Auditcare Mon Choisy Limited

Mon Choisy

Inspection report

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Ratings

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

Overall summary

This inspection took place on 19 October 2015. It was an unannounced inspection. This was the first inspection of this service since a new provider had taken over the running of the service in June 2015.

Mon Choisey is registered to provide accommodation for up to 28 older people who require personal care. At the time of the inspection there were 22 people living at the service.

The service had a registered manager. 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.

Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. However, people were not always protected from avoidable harm. Thickeners for drinks were not always stored safely and areas of the home that presented risk

Summary of findings

were not secured properly and were accessible to people living at the home. There were enough staff to meet their needs, staff were not rushed in their duties and had time to chat with people.

People's care plans did not always contain information guided by the principles of the Mental Capacity Act 2005 (MCA). Staff had completed training in relation to MCA but were not always able to understand the principles underpinning it. The adaption and decor of the service did not always meet people's needs. We observed parts of the home where people were living with dementia were not decorated in a way that followed good practice guidance for helping people to be stimulated and orientated. Meals looked wholesome and appetising and people told us they enjoyed the food. People had regular access to other healthcare professionals.

Throughout our visit we saw people were treated in a caring and kind way and staff were friendly, polite and respectful when providing support to people. Relatives we spoke with were complimentary about the care that staff provided. Staff gave people the time to express their wishes and respected the decisions they made.

People were assessed and care plans were regularly reviewed and staff were knowledgeable about the people they supported. There were regular meetings for people where they were encouraged to comment on the service and information was shared. People knew how to make a complaint, at the time of our inspection all complaints had been logged and responded to.

There were a range of audits in place to monitor and improve the quality of the service. Where the audits had identified actions to be taken, these actions were then used to develop the service and make improvements. Staff, people and their families spoke highly of the management team. However, risks to people were still present.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we took and what action we told the provider to take at the back of the full version of the report.

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 always safe.

People were not always protected from the risks associated with their care or the environment.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

Requires improvement

Is the service effective?
The service was not always effective.

People's care plans did not always contain information guided by the principles of the Mental Capacity Act 2005 (MCA).

The adaption and design of the service did not always meet people's needs.

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately.

Requires improvement

Is the service caring?
The service was caring.

People were complimentary about the staff and told us they were well cared for.

Staff were friendly, polite and respectful when providing support to people.

Staff gave people the time to express their wishes and people's dignity and privacy were respected.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed prior to them entering the service and staff were responsive to people's changing needs.

Staff were knowledgeable about the people they supported.

People knew how to make a complaint and leaflets asking for feedback about the quality of the service were available in the communal areas of the service.

Good

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

The management team understood the needs of the people within the service.

Accident and incident forms were audited to enable any trends or risks to be identified.

Good

Summary of findings

There were a range of audits in place to monitor and improve the quality of the service.

Mon Choisy

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 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 the on 19 October 2015 and was unannounced. The inspection team consisted of two inspectors.

At the time of the inspection there were 22 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with five people, four relatives, seven care staff, the manager, the registered manager, the nominated individual and two healthcare professionals. A nominated Individual is a person employed by the service with responsibility for supervising the management of the regulated activity. We reviewed four people's care files, six staff records and records relating to the management of the service. 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.

Requires improvement

Is the service safe?

Our findings

People were not always protected from the risk of choking. Three people were prescribed thickener for their drinks. The thickener was not always stored safely. During mealtimes we saw the thickener left on a trolley in the dining room. We spoke to a nurse who told us the thickening agent was stored in the medicines cupboard when not in use.

However following lunch we saw the thickening agent on a trolley in the kitchen. We spoke to a staff member who told us the thickening agent remained on the trolley in the kitchen so that it was available for staff to make drinks. At times throughout the day we saw the kitchen door was propped open and was unattended by staff. This put people at risk of being able to access the thickening agent and choking. We also observed on one occasion when the kitchen was unattended there were three kitchen knives left unsecured on a worktop.

