required.

People told us they had access to health care professionals as required. One person said, "I get my toenails cut by the chiropodist and if I am ill they [Staff] get the doctor. Staff told us where possible they would support people to attend the doctor's surgery or other health care appointments. For those who were unable to go out staff would request home visits. We looked at care records that showed people were referred to health care professionals when needed. We saw that health care professionals attended for a person's care review meeting during our visit.

Is the service caring?

Our findings

People we spoke with talked very highly of the staff. They praised their efforts and their caring approach. One person said, "The staff are lovely and cannot do enough for you". Another person said, "I like it here, they care and there is always someone to talk to. I get looked after". We observed a caring and relaxed atmosphere where staff showed genuine compassion for people. We saw that staff checked on people's wellbeing and gave them choice in how they wanted to spend their time.

Staff spoke to people with kindness and compassion and were patient in their approach. We saw two staff walking with a person who was a little unsteady on their feet. They reassured the person and gave them encouragement and praise. They said, "You're doing really well", and stayed with the person until they were safely seated back in their chair. We observed another person become slightly anxious as they were not sure what to do and wanted staff to sit with them. We saw that a staff member talked with them in a calm and reassuring manner, helped them to settle in their armchair and made sure they were alright before they left them.

We spent time observing how staff communicated and supported people in order to gain an insight into people's experience of the service. We saw that staff and people chatted with each other in a warm and easy manner. We observed one staff member helping a person with their hearing aids, they did this in a calm and friendly way. We heard them chatting about their plans for the day and heard the staff member asking them if they wanted to take part in pumpkin carving later that day. We saw another staff member use their mobile phone to play music a person liked as they got ready to go out, the person responded with delight.

Two people that we spoke with told us that they had been given the choice to participate in the planning of their care but declined. They said they were really happy with staff and the care they received. Another person said, "I'm happy here, who wouldn't be? I can please myself". Throughout our visit we observed that staff gave people choice about everyday things such as whether they would like to go out

shopping or to take part in activities. We saw that people could get up when they chose and that some people chose to have a lie in. When we spoke with staff about the people who were later getting up, they said, "It's what [Name] and [Name] want to do today, it may be different tomorrow". Staff acknowledged that people's needs and wishes could change on a daily basis and over time. One staff told us that where people had deteriorated and were no longer able to make decisions they would always remember how they liked things to be done previously such as how they liked to dress. Staff demonstrated that they were aware of people's communication needs and the support they required to make their needs and wishes known. One staff told us that one person often got their words muddled, they said they would remain patient and ask the question again and the person would eventually reply. Another staff told us about a person who had difficulty hearing and they said they wrote things down for them. We saw that staff communicated effectively with people throughout our visit.

People told us that staff showed them respect and protected their dignity. One person said, "They always knock at the door before they come in, they do respect your privacy which is important to me". Staff told us they protected people's privacy and dignity by discussing sensitive issues in private and being discreet when supporting people in the presence of others. When supporting people with their personal care needs they kept doors and curtains shut and ensured people's clothing was clean and arranged as they would like it to be. Staff also encouraged people to do as much as possible for themselves in order to promote their independence and self-esteem.

We observed that staff were polite and treated with respect. We saw that there were lots of small rooms around the home where people could sit and have quiet time. One staff member told us they used the quiet room to talk to people in privacy about their care needs.

Staff spoke fondly of the people living at the home and told us they were proud to be able to look after them. One staff said, "I like looking after them, it's rewarding to help them". Another staff said, "I love my job, and love the residents".

Is the service responsive?

Our findings

People were actively encouraged to take part in activities they enjoyed doing. One person told us they enjoyed going to the pub each day. A couple of people went out shopping and we saw that several people chose to spend time sitting out in the garden. Some people liked to help out where they could. One person said, "I do the curtains at night and help to clean and tidy up". Staff told us one person's family had brought in a manual floor cleaner for their relative as they enjoyed cleaning. People told us they were looking forward to joining in the Halloween spirit of pumpkin carving that afternoon. One person said, "We have got the pumpkin carving after dinner I am looking forward to that. Also someone is going to the shop for me for my magazines – they always go for them on a Tuesday and I like going." The provider employed an activity coordinator, however they were not currently at work. People spoke fondly of this worker and showed concern for their absence. The registered manager told us that they had advertised for temporary cover but in the meantime care staff were doing activities with people.

