Minster Haverhill Limited

The Hay Wain

Inspection report

Brybank Road
Hanchett Village
Haverhill
Suffolk
CB9 7YL
Tel: 01440712498
Website:

Date of inspection visit: 15 April 2015
Date of publication: 26/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
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 the 16 April 2015 and was unannounced. The service was last inspected on the 17 September 2013 and at that inspection we found concerns in relation to the way in which people were cared for., staffing levels, supporting staff and he quality monitoring systems We received an action plan telling us what actions the service had taken. At this inspection we found that the necessary improvements had been made.

The service provides accommodation for up to ten older people who need help with personal care. It is not a nursing home. At the time of our inspection there were six people at the home. There is 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.

The home was well run and in the interest of people using it. There were enough staff to support people

Summary of findings

appropriately and staff had the experience and skills to provide appropriate care to people. The care approach we observed was kind and compassionate, helping people to feel safe and giving confidence to their family members.

Staff told us they felt well supported and had the training and supervision they needed to perform well within their role. They understood how to recognise if a person was at risk of harm or actual abuse and what actions they should take to protect people.

Staff understood how to provide care taking into account people's views and wishes whilst also recognising that at times they had to act in people's best interest. Staff were mindful of the law regarding mental capacity.

People were supported to eat and drink in sufficient amounts for their needs and staff promoted people's mental and physical health. Care plans stated what people's needs were, how they wished their care to be provided and what actions staff should take to promote their well-being and minimise risks.

There were opportunities for people to be involved in activities and help keep themselves mentally stimulated and engaged with the community.

People were consulted about their care and asked about the service they received. The staff responded appropriately to this which meant people received a service which met their needs. There was a system for dealing with complaints but none had been raised at the time of our inspection.

The manager had worked hard to raise standards and support her staff team. They were developing staff skills and had systems in place to measure the quality and effectiveness of the service delivery. This enabled reasonable adjustments to be made.

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 is safe.

Staff were employed in sufficient numbers to meet people's needs.

Staff supported people to take their medicines safely and as prescribed. Staff were trained to administer medicines.

Risks to people's safety were assessed and where possible reduced. Staff understood how to promote people's welfare and safety and report any concerns where they believed a person to be at risk.

Good

Is the service effective?
The service is effective.

Staff had the skills and experience to meet people's needs and were appropriately supported and trained.

People were asked to make decisions about their care and welfare but where they were unable to do this; there were systems in place to support people appropriately.

People had enough to eat and drink and staff monitored people's weights to ensure they were adequately nourished and protected against unintentional weight loss.

People's health care needs were known by staff who promoted people's health by intervening where appropriate and seeking professional help.

Good

Is the service caring?
The service is caring.

Staff were skilful in their interaction and aware of how to meet people's needs.

Staff provided people with respectful, dignified care and only after they had consulted with people about their wishes.

Good

Is the service responsive?
The service is responsive.

People's needs were assessed and a plan of care was in place which took into account people's wishes and helped staff provide the support people required. Staff were mindful of risk to people's health and safety and took steps to reduce risk.

There was enough for people to do to keep them occupied and stimulated throughout the day. People's preferences were sought.

Good

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

Staff were aware of their responsibilities and there was a strong management presence who supported her staff and let them know what her expectations were.

Good

Summary of findings

The health and safety of people using the service was paramount and this was established through clear documentation about people's needs.

Frequent audits helped the manager determine where they were doing well and where they needed to improve.

In addition to audits the home had a quality assurance system which established if people were happy with the service and if not where they could improve.

The Hay Wain

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.

The inspection took place on the 16 April 2015 and was unannounced. The inspection was carried out by one inspector. Before the inspection we looked at the information we already held about the home, this included any notifications we have received. A notification is information about important events which the service is required to send to us by law. We also reviewed the provider information return (PIR) which is a form we ask all providers to complete to tell us how they are managing their service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the manager, four people using the service, three care staff, two relatives and a visiting professional as part of this inspection. We also looked at records including two people's care plans, staff records and records relating to the management of the business.

Good

Is the service safe?

