

Mendips Residential Care Home Limited

The Mendips Residential Care Home

Inspection report

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Tel: 01179518548

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18 September 2018

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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 

Summary of findings

Overall summary

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

The inspection took place on 18 September 2018 and was unannounced and was carried out by two inspectors.

The Mendips is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered for up to nine people. There were five people living at the home on the day of our visit.

There was a registered manager for the service. They were also the provider, and have been referred to as the provider throughout our report. 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 March 2016 we had found that staffing levels failed to ensure known risks to people from another person at the home were minimised. The staffing numbers had not been risk assessed to ensure the home was fully safe for people who could be aggressive towards each other.

At this inspection we found that actions had been taken to ensure that a safe number of staff were on duty at any time.

Formal quality checking audits were not up to date. This could put people at risk of receiving unsafe care if it was not being formally regularly checked and monitored. The provider acknowledged that quality checks were not up to date. However, they lived on the premises and they told us they had a constant and daily contact with the service and the people at the home. This in turn meant they were constantly informally reviewing and checking the services people received.

People told us they felt safe with the staff. People were very comfortable to approach the staff member and the provider throughout our visit. This conveyed that they felt relaxed with them. People looked very relaxed and comfortable in the home environment. People told us they liked it being a small care home as it was like home to them.

Risks to the safety of people were identified and the staff had been on safeguarding adults training. This meant they knew how to identify the different types of abuse. Staff also understood the procedure for

reporting concerns. Written risk assessments were in place that identified the areas where the safety of people could be at risk.

People received care and support that met their mental health and range of other needs. People were supported whenever possible to make their own choices and decisions in all aspects of their daily life. If people did not have full capacity to make decisions for themselves staff understood what to do to ensure that decisions made on behalf of the person were in their best interests. This showed that the home was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. It also showed that the home was acting in ways that protected the legal rights of the people concerned.

The staff understood how to support people effectively. The staff team were caring and attentive in manner towards each person who lived at the home. People felt that staff and the provider were kind and caring toward them. The staff and the people we met told us they felt supported by the provider.

People were provided with the food and drink they enjoyed and they could make a choice. People were given discreet assistance if they needed support to eat their meals.

People were supported with their physical health needs. There were arrangements in place for people to see their GP and other healthcare professionals when they needed to do so for their health.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Good ●

The service had improved to good

People received care and support from enough staff that had been appropriately recruited to support them safely.

People felt safe and staff knew how to keep them safe from harm and abuse.

People's medicines were properly managed and safely stored.

Risks were regularly reviewed and actions taken where needed to keep people safe.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective

Formal staff supervision was not being carried out on a regular basis. This meant there was a risk staff were not being fully supported.

Staff received training to support people effectively with their range of needs.

The principles of the Mental Capacity Act 2005 were followed by the home and this meant people's legal rights were upheld.

People enjoyed the meals at the home and menus were planned based on what they preferred and enjoyed.

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led

Formal quality checking systems were not up to date.

The provider however lived on the premises and worked in the home every day and monitored quality on a daily basis.

People and the staff felt comfortable and happy with the provider.

The Mendips Residential Care 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 checked 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.

Before the inspection we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 18 September 2018 and was unannounced. The inspection was carried out by two inspectors.

We also reviewed other information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke to three people who lived at the home. We also spoke to the provider and a support worker.

We looked in details at the care of two people. We saw care and support in communal areas, spoke with people in private. We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

Is the service safe?

Our findings

At our last inspection we had found that the current staffing levels failed to ensure known risks to people from another person at the home were minimized. The staffing numbers had not been risk assessed to ensure the home was fully safe for people who could be aggressive towards each other. This was particularly evident at night.

At this inspection, we found that there was enough staff on duty to support people safely. We looked at staff rotas and discussed staffing levels with provider, staff, and people who used the service so that we could find out if there was sufficient staff available. The staff rota demonstrated that there were two staff in the morning and two in the afternoon; this included the provider who usually worked from 9.00.am to 5.00pm. Cover was provided by family members of the provider who also worked at the home when they were away from the service. The provider lives on the premises and provides overnight sleeping in staff cover. The provider and staff told us that agency staff were used sometimes at weekends when required. As there were five people currently resident at the home this meant that overall there were sufficient staff to keep people safe.

People told us they felt safe with the provider and the staff that supported them. We saw that people frequently approached the provider and staff member on duty. This conveyed that they felt 'safe' in their presence.

There was a system in place for the reporting of safeguarding and the provider understood what constituted abuse and how to report it to the local safeguarding team. Training in safeguarding had been provided to all the current staff. Staff spoken with understood likely scenarios where safeguarding matters could arise and were aware of the correct reporting procedures.

