Minster Care Management Limited

Abbeywell Court

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 took place on 24 March 2015 and was unannounced.

Abbeywell Court provides accommodation and personal or nursing care to up to 45 people who were living with dementia or have a mental health diagnosis. The service was divided into two units and there were 42 people in residence at the time of the inspection.

The service didn't have 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 about how the service is run. The provider had recruited a manager who had submitted an application to register with us, the application was being processed.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of

Summary of findings

Liberty Safeguards (DoLS) are part of the MCA. They ensure that people assessed as not having capacity in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider ensured that people's mental capacity had been assessed and any restrictions necessary to ensure their safety had been agreed in their best interest, if they did not have the capacity to make decisions for themselves.

People's needs were not always met safely because of inappropriate moving and manual techniques which placed them at risk of injury. People's needs were met in a timely way because there were sufficient staff deployed throughout the service. Staff told us they felt supported by the management and had opportunities to access the training they needed to enable them to meet people's needs. People's medicines were managed safely.

Risks to people's health and wellbeing were assessed, managed and regularly reviewed, but manual handling risks had not always been addressed or managed as stated in individual plans of care. Where people needed to receive health care support, the provider took prompt action to involve the necessary health services.

People were treated with dignity, respect, kindness and compassion. There were opportunities for people to be involved in hobbies and other activities of their choices. People and their relatives knew how to complain and any complaints were looked into and responded to.

Systems to monitor the quality of the service were in place and changes made to ensure people received improved experiences.

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 not consistently safe.

Some people were place at risk of injury because of inappropriate lifting techniques. Staff understood how to keep people safe and how to recognise and report any risk of harm. Staffing levels were sufficient to meet people's needs and recruitment procedures were robust to ensure staff were suitable to work with people who used the service.

Requires improvement

Is the service effective?
The service was effective

Staff had the knowledge and skills needed to meet people's needs and promote their health and wellbeing. People's capacity to make decisions was assessed and staff knew how to support people to make decisions in their best interests if this was required.

Good

Is the service caring?
The service was caring.

People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

Good

Is the service responsive?
The service was responsive.

People received care, support and treatment that met their individual needs. There were opportunities available for people to be engaged in hobbies or activities of their choice. Any complaints were responded to and managed promptly.

Good

Is the service well-led?
The service was well led.

Relatives said there was a positive atmosphere at the service. People who used the service, relatives and staff felt able to approach the manager and felt supported. Systems were in place to regularly assess and monitor and improve the quality of care.

Good

Abbeywell Court

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 was 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 24 March 2015 and was unannounced. The inspection team consisted of three inspectors.

We reviewed all of the information we held about this service this included notifications the provider had sent to us. Each provider is required by law to tell us of incidents, accidents and events affecting the welfare of people who use the service, these are notifications. We spoke with the local authority and other agencies that had an interest in the service, these included, the local authority commissioners, safeguarding team and Healthwatch Staffordshire. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Most people who used the service were not able to tell us of their experiences because their mental health issues or their dementia affected their ability to communicate with us. To capture their experiences we undertook informal observations of their movements and interactions. We also undertook a short observational framework observation (SOFI) for 30 minutes. A SOFI is a specific method of observing people's interactions and engagement when they cannot speak with us.

We spoke with nine people using the service, one visitor and nine staff including the regional manager, manager, two nurses on duty, and six staff. We attended a multi-disciplinary team meeting (MDT); spoke with the GP and the community psychiatric nurse advisor to the home. We looked at eleven people's care records, medicines records and five staff recruitment records. We also looked at other records pertaining to the management and safe operation of the home.

Requires improvement

Is the service safe?

Our findings

We found the extension cord to the nurse-call system was not accessible to one person while they were in their bedroom. This presented a potential risk to the person in summoning assistance when they needed it. We saw staff attempted to lift three people in a way that could potentially cause harm and was not how the care records described they should be moved. Staff we spoke with said, "We don't intend to, but sometimes dependent on the person it can just happen". This meant people were not consistently safe from the risk of harm.

People we spoke with and their relatives told us they thought the service was safe. Staff told us how they would report abuse and knew how to recognise and to report any safety concerns. They described the action they would take to ensure people were protected from the risk of abuse.

We saw that risks to people had been assessed and managed. Risk assessments had been revised following incidents to ensure staff had up to date information about how the person could be safely supported and to ensure the welfare of others.