People were not always protected from untoward events and emergencies. For example, a 'grab box' (A box containing personal evacuation plans, designed to be easily accessible in the event of an untoward incident) was stored on a high shelf. Staff could not reach this without having to stand on something. This meant that the 'grab box' was not easily accessible to staff in the event of an emergency.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Staff were aware of the providers infection control policy and procedures. Staff wore protective clothing when required. We spoke to a housekeeper who had received training in relation to infection control and Control of Substances Hazardous to Health (COSHH). Hazard substances were stored in a locked cupboard when not in use. Colour coded cleaning equipment was used to prevent the risk of cross infection. However there were areas of the home that had strong unpleasant odours. We raised this with the registered manager and nominated individual who reassured us that this would be addressed.

People we spoke with told us they felt safe. Comments included "I am safe here", "Their good to me" and "They look after me". Relatives we spoke with told us "My son is certainly safe there, the staff let me know if there is a problem", "Every indication I have is that they are keeping [relative] safe" and "Absolutely my mum is safe there".

Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff were aware they could raise concerns outside of the organisation. One care worker told us, "I would report to my manager and to Oxfordshire County Council and CQC (Care Quality Commission) if I needed to". There were safeguarding information posters displayed in the home which included the contact details for the local authority safeguarding team.

People's care plans contained risk assessments which included; moving and handling, bed rails, falls and nutrition. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of seizures. The care plan detailed action staff should take if the person experienced a seizure. Staff we spoke with understood the actions that needed to be taken.

We observed and people spoken with told us there were enough staff to meet their needs. One person who chose to remain in their room said, "They always come when I call and they visit me regularly". Staff told us there were enough staff to meet people's needs. One care worker said, "We have enough staff, there are always four staff during the day". The registered manager provided a 'dependency tool' that evidenced how the home matched the needs of people against the number of staff needed. This was reviewed fortnightly by the management team.

During the day we observed staff were not rushed in their duties and had time to chat with people.

Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. Throughout the day call bells were answered promptly. People in their rooms had call bells to hand.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines.

Requires improvement

Is the service safe?

One person refused their medication. Staff spoke with this person and explained what the medication was for and why it was important to take the medication. As a result the person took their medication. We observed staff speaking with this person in a warm and gentle manner whilst maintaining a clear focus on the person finishing their medication. Another person who had difficulty communicating wanted to take some of their medication independently. The staff member understood the person's body language and respected their wishes. The person gave the staff member the thumbs up and smiled.

Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Requires improvement

Is the service effective?

Our findings

People's care plans did not always contain information that was guided by the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure the human rights of people who may lack the capacity to make some decisions are protected. Care plans did not always contain clear information relating to peoples capacity to consent to care. For example: one person's care plan contained consent forms signed by a relative where there was no evidence they had a legal right to do so. Another person's care plan contained information relating to a court appointed deputy. A deputy is a person appointed by the Court of Protection to manage the affairs of someone who lacks the mental capacity to manage their own affairs. However the person's care plan contained a generic capacity assessment identifying the person was assessed as having capacity. This conflicts with the court appointment.

Staff had completed training in relation to MCA but were not always able to understand the principles underpinning it. Staff were able to explain how they would give people choices and how they would respect people's decisions to decline support. However, they were not aware of how they may make decisions in people's best interest.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made appropriate referrals to the local authority supervisory body in relation to the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be restricted of their liberty for their own safety.

The adaption and design of the service did not always meet people's needs. We observed parts of the home where people were living with dementia were not decorated in a way that followed good practice guidance for helping people to be stimulated and orientated. One visiting health care professional had commented on the distracting and confusing nature of the piped music in the corridors of the home for people living with dementia. We discussed the music and decor of the building with the registered manager who informed us that they would address this by looking into national guidance and adopting best practice in dementia care.

Records showed staff had access to training which included; moving and handling, medication, nutrition and dementia care. The training consisted of face to face training and online modules. The home also runs an in house training program matched to a national certificate in care. Five staff had recently completed this and a notice board was visible in the home which celebrated their achievements.

We spoke with the deputy manager about training. They said "It's important to us" and by having this in house "We are reassured that staff learning is matched to the needs of the home". Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people.