Everyone we spoke with said they were happy with the care they received. Staff told us they discussed and reviewed people's care plans with them on a monthly basis and spoke with relatives where necessary. Staff told us they were kept informed about changes in people's needs during staff handover and that they would report any changes to senior staff. One staff member told us their aim was for people to drive the care they wanted. To have choice in such matters as how they would like to be treated and how they spent their time. During our visit we saw that

people were offered choice and support to do what they wanted. One staff member said the whole point of the job was getting to know people, where they were from, what their interests were and the little things that mattered to them. Staff told us knowing people's background allowed them to tailor the conversation to suit the person. We saw that staff chatted with people about their interests and day to day matters. We heard staff asking people if they would like to go out and saw them help some people to make shopping lists of what they wanted.

Staff were attentive and responded to people in timely manner when they needed attention. We saw that staff were quick to respond to a person who said they were in discomfort. The staff member showed genuine concern and compassion to the person and went to ask the senior staff to check them over. Staff demonstrated that they knew people well. They were able to recognise things that affected people's care needs and knew how to distract and calm them. During our visit we saw staff responded quickly when people's needs changed and were able to relieve their anxieties in a calm and reassuring manner

People told us that if they had any concerns or complaints they would tell the staff immediately. Staff told us they would listen to people's concerns and if they were unable to resolve them they would refer them to the registered manager. There had been two complaints in the past 12 months. We saw that these had been explored and responded to appropriately. We saw that the provider had a complaints policy which was displayed in the home. This did not give details of the local authority or the local government ombudsman

Is the service well-led?

Our findings

We saw that the provider had systems in place for monitoring the quality and safety of the service. The registered manager had not however identified people's care records were not kept up to date or identified the shortfalls in service that we had. This had no impact on people because staff had delivered the care that was needed, however this meant that people's records were not always accurate or up to date. When we spoke with the registered manager they were not aware that records were not up to date. They told us they were soon to introduce new care plans which would be easier to track and keep up to date.

The registered manager informed us that they received monthly visits from their manager who they found supportive. They told us this person completed quality audits. We read the most recent audit which was completed on 23 September 2015. We saw that this audit advised the registered manager to put MCA and DoL applications in place for people whose capacity was restricted. The registered manager was subsequently in the process of submitting the DoL applications for everyone who lived at the home. However they had not completed MCA assessments to establish who lacked capacity to make decisions for themselves.

People enjoyed a relaxed atmosphere living at the home, one person said, "It's quite relaxed in here and very pleasant, it's nice that people can walk around and do what they want to". Staff told us there was a positive working culture at the home and they enjoyed working there. They felt that management approach was consistent. One staff member said, "Everyone is on the same page" they went on to tell us that staff worked well together to keep people safe and happy. Staff said the registered manager was approachable and that they regularly toured the home to offer and provide assistance when needed. One staff member described the service as

"Homely, happy and friendly". Another told us visitors and professionals commented on the warm and friendly atmosphere at the home. We observed effective communication between staff during our visit.

Staff told us they were happy to raise issues or concerns at team meetings or at any other time and felt that they were listened to. One staff told us that at the last meeting in January 2015 they raised concern that the quality of the food had deteriorated. They told us it had improved since the meeting. Another staff member told us that they requested that all staff, not only new starters had the opportunity to undertake the care certificate. They said funding was secured and everyone could do this training and learn about standards in care.

People had opportunities to give their views on the quality of support they received. One person told us they had attended a meeting where they had discussed the choice of meals they were offered. We saw that the people had recently completed a quality assurance questionnaire which asked questions about both the upkeep of the home and quality of support they received. The results showed that the majority of people liked the way staff treated them, felt that they were treated as equal and that staff listened to them. We saw that the outcome of the survey was displayed on notice boards for people to read. The registered manager told us they used the information to improve the service.

The registered manager explained that they aimed to deliver good quality care and wanted to make sure everyone was happy and doing what they want to do. They said, "As long as they are happy, I am". They told us they monitored staff practice and service delivery by spending time on the units each day and when they worked alongside staff on shift. There was a clear management structure where the senior staff would oversee the running of the home in the absence of the registered manager.

The provider was aware of their statutory responsibilities and ensured that they submitted statutory notifications to us in a timely manner.