Our findings

We found that the service made sure that people were as safe as far as was reasonably possible. In the reception area was a lot of information for people including how to report concerns both internally and externally and how to raise a formal complaint. We viewed the whistle blowing policy and the safeguarding policy which was accessible to staff. A family member told us they were confident about the care provided to their relative. One person told us they would not hesitate in raising concerns and were routinely asked if they had any. We spoke with staff and they were aware of their responsibilities and knew how to raise concerns and how to recognise actual or potential abuse. Staff told us they received training on protecting people from abuse both in their induction and in an on-going way.

Staff knew people's needs well and cared for each person according to their needs. Some people were more able than others and went out independently telling staff where they were going. Other people had been assessed at risk of harm should they go out of the home by themselves. This was clearly documented and an application for a Deprivation of Liberty Safeguard (DoLS) had been completed and sent to the Local Authority.

Staff were always close at hand to support people. Risk assessments were in place for people as required and these documented how staff should protect people. For example, a risk of falls or poor nutritional intake, if identified had a clear plan and guidance for staff to follow. These plans were kept under review and staff knew when there had been a change in need. Any change of need was recorded and staff referred people to other health care specialists where appropriate. This helped prevent a person's condition getting worse as it was closely monitored by staff.

We noted that where people were not able to reliably use their call bell this was recorded and regular observations were in place to mitigate risks of falls to the person as far as possible. Equipment such as sensor alarms were also considered.

Staffing levels were flexible according to people's needs. There were two staff per shift except at night when there was one member of staff. Staff were supported by an on call system in which they could summons help as required. Staff told us and records confirmed that there was no one who required two staff to support them with their manual handling needs. At the time of our inspection there were six people using the service and the staffing ratios were appropriate. In addition to care staff there were additional hours for activities which were provided and organised by designated staff. The home had up to date dependency assessments for people which they used to assess people's needs and to help them assess if staffing levels were sufficient to meet them.

There were systems in place to ensure people received their medicines as prescribed. In people's records was a list of their medicines and their purpose, including any potential side effects. There were care plans for people around pain relief and if people could express when they were in pain. Where people had medicines for specific health conditions or for short term use there were protocols in place to help staff know how to use medicines and information on the person's illness and if not properly controlled how it would affect the person. We noted one person kept their medicines in their room and applied the creams they needed. There was a risk assessment in place for this.

Regular medicines audits identified any concerns with the storage, recording, stock or administration of people's medicines. We could see what actions they had taken as a result of these audits and to ensure people received their medicines safely. We noted one person was written up for a medicine which had since been stopped but was still on the medicine recording sheet. The care staff said they would ensure this came off.

We saw the medicines policy and staff had a good understanding of the safe administration of medicines. Medicines were stored safely and locked away. Medicines were kept at the correct temperature according to the manufacturer's instructions.

Staff said they received training on medicine administration and their practices were observed to make sure they were competent. The staff administering the medicines was very knowledgeable.

Good

Is the service effective?

Our findings

Staff were familiar with people's needs. People living at the home said they had regular staff who were responsive to their needs and knew how to support them.

There was a training and supervision schedule in place which showed how often staff received support through team meetings, appraisal direct observation of practice to assess their competence and one to one supervisions. This happened frequently and staff told us the manager was accessible and they felt well supported. Staff told us about the training they had received which was supported by information in staff files and correlated with the training matrix. One staff member told us about their induction and said it helped prepare them for their role and was a mixture of training, observation and being supported by more experienced staff. They had a workbook to go through which covered all the subjects they would need to understand to work in residential care.

Staff listed training they had done which included training around people's specific needs and dementia care. We found one member of staff in particular was very knowledgeable about dementia care and were told that where staff had a specific skill or area of interest this was promoted and supported by the manager which enabled staff to develop. There were staff champions in dementia care and dignity champions.

We saw lots of evidence of planned training and training already undertaken by staff to ensure staff had the skills needed for their roles. When we spoke with staff we found them to be very knowledgeable.

One relative told us there was a consistently high standard of care and were confident in the staff team.