Staff told us, and records confirmed they had effective support. Staff received regular supervision and appraisals. Staff we spoke with told they felt supported by the registered manager and nominated individual. One staff member told us ""They (management team) are very supportive".

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. People were offered a choice of two meals on the daily menu. The chef advised us that if people did not like the choices available an alternative would be provided. People told us they enjoyed the food provided by the home. Comments included "I enjoy the meals", "The breakfast is lovely", "There's always plenty to eat and drink" and "It was a very nice lunch".

At lunchtime we saw that meals were served hot from the kitchen and looked wholesome and appetising. People could choose the food they wanted from a menu. Where people required special diets, for example, pureed or fortified meals, these were provided. We spoke with the chef who knew about people's special dietary requirements.

Where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following these recommendations.

People had regular access to other healthcare professionals such as, the district nurse, chiropodists,

Requires improvement

Is the service effective?

opticians and dentists to ensure their health needs were met. Where healthcare professionals provided advice about peoples care this was incorporated into people's care plans and risk assessments. For example, one person had been referred to an occupational therapist as the person was having difficulty moving in bed. Equipment had been provided and we saw staff supporting this person using the equipment. One relative we spoke with told us "[person] recently needed to see the dentist and the doctor, they arranged this and [person] was seen quickly".

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. Comments included; “Staff are very caring”, “They care for my everyday needs” and “They look after me very well”. Relatives we spoke with us told us that the staff were caring. Comments included “The care has been great”, “The staff are wonderful”, “The staff have an unlimited amount of patience which I find reassuring”, “The staff are marvellous my sons so happy there”, “We are really pleased with the way [relative] is being cared for” and “The staff are fantastic, they go beyond the call of duty”.

One healthcare professional we spoke with told us “The residents are well cared for”, “They know their residents and they know their needs”.

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away.

People were treated with dignity and respect. Staff took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example, one person required the support of two staff and a hoist to transfer from their wheelchair to a comfortable armchair. One member of staff knelt down to speak with the person, making sure they made eye contact and explained how they were going to assist them. Throughout the move staff stopped to explain what was happening and reassured the person by placing a hand on their arm.

We observed another interaction with one person who required support with a walking aid. This person wanted to sit closer to another person so they could have a chat. Staff took the time to explain how they would be supported, where they would be heading to and what was going to happen when they got there. Staff spoke with this person at the end of the interaction and told them “It wasn’t that bad was it, you’re doing really well [person]”.

Staff gave people the time to express their wishes and respected the decisions they made. For example, we observed a member of staff offered a person a choice of drinks. They spoke calmly and gave them time to decide. The person chose to have a cup of tea and this was provided. Staff then asked where they would like to sit to have their drink and the person’s preference was respected.

People’s friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. A relative told us “I visit at all times of the day and they have never stopped me, their brilliant like that”. We saw how staff spoke to people with respect using the person’s preferred name. When staff spoke about people to us or amongst themselves they were respectful.

People’s dignity and privacy were respected. We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people’s doors and curtains were closed. Staff spoke discreetly to people when encouraging them to accept support with personal care.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them entering the service and this information was used to develop care plans. Care plans contained details of people's likes and dislikes and how they wished support to be delivered. Care plans contained a 'my story' document which detailed the persons history, how they liked to spend their time and things that were important to them. For example, one person's care plan described their past occupation and how they enjoyed classical music and reading. We visited the person in their room and saw they had books to hand and a radio tuned to a classical music programme.

Staff were responsive to people's changing needs. One person had developed a pressure sore. A district nurse had visited and assessed the person's skin. Guidance had been provided to staff in relation to the equipment and support the person needed. Staff followed the guidance and ensured this guidance was clearly recorded in the person's care plan. The care plan also identified elements of the support the person was reluctant to accept and how this was being managed. Where specialist equipment had been recommended by health professionals these were in place and were used as detailed in care plans. For example, pressure relieving equipment and moving and handling equipment.

Staff were knowledgeable about the people they supported. One of the in house training sessions asks staff to go and find out as much as they can about a resident they are not familiar with and then present back to the staff team what they have found out. This ensured that staff are familiar with the personal histories, preferences and dislikes of all the people at the home. The registered manager told us that this was a "Holistic approach to understanding people's personal history's that also helped staff to support residents through good days and bad days".