There were enough staff on duty to meet people's needs. One person who used the service told us, "The staff are very good. I have no concerns about that. I can go out when I want to". A relative told us they thought there were enough staff to meet people's needs and to keep them safe. We observed people's needs were attended to promptly. Where people had been assessed as requiring additional support we saw that they received one to one care for the agreed hours per day. This ensured they received the support they needed and any risk to their safety was reduced. Staff we spoke with told us, "The staff situation is better now, and we've had better guidance on our role when providing one to one support. It means we are asked to demonstrate and record our interactions and what we do with people to show and ensure that people receive positive experiences".

Staff were safely recruited. Staff we spoke with told us that they were asked to complete applications outlining their work history and qualification and to provide their personal details so that Disclosure and Barring Service (DBS) or criminal records check could be carried out. We looked at five recruitment records and found that all essential checks had been carried out to ensure staff were suitable to work at the home, before they were employed to do so.

We observed medicines were administered safely and securely stored. We saw staff approach people with their medicines, talk to them about them and wait while the person took them. This showed people received their medicines as they were prescribed. We saw the provider regularly checked medicine stock level to ensure medicines were being safely managed. We checked the medicine records for seven people and found that they were accurately maintained.

Good

Is the service effective?

Our findings

We found that arrangements were in place to provide staff with support and to check their competency. A member of staff told us, "We have one to one meetings with a manager every two or three months. Staff meetings are more regular now. We are now having the support we need and it is encouraging. We have had team building sessions organised. It is a good place to work. We enjoy our work here".

Staff confirmed they had received training to meet people's needs and told us how specific training had helped them have a better understanding of how dementia affected people. One staff member told us, "The training was good it made you think and helped me to change my approach to one person". We observed how staff were sensitive in their approaches to people's care needs, demonstrating they had the skills required. The manager said she had arranged additional training for staff. She told us, "There are specialist training courses for nurses, we will arrange that but I want the senior care staff to be involved also."

The provider understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure that people who do not have capacity, are looked after in a way that does not inappropriately restrict their freedom. Where a potential DoLS had been recognised applications for DoLS authorisations had been submitted to the local authority as required. Applications contained evidence of an assessment of the person's lack of capacity to make decisions. Seven people had DoLS authorisations to receive one to one support to ensure the each person's safety and the safety of others.

When needed we saw that mental capacity assessments were completed and agreed as part of a multi-agency approach. There were fortnightly multi-disciplinary team meetings (MDT) held with all the relevant professionals involved. For example we saw that covert medication arrangements had been put into place for four people and agreed in their best interest. Covert medication arrangements can be agreed where people don't have capacity to understand the harm they may cause themselves by not taking medicines that are prescribed. We saw and the manager told us that five people assessed as not having capacity to make decisions had an Independent Mental Capacity Advocate (IMCA) appointed under the MCA. An IMCA acts on the person's behalf to ensure decisions are made in their best interests when they don't have capacity and don't have any other independent representation.

Four people told us they liked the food including the quantity, quality and presentation. One person said, "It's good, you get a good choice". A visiting relative told us the food was, "Excellent and [person who used the service] has lots of drinks throughout the day". We observed people were offered drinks at frequent intervals and we observed the mid-day meal. The mealtime was peaceful and relaxed. We saw staff sat with and ate with people to encourage them to eat. We saw people were assisted or prompted individually to eat sufficient food and take drinks and at their own pace.

There were nutritional assessments in place. Where people had been assessed as at risk of malnutrition or dehydration we saw that records were kept with evidence of daily intake totals of food and fluids. Special diets were provided where they were required; we confirmed this during our observations. Meaning the provider was able to demonstrate people were receiving sufficient food and drink to maintain their health.

People had access to health services. A relative told us, "They [staff] are very good at calling the doctor if [person using the service] is not well they will tell us they are doing so. I have seen the doctor here when requests have been made. We are involved in discussions and kept informed of progress. [Person using the service] has regular health issues. They [the staff] listen and respond and it is cleared with antibiotics". A GP made weekly visits to people at the home to review health issues and to carry out medication reviews. Regular multi-disciplinary team meetings (MDT) were also used to discuss people's health needs. Other health referrals were made as they were needed. For example for the chiropodist.

Good

Is the service caring?

Our findings

The service was caring. A member of staff said, “We treat people as individuals”. Staff were caring and we saw they spoke with people in a calm and quiet manner and waited patiently for a response. We observed staff reinforced any interaction with people by a gentle touch of the person’s arm, hand or shoulder in a way that offered comfort and reassurance.

