Adiemus Care Limited

Memory House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was completed on 5 and 8 June 2015 and there were 34 people living at the service when we inspected.

Memory House provides accommodation and personal care for up to 39 older people and people living with dementia.

A registered manager was 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 about how the service is run.

Although risk assessments relating to the premises and equipment were completed, actions to address these remained outstanding.

Care plans accurately reflect people's care and support needs. People received appropriate support to have their social care needs met.

Summary of findings

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

People and their relatives told us the service was a safe place to live. There were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided.

People who used the service and their relatives were involved in making decisions about their care and support. People told us that their healthcare needs were well managed.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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?

Requires improvement

The service was not consistently safe.

Although risk assessments relating to the premises and equipment were completed, actions to address these remained outstanding.

People and their relatives told us the service was a safe place to live.

There were sufficient numbers of staff available to support people.

The provider had systems in place to manage safeguarding matters and ensure that people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and supported.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Good

The service was responsive.

People's care plans were reflective of their care needs.

A programme of social activities was provided each day and people had their social care needs met.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted on.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and senior members of staff.

Appropriate arrangements were in place to ensure that the service was well-run.

Memory 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 5 and 8 June 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience on 5 June 2015 and two inspectors on 8 June 2015. An expert by experience is a person who had personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who used the service, five relatives, nine members of staff, the manager, and the project manager for the service. We spoke with two healthcare professionals to obtain their views about the quality of the service provided.

We reviewed six people's care plans and care records. We looked at six staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Requires improvement

Is the service safe?

Our findings

The premises were not always safe and well maintained. Risk assessments relating to the premises and equipment were completed, for example, risk assessments for people who had bed rails in place were completed detailing the potential risk of injury to the person. However, shortfalls in relation to fire safety were identified. The provider had requested an external company complete a fire safety risk assessment in July 2014. This highlighted a list of actions which required attention, for example, fire doors that were damaged and which did not close properly. We discussed this with the manager and were advised that the actions listed to date had not been addressed. This meant that people, those acting on their behalf and staff could not be fully assured that adequate fire safety measures were in place.

In addition, the provider had requested an external company complete a health and safety audit to ascertain the suitability of the service's health and safety arrangements and to advise on improvements that could be made. The report detailed that the electrical installation report 2012 was deemed unsatisfactory and remedial works were required. Records showed that although quotes for the works had been obtained in 2013, no evidence was available to show if these had been completed. The report also highlighted that a number of recommendations had been made in relation to the service's legionella risk assessment and these remained outstanding. These actions not being taken placed people's safety at risk.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk of poor nutrition and mobility, staff were aware of people's individual risks, for example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

People told us that they felt safe and secure. One person told us, "I feel safe living here." Another person told us, "I have no worries or concerns." Relatives spoken with told us that they were confident that their member of family was kept safe. One relative told us, "I have total piece of mind that my relative is kept safe at all times."

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that the manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

People told us that there were sufficient numbers of staff available and their care and support needs were met in a timely manner. One person told us that when they used their call alarm to summon staff assistance, staff responded quickly and provided the support they required. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported and that they could meet people's day-to-day needs. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided in a timely manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed since July 2014 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for 10 of the 34 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Requires improvement

Is the service safe?

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Good

Is the service effective?

Our findings

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Visitors told us that in their opinion staff were well trained and always seemed capable and able in dealing with whatever situation they faced on a daily basis.

An effective induction for newly employed members of staff was in place which included an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. We spoke with one newly employed member of staff and they confirmed that they had completed an induction and this had included opportunities whereby they had shadowed a more experienced member of staff. This was so that they could learn the routines of the service and understand the specific care needs of people living there. They told us that they had found this to be a very positive experience.

Staff told us that they received good day-to-day support from work colleagues and formal supervision at regular intervals. They told us that supervision was used to help support them to improve their work practices. Records confirmed what staff had told us. Staff told us that this was a two-way process and that they felt supported by senior members of staff and the senior management team.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had a basic understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Although records showed that each person who used the service had had their capacity to make decisions assessed, these were generic in content. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interest's required further improvement. We discussed this with the manager and project manager and were given an assurance that these would be reviewed and updated as a priority.

Appropriate applications had been made to the local authority for DoLS assessments. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "I enjoyed my breakfast and dinner today. They were very nice." Another person told us, "Dinner was lovely." Our observations of the breakfast and lunchtime meals showed that the dining experience for people within the service was positive and flexible to meet their individual nutritional needs. People were offered a choice of meals and drinks throughout the day. As it was very hot on both days of inspection, staff placed importance on encouraging people to drink regularly. For example, staff were observed on several occasions to walk past someone, notice that they had an empty cup or glass and immediately offer a choice of replenishment. Where people were noted to change their mind, an alternative to the menu was offered without hesitation by staff. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner. Staff were observed to not rush the person they supported and had the time to interact socially as they helped people with their meals.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, dietician or Speech and Language Therapy (SALT) team.