People, where able, gave their consent for care. Where they were not able they were appropriately supported by staff. People told us they could leave the home as they wished and had access via a key fob. However some restrictions were in place for people whose health and safety could be compromised if they went out by themselves. This was documented with a clear rationale and staff supported people as required. Staff spoken with understood about upholding people's rights whilst understanding the legal requirements of the MCA and DoLS and they had received training to help them understand their responsibilities.

People's records included how the person had been consulted about their care and welfare and what if anything they needed help with. People had signed their consent for care and treatment provided to them and families were consulted about their family member's needs. We saw involvement from the local authority and a record of decisions where the person had a lack of capacity or fluctuating capacity.

The manager had printed off information for families to help them understand legislation around DoLS and said this was discussed with them and given out to families particularly where they had observed a change in a person's condition and they were becoming concerned about the person's capacity.

People were supported to eat and drink in sufficient quantities. Several people said the food is not always good, one person said, "It is not gourmet." However people told us the menus had recently changed and they were asked to comment on the food so their opinions were considered. One person said there were always alternatives. We saw menus on the table and people were encouraged to eat and socialise together. People were given appropriate support to help them maintain their independence, such as built up equipment, (knives and forks) and food was cut up when required. Staff had received training in nutrition and staff monitored what people ate and drank. This was to ensure that people had enough to eat and drink for their needs and to monitor anyone who was at risk from malnutrition or dehydration. Fluid records showed us people were very well hydrated. Weight records showed us staff regularly monitored people's weights and quickly picked up unplanned weight loss. Records showed that staff took appropriate actions which resulted in the person regaining weight quickly.

We observed throughout the day people being offered drinks and encouraged/reminded to consume them.

Staff responded to changes in people's health care needs and this was clearly documented in people's care plans. One person told us they were waiting for the nurse and staff had been quick to make an appointment for them due to a change in their health. They said they regularly saw the doctor and as required. Another person told us, "Yes my health care needs are met, I have just seen the optician which they arranged, and I now have new glasses."

Good

Is the service effective?

We spoke with a relative who told us staff always kept them informed of any changes to their family member's health. They said they recently had an infection and staff were quick to identify this and get it treated.

Good

Is the service caring?

Our findings

We observed positive relationships between people using the service and staff supporting them. People commented positively about staff. One person said, “The staff are very lovely and I am very grateful for everything they do.” Later during the day the person got distressed and we saw how staff quickly reassured them. Staff were able to tell us about their needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

Staff practice was kind and we observed staff being attentive to people’s needs whilst encouraging them to remain as independent as they were able to. One person was becoming distressed and trying to leave. Staff offered to go with them and they then changed their minds. Staff used both humour and encouragement whilst supporting this person which we saw minimised their distress.

People were consulted about their care. One person told us they had been involved in their care plan and their needs had been reviewed recently. We saw that people were asked for their views and gave consent to care.

Staff supported people in a dignified way. We observed staff supporting one person to the toilet. They did so sensitively and encouraged the person to mobilise for themselves. Staff were patient and kind, communicating effectively with the person and given them time to respond. We observed staff knocking on people’s doors and giving them privacy when they asked and needed it.

Good

Is the service responsive?

Our findings

People received care that met their needs. People had enough to occupy them throughout the day and activities which helped to keep them mentally stimulated. We observed staff supporting people and regularly chatting with them. People were asked if they wanted to attend any of the planned activities taking place that morning at The Meadows, (The Meadows is a home in close proximity and owned by the same organisation.) In the afternoon The Haywain had its own activities and we saw one person gardening with a staff member. People told us they liked to keep busy and joined in the activities in both homes. They said they also went out shopping and into town and staff supported them to do this. There was a small kitchen where they said they made cakes and the manager said people could make meals for themselves. For most of the time there was old time music playing and an old black and white film. One person was looking at scrap books of a past era and people generally appeared contented in their surroundings.

One person told us, "I prefer my own company. I like the peace and quiet." They told us they went out when required and were supported by staff to do so.