People's medicines were managed and looked after safely. The staff followed a safe procedure when they supported people to take their medicines. The staff member gave each person an explanation and showed them their medicines pointing out the name printed on them. This was to help ensure the person understood what their medicines were. The provider's medicines policy was followed by staff as they checked that people had taken their medicines. Medicine administration records had been completed fully. The records showed people had been given their medicines or the reasons why they had not been given.

Individual risk assessments were in place for people living at the home for issues such as smoking, leaving the home unaccompanied and neglect of personal hygiene. Infection prevention and control processes were in place; however, the provider was not able to produce records of infection control audits on the day of the visit as they could not be located. This information was sent to us after our visit. The safety of the premises was seen to be monitored through regular fire safety checks, and portable appliance testing. Gas safety checks of the boiler and cooker had also been undertaken this year and were well recorded.

The provider ensured that accidents and incidents were recorded and the provider was able to tell us about a recent incident involving one person. This incident occurred when a person became unwell, was well

managed and an ambulance was called. Paramedics treated the person without admission to hospital.

Staff were recruited safely. Staff files included photographic identification, a minimum of two references, full employment history and a disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. A checklist detailed all steps taken in the recruitment process, when information had been requested and received.

Is the service effective?

Our findings

The provider told us how they supported the staff team it was clear that daily 'on the job' support was provided to the staff. We also spoke with a staff member about staff supervision. As this is a small service the changeover arrangements mean that the care of people living at the service was discussed regularly. The staff member told us that they had discussed some of their own issues with the provider recently; however, there was no record available on the day of this conversation and no plan of the frequency of supervision. The provider told us they did have this information it was just not locatable.

After our visit the provider sent us these records and information. The records showed the provider had been meeting with staff and reviewed how they were feeling, their training needs, and the needs of the people who lived at the home. However, this had not been happening on a regular basis. There were gaps of over six months when staff had not formally met with the provider for a supportive supervision meeting. This could impact negatively on the overall quality of care people received if staff were not regularly and formally supported and developed and reviewed in their work.

People received care that was effective and met their needs. One person told us, "They knew what they are doing" when talking about the staff and how they were supported by them. Staff knew how to support people effectively with their needs. We saw the staff member on duty talk to people in a calm tone of voice. The staff member used an open body posture and was calm in manner when they spoke with people. This helped to show they understood how to communicate with people with complex mental health needs.

People were cared for by staff who had completed training in subjects which were relevant to their needs. The provider could produce some certificates of training recently undertaken by staff, for example, safeguarding and fire safety undertaken in March 2018 and Food Hygiene undertaken in September 2018. We saw confirmations that staff had read and then signed to say they understood various policy's. These included the medication policy, managing risk, safeguarding, fire safety, the Deprivation of Liberty Safeguards (DoLS) and Equality and Diversity. One staff member had undertaken training to NVQ level 3, and the provider had undertaken the Registered Manager's award which was an NVQ level 4 qualification.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). We saw one DOLS applications which had been approved.

The Mental Capacity Act provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. When people lack this capacity, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff told us that they had received training in the principles of the Mental Capacity Act. People told us they were involved in planning their care. People also told us they made decisions and choices in their daily life. One person told us "I do what I want and I get up when I like."

People were supported to have enough to eat and drink. We saw the menu plan which was changed every week. This showed us that there was a choice of main meals. We observed lunch when people could choose

what they ate in discussion with the care staff who were preparing the food. People we spoke with said that they enjoyed the food which was provided at the service very much. Care plans included clear information about people's dietary preferences. People told us these were respected and they ate the meals that they enjoyed at the home.

We saw that the premises offered access to appropriate communal space which was enjoyed by the people who lived there. The dining area appeared clean, hygienic and welcoming. The living room was comfortable and appropriately furnished. We saw people had access to all parts of the home. People sat in different communal areas when they wanted their own 'space'.

Is the service caring?

Our findings

The service was caring, throughout our visit we saw consistent positive interactions between people and staff. There was a caring culture that helped people feel they were valued. People told us that they felt cared for by staff. The staff conveyed that they took a genuine interest in getting to know people well and that everyone at the home mattered to them. One person said, "They are kind here." Another comment was, "They are very nice to us ". A further comment from one person was that they had known the provider for over 18 years and could not imagine living anywhere but at the home.

The provider and the staff showed they had an insight and good awareness of people's likes, dislikes and their care needs. Care records included a personal life history that gave each person's life story and experiences. These were documented in clear detail and this information gave staff essential facts and past experiences about the people they supported. We saw how staff had taken the time to listen to people and their relatives and recorded this information. They had used this information to form a history of people's life experiences, preferences. This also helped ensure people received person centred care.