During the inspection we saw people engaged in some activity. Staff were supporting people to make decorations for Halloween. Staff were trying on masks and encouraging people to try them on. People were smiling and laughing and enjoying the social interactions with staff. People were able to access the grounds of the home if they wished to. One person told us "You can go outside and have a walk around if you like, they are really good like that". The registered manager told us that they were currently in the process of recruiting an activity coordinator however they expected the remit of the activity's within the home as "The responsibility of everyone".

People knew how to make a complaint and leaflets asking for feedback about the quality of the service were available in the communal areas of the service. We saw that all complaints had been logged and responded to in line with the organisations policy.

People's opinions were sought and acted upon. There were regular meetings for people where they were encouraged to comment on the service and information was shared. Meeting minutes showed people had shared their views. For example, the new chef had been introduced at one meeting and people had wanted to meet with the chef regularly. Monthly meetings had been arranged and were taking place.

The provider had also recently introduced an electronic device (iPad) for people to complete an internet survey. The registered manager told us "For those people who struggle with this we offer support". The result surveys demonstrated this and indicated where support had been given.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us "[Manager] is really accessible" and "I call at all times of the day and I find them really helpful". The service had recently been taken over by a new provider. A registered manager and nominated individual were in post. During our inspection the management team demonstrated a good level of care and understood the needs of the people within the service. The management team had a clear vision on how they wanted to make further changes to improve the overall quality of the service. Staff described a culture that was open.

Staff were complimentary about the registered manager and the nominated individual. Staff told us they enjoyed their work and were positive about working in the home. Comments included; "They (managers) are very, very good. They are number one" and "I like the atmosphere, it feels like being at home".

Staff were confident that the management team and organisation would support them if they used the whistleblowing policy or raised a concern. Staff felt able to approach the manager and nurse in charge at any time for help and guidance. One member of staff said "Any problems you can ask at any time".

Although there were a range of audits in place to monitor and improve the quality of the service, these were not always effective. For example, there were gaps in people's care records to show what basis the decision had been made about people's capacity. People were also at risk of harm as thickening products were left in areas that were accessible to people. However where risks were highlighted during the inspection. The registered manager and nominated individual to immediate action to mitigate these risks.

For example we received evidence that an emergency meeting for staff had been held on the following day of our inspection. Actions from this meeting included 'Thick and easy supplements are to be stored in the medication cupboards', The location of the PEEPS(personal evacuation plans) is now under the main stairs and will be kept in a clear sealed storage box with wheels', a plan to improve the dementia setting in the home and an immediate review of MCA practices within the home.

The nominated individual set aside time to go through outcomes and actions from staff supervisions. The nominated individual then followed these up with the supervisors and staff to ensure staff development and service improvements were being followed through. For example, more than one staff member had suggested that staff adopt uniforms in order to appear more professional. The nominated individual had followed this through and all staff on the day of our inspection had a uniform.

Accidents or incidents were documented and any actions were recorded. Accident and incident forms were audited to enable any trends or risks to be identified. For example, an audit of falls identified that staff were not always available during the handover period. The action from the audit told staff to 'improve monitoring' during handover. We saw this had been discussed at staff meetings and staff were aware of the new procedure.

The nominated individual had recently developed a 'fair recruitment checklist' to ensure there was consistency in the recruitment of new staff. The checklist also supported the provider to maintain good governance in record keeping. The nominated individual told us "The checklist is in place to make sure things are in order, I have high standards and if I am not here then I need reassurances that things are being done right" and "The management are open and honest with me"

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with told us "If I have had a concern they have listened and acted". One relative we spoke with told us "[Relatives] health has improved a lot since they have been at the service".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not provided care and treatment in a safe way for service users. The registered person had not taken reasonable steps to mitigate the risks to the health and safety of service users receiving care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person had not provided care with the consent of the relevant person. The registered person had not acted in accordance with the principles of the mental capacity act 2005 and associated code of practice.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.