We spoke with the member of staff providing activities, and they had twenty hours a week allocated. Activities were provided over all seven days in the week. They told us they talk to people about what they want to do and although they had an activity plan this was subject to change according to people's wishes. They said families were involved. They gave examples of a recent trip to the garden centre, the sunshine club, tea and a chat in the garden, coffee morning's and one to one activities with increased participation into town. They were aware of people's needs and how to support people with sensory and, or cognitive impairment.

We asked people how staff looked after them. One person said, "Ok, they would do anything for you."

We looked at people's care records, health action plans and daily notes. These were comprehensive. People's needs and any risks to their health and safety were clearly documented with clear guidance of how needs and risks should be managed. Documents and assessments were up to date. Staff were proactive in understanding changes in people's behaviour or level of confusion and recognised this could be due to a number of factors for example, an infection or pain. Where people had a short term infection staff recognised this could impact of the person adversely and increase their risk of falls. This would be documented in the persons care plan.

Care plans were put in place soon after admission and only after an initial assessment of the persons needs had been carried out. When a person first came to the home an initial 72 hour care plan was put in place which was revised and amended as staff got to know the person better and any review or amendment was discussed with them and their families. On the day of our inspection a person was newly admitted and staff already knew a lot about this person's needs. The staff responsible for activities spent time with the person getting to know them and finding out what they liked to do and how they spent their time. This was recorded and was included in the person's plan of care.

There was a complaint procedure should people or their families be unhappy about any aspect of the service. One person said they knew how to complain and would not hesitate to raise concerns with the manager or head of care who they said they saw frequently. They said there were regular residents meetings and they were able to raise suggestions which were acted upon. They said the food was not always good but as a result of feedback the menus had been changed recently. Another person told us they did not go to the meetings but received the minutes so knew what had been discussed. They said there was a suggestion box so they could raise concerns that way. We found a lot of information around the home which helped people and their relatives to know about the service provided and what they should do if they were unhappy about any aspect of the care. There were photographs of staff who were supporting people on that day which helped people and their families know which staff were responsible for their family members care. Details of service audits were readily available and demonstrated people were routinely asked for their feedback and we could see how the staff acted upon it to improve the service.

Good

Is the service well-led?

Our findings

The service was well led. Since our last inspection a permanent manager was now in post and there was also a head of care available to support the manager and staff. Staff we spoke with were experienced and knowledgeable. They said they felt supported and able to approach the senior team. They were clear about their responsibilities and had formed strong relationships with the people they were supporting and their families. Resident's meetings were held and activities held helped to encourage people to socialise and included family members.

Records were robust and told us how staff were supported and how people's needs were assessed, planned for and reviewed. The only gap we identified in people's records was in relation to falls. Care plans had been reviewed but did not take into account all factors affecting the person such as recent falls history. Staff told us the person had not fallen recently but we saw from their records they had and this had not been pulled through to update the care plan. However the manager showed us how they reviewed people's falls and where there had been a fall they reviewed actions taken to ensure they were appropriate.

We saw the outcome of a number of audits which were done regularly and helped the manager determine if the service operating effectively or where they needed to improve. People using the service confirmed they were consulted about the service and their feedback was acted upon. Action plans were in place as a result of shortfalls identified during audits. We could see from the action plan what improvements had been made. For example the monthly medicines audit showed improved results each month. The range of audits was extensive. The service also sent out surveys six monthly as part of their quality assurance process to people and their families. The results were compiled and improvement identified so they could be addressed. Relatives said they had been asked to complete a survey and had seen the results.

Daily audits and checklists were in place which showed how staff were meeting people's needs and ensuring the environment people lived in was safe, clean and well maintained.

People's records showed us that staff worked inclusively with other agencies to ensure people's needs were met as comprehensively as possible. People had detailed mental health care plans and they were supported through the GP, district nurses and mental health team.

The activities co-ordinator told us that families past and present were invited to events and fundraising initiatives in the home. They also said they had signed up to 'dementia friends.' This was an initiative by the Alzheimer's society. The idea behind it was to raise awareness amongst the community of dementia and its affect. The idea was to build community and promote good dementia practices.

The manager spoke to us about how they had started to develop relationships with the community and had supporters from local businesses and visits from schools. These connections were to ensure that the people living at the service felt part of the local community and were involved in activities outside of the home.