People's healthcare needs were well managed. People told us that they were supported to attend hospital appointments and were able to see other healthcare professionals as and when required, for example, District Nurse, GP, Speech and Language Therapy Team and Physiotherapist. We spoke with two healthcare professionals. They told us that staff were able to recognise changes in people's healthcare needs and were proactive in making appropriate referrals where required. In addition they told us that staff were proactive in following advice and guidance provided to them. Relatives told us that they

Good

Is the service effective?

were kept informed of the outcome of healthcare appointments for their member of family where appropriate. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Good

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided at the service. One person told us, "The staff are nice to me and always helpful. I don't have to ask twice if I want something." Another person told us, "The staff are lovely. I am happy with the care I get." One visitor told us, "I would describe the staff here as extremely dedicated. I've never seen any examples of impatience; they are excellent in all respects."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. We saw that staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. In addition, we observed one person wishing to go for a walk, but looked at high risk of falling as they were unsteady. A member of staff took the person's hands and walked backwards in front of them steadying them as they walked. The member of staff walked incredibly slowly showing patience and understanding of the person's limitations. Whilst walking the person's face lit up with a sense of achievement, especially when praised by others about how well they were walking.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. One relative told us that as their relative had aged their needs had significantly changed. They told us, "Somehow it doesn't seem to be a problem, they think the world of them and they understand them because they know them so well."

People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. One person told us, "I like to do things for myself when I can. They [staff] let me be as independent as I can be." Several people at lunchtime were supported to maintain their independence to eat their meal. One person was observed at lunchtime to eat their meal using their fingers. This showed that people were empowered to maintain their independence where appropriate and to ensure that people were not embarrassed by their loss of skills. People had specialist aids available, such as, plate guards and dedicated cutlery.

Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives told us that they were able to visit their relative whenever they wanted. One visitor told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Good

Is the service responsive?

Our findings

People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed the care plan had been updated to reflect the new information. Staff were made aware of changes in people's needs through handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

People told us that those responsible for providing social activities at the service were very good. People also told us that they liked the dog that lived at the service and the rabbits and chickens that lived in the garden. One person told us, "They bring the chickens and rabbits in and put them on your lap. I really like stroking them." Throughout our inspection we observed that those staff responsible for providing social activities interacted positively with a group of people in the main communal lounge and undertook individual activities where appropriate. When speaking with one person specifically about one of the people responsible for activities, their face lit up, saying, "Oh I know who you mean, they're lovely. Sometimes they just come up and sit with me. We have a good old natter about all sorts of things. I don't want to play games but I do like a chat." We observed on both days of the inspection that where people initially appeared sleepy and disinterested in the social activity provided, they gradually became more engaged and stimulated as time went on. We were advised that activities were provided both 'in house' and within the local community. One person confirmed the latter and told us that on occasions they went into town with a member of staff to a local bookshop for a coffee and piece of cake.

The provider had a complaints policy in place and had procedures in place that ensured people's concerns were listened to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. One person told us, "I tell them if I'm not happy with them, don't you worry." Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. Records showed that there had been two complaints since our last inspection in July 2014. A record was maintained of each complaint and included the details of the investigation and action taken.

Good

Is the service well-led?

Our findings

Relatives told us that the service was well run and managed. Comments were very complimentary and included, "I cannot praise the management and the wonderful team of carers enough" and, "Memory House is an exemplary care home. This really is a home from home. There is a friendly vibe at Memory House." Records of compliments received at the service showed that relatives would recommend the service to others. Shortfalls were identified in relation to the service's health and safety arrangements and fire safety. We discussed this with the manager and they advised that the issues raised had been escalated to the provider for action. The Care Quality Commission met with the provider following the inspection and were given an assurance that the outstanding actions would be addressed as a priority.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. This also included an internal review by the organisation's internal quality assurance team at regular intervals. This enabled the manager and provider to identify good practice, areas that required improvement and to monitor for potential trends. An analysis of incidents, such as, the incidence of falls, was recorded each month. This included actions taken and lessons learned where appropriate so as to ensure that any risk of reoccurrence across the service was reduced.

The manager was supported by senior members of staff. It was clear from our discussions with the manager and from our observations that they had a clear understanding about their role and responsibilities. The manager recognised different strengths within the existing staff team, for example, one senior member of staff took the lead role relating to the service's medication and one senior member of staff took the lead role relating to care plan documentation.

Staff told us that the overall culture across the service was open and inclusive. Staff told us that communication was good and that they felt valued by the manager. All staff spoken with told us that they felt the manager and senior members of staff were approachable. One member of staff told us, "The manager always says he has an open door policy and I think they really mean it. If I needed to, I'd go and talk to them if I wasn't happy with anything here. Staff also felt that they would be listened to and were confident that appropriate action would be taken by the manager and management team. Staff confirmed that they enjoyed working at the service. Comments included, "I love it here" and, "I really enjoy coming to work, it is a good place to work."

The manager confirmed that the views of people who used the service and those acting on their behalf were sought each month through a specific topic. All of the comments received were noted to be positive and raised no issues for further corrective action.

The manager told us that regular meetings with staff were undertaken to facilitate effective communication and to understand what was happening within the service. Staff confirmed this and records were maintained of the topics discussed and actions taken and agreed. Visitors told us about regular meetings held for people who used the service, relatives and those acting on their behalf. They stated that these were normally well attended. One relative told us, "Issues can be addressed here. It also enables us to find out about changes in the home and any plans for improvement."

The manager told us that they were part of the Essex County Council initiative, FaNs (Community Friends and Neighbours). This is a three year programme that supports groups of people and organisations who are willing to take an active interest in the wellbeing of people living in care homes in their local area. The manager also explained that they were to participate in the 'My Home Life' Essex Leadership Development Programme in due course. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service. It focuses attention on the experiences of people living at the service and supports staff and the management team. This showed that the manager and management team endeavoured to promote best practice to keep themselves up-to-date with new initiatives.