The staff organised their day flexibly around people's needs and wishes. We saw the staff offered people comfort through gentle humour that was well received. Staff were attentive to people and their moods When people looked sad or anxious staff responded with these comforting responses.

Staff were very aware of people who could get anxious. Staff successfully gave support and reassurance to them. One person with became upset and staff quickly provided reassurance and engaged this person successfully in an activity that they enjoyed.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and was planned flexibly with them. The staff recognised and responded to people's needs because they knew the people well. Staff were able to work with people to plan their chosen goals and had worked with people to develop their skills and knowledge to achieve those goals. For example, we found that people in the home had travelled on holidays and gone to sporting events and visit family members and friends regularly as part of their goals.

Care was planned in ways that were flexible and responsive. This meant that people received their planned care at the times they required. For example, people were supported to get up at times of their choosing, where needed they were given appropriate discreet support with their meals and with intimate personal care thought the day. We also saw one person with complex mental health needs who was walking around and became anxious. Staff were prompt and stayed with them. They supported them to feel less anxious in mood. The staff made sure that there was always a member of staff allocated to the communal areas to ensure people were safe. The staff responded attentively and naturally to people in need of support. They did this in a calm, engaging way that ensured people received care that was flexible to their needs.

Care plans explained what actions staff needed to follow to support people in a positive way to ensure all their care, social needs and risks were met. People had a summary of their care plan their bedroom which set out key aspects of their care and support needs. There was also a summary of any risks and details about their life history and what and who was important to them. When we spoke with the staff about specific people and their care needs, they knew about them well as an individual. The staff told us what was most important to the person. They were also knowledgeable about people's life history, day to day routines and choices in their life. Staff told us that people's plans of care were clear to follow and often updated. This meant they were reflective of people's current care and support needs.

We saw people were very comfortable to approach the staff and registered provider during our inspection. People raised issues and queries they had and the provider and staff were supportive in their approaches when responding to them. Information on how to raise a concern or complaint was accessible and provided to people.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. The service had a complaints log and a policy in place that was in an easy read format for people to view. The complaint record demonstrated that people were supported to make complaints if they needed to and that the provider responded to any concerns identified to resolve them properly.

Is the service well-led?

Our findings

Quality checking systems to formally and regularly review, check, monitor and then improve the service had not been kept up to date. Formal audits around different areas of how the service were run were not up to date. These included checks on care planning, staffing and other areas of the service had not been completed for over nine months. The provider told us they were aware of this shortfall in the frequency of their own formal audits. There was a risk that this could impact negatively on the overall quality of service people receive.

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

The provider lived on the premises. They kept a very close overview of the care and support people received. They also worked full time supporting people who lived at the home. We observed that people were very relaxed, comfortable and familiar with the provider.

The provider told us they had recently joined a local network in the South West region that linked care home providers together. They attended meeting with other providers in the region for shared support and learning.

People and staff spoke positively about the provider. One person told us that they were "very helpful and very knowledgeable". The provider conveyed throughout our visit that they had an in-depth knowledge of the needs of each person who lived at the home. One person told us they had known the provider for 18 years and they were their "family". Staff told us they felt well supported by the provider and their family. The staffing rota was well planned in advance and therefore days off and annual leave were usually covered. We also saw that there was an on-call system for staff to be in contact with senior managers over the 24-hour period as required for support.

We saw that the provider and staff team were committed to ensuring people received a service that met their needs. The service culture was positive and open for people. The provider was described as supportive and approachable always. They had a good knowledge of the needs of each person and knew them very well.

The staff team told us they valued the service. Staff knew the values that the provider expected them to have. Staff were aware that the values emphasised equality and person-centred care for people. We saw how the staff followed these values in the ways they engaged with people. Staff encouraged people to make choices about what they wanted to do.

Team meetings were held and it was evident staff felt able to speak openly and share ideas in the way the service was run. Staff were asked to provide feedback on what they felt was working, what wasn't working and suggested improvements for the service. The service had on display in the home their last CQC rating and a copy of the report where people could see it. This has been a legal requirement since 1 April 2015.

The provider informed CQC of important events that effected people in the home in a timely way. This is one of the legal responsibilities of the role of a registered manager. Providers must notify us about certain changes, events and incidents that affect their service or the people who use it. This information is used by CQC to keep an overview of a service and the care and welfare of the people who live there.

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 Quality audits of the service and how it was run were not being kept up to date. This put people at risk of receiving unsafe care.