People’s rights to independence were respected. A number of people received one to one support for set periods throughout the day. A member of staff said, “The one to one gives us opportunities to do more with people, for example I take [person who used the service] downstairs. This means they see staff they have not seen for a while which they like” and “[Person who used the service] likes to fold the aprons in the laundry, wipe the tables and tidy the dining room. Being able to do this because of the one to one is useful and it’s important to engage and occupy people and they become more confident.” We observed staff discreetly monitoring people’s well-being and safety, carrying out their one to one responsibilities without obviously doing so. For example we saw one person who received one to one support included in activities with other people, therefore diluting the impact of the potentially intrusive one to one observations on that individual. A staff member said, “We rotate the one to one observations at intervals during the day this is helpful to both the people being monitored and also staff. It provides people with a change of staff face which can help them feel less anxious”.

We saw that privacy and dignity was respected when people were receiving care and support. Staff gave us other examples of this such as, “We know how we need to support people and we always knock on bedroom doors and cover people when providing care”. We observed staff ensuring that one person’s legs were covered when they were lifting them with a hoist. This ensured their dignity and modesty was upheld.

Relatives told us they could visit their relation at any time. One told us, “I tend to come at the same time but I know other people visit at all different times. It’s how it should be”. This showed that people were supported to have contact with their relatives and friends when they wanted to.

Good

Is the service responsive?

Our findings

One person who used the service told us they had been involved in reviews and planning their care prior to and during their move to Abbeywell Court. They told us they were happy with the move and said the staff were, “Okay” and they had no regrets about the move to the service. We saw that detailed assessments of people’s needs were carried out to ensure their needs could be met.

Care plans had been developed from assessments and were centred upon people as individuals Care plans reflected people’s individual needs and their choices. We saw that people had been asked upon admission if they were happy to receive care and support from staff of the opposite gender. Where individuals had stated a preference this was respected. This meant people’s wishes were responded to. In another example we saw that the provider had responded to one person needs and made environmental changes to ensure they received the individualised care and support they needed.

We saw that care plans had all been reviewed each month to ensure they were an up to date reflection of people’s needs. One person told us, “They spoke with me about what I needed”. A relative told us they were consulted and kept informed of their relative’s needs.

People’s social and life histories were recorded and we saw that efforts were being made to engage people in activities of their choice. An activities coordinator was observed providing activity support to people with the involvement of other care staff. One person we spoke with told us they enjoyed taking part in the craft type activities available and told us of the pet rabbits that had recently been purchased. We saw that where people were not able to engage in group activities or required more intensive input, provision was made to provide one to one interaction. One person said, “I can go out when I want to”.

No one we spoke with raised concerns about the care and support they received. A relative told us, “We have sometimes raised matters we’re not happy with, but they listen and things are dealt with quickly”. We saw that there was a complaints procedure available in the home and staff demonstrated that they understood how to respond to any complaints they received. We saw that complaints were managed effectively because the provider maintained records of any complaints received, how they had been investigated and responded to.

Good

Is the service well-led?

Our findings

The manager of the service was not yet registered with us. They had applied to be and had an interview date planned. Staff we spoke with told us they felt supported by the management of the service. One staff member told us, "The manager is very supportive, fantastic. I have confidence in them". Another said, "We work well as a team, we have meetings and can talk about any problems". A relative told us, "Things do appear well organised, and I've see some changes in recent months. Changes for the better". Health and social care professionals we spoke with made positive comments about the management and the support and treatment provided to people who used the service.

We saw that complaints received were responded to and analysed to identify trends. This helped the manager to take action to make improvements if there was evidence of repeated concerns. We saw that improvements to the service were being made. For example we saw that changes to the mealtimes and menu had been introduced to improve people's mealtime experiences and choices. We were told, "We offer a buffet type lunch on some days and a hot main meal on others. This is because some people don't have their breakfast until late and aren't always ready for a full main meal at lunch, there was a risk they may not be eating sufficient amounts of food".

We were told that improvements were being made constantly. For example we were told how pet rabbits had been introduced, as a point of interest for people who used the service and for their 'pet therapy'. One member of staff explained, "For some people living with dementia having the chance to pet or stroke the rabbits is soothing". We observed and spoke with one person who preferred to use a side table at mealtimes while they sat in an armchair. The table could not be sufficiently close to them. As a result some of their food fell to the floor. Staff were made aware of this and told us the manager had put suitable tables on a list of needed improvements. A member of staff said the manager had implemented the new menus we saw on each table, together with cruets and more dignified table napkins. Staff were pleased with the improvements. A sponsored walk had been organised to raise funds for a sensory room, which would have sensory stimulating and soothing equipment to help people living with dementia relax or reminisce.

We saw that systems were in place to formally assess and monitor the quality of care, these included checks of the environment, electrical and fire safety systems. Monitoring of the care records, medicines management and user satisfaction.

The provider understood their responsibilities and reported incidents and accidents to us as required by law.