

## Minster Care Management Limited

# Ideal Home

### Inspection report

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Date of inspection visit:  
25 July 2019

Date of publication:  
28 August 2019

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ideal Home is a residential care home providing personal care to 42 people at the time of the inspection. The service is registered to support up to 50 people in one adapted building. There are two sides to the home, one side supports older people living with dementia and the other side supports people with enduring mental health problems.

### People's experience of using this service and what we found

People told us they felt safe living at the service, however, potential risks to people's health and welfare had not been consistently assessed. Staff did not always have guidance to mitigate risk and keep people safe with consistent care.

People's food and fluid intake had not been appropriately monitored when people were at risk of weight loss or malnutrition. The provider had recently changed the way food and fluid was monitored, and only people at high risk were to be placed on a food monitoring chart. We found there was a lack of guidance for staff on this new process and there seemed to be confusion as to when a food chart should be implemented. As a result, people who required a food monitoring chart did not have one in place.

People were not always referred for dietary advice when needed. We found people assessed as high nutritional risk were to be referred for dietary advice, according to the risk tool used. This has not happened, and there was not always a record of the person's risk in their plan of care. When people had lost weight, we found action had not always been taken.

Staff were not always recruited safely. Checks on staff character had not been completed consistently and risk assessments were not completed when needed.

Some accidents and incidents had not been recorded. Although most accidents had been analysed, some opportunities to learn lessons had been missed.

Care plans were not always completed to reflect the care being given to people. However, staff knew people well and people told us staff supported them in the way they preferred. Some audits had been completed but they did not cover all aspects of the service. The audits completed had not identified the shortfalls found at this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff to meet people's needs. We saw people had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to be as

independent as possible and express their views about the service and their care.

Staff understood their role and had confidence in the registered manager. Staff told us they worked well together as a team, and there was good morale amongst them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 12 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staff recruitment, nutritional monitoring and management, and the general management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Ideal Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one assistant inspector.

#### Service and service type

Ideal Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior

care workers and care workers. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed

### Staffing and recruitment

- Records we looked at did not always evidence safe recruitment processes had taken place, or that the registered manager had completed appropriate checks in relation to staffs previous employment and conduct.
- Staff had a Disclosure and Barring Services (DBS) criminal records check. When the DBS shows staff have a conviction, this should be investigated, assessed and a risk assessment put in place to reduce the risk to people. This process had not been completed when convictions were disclosed.

The provider had failed to operate effectively established recruitment procedures to meet the regulations. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us staffing levels were safe. One person commented, "I like it here. I'm safe, there's plenty of staff."

### Assessing risk, safety monitoring and management

- A specific risk assessment tool was used to assess people's risk of skin damage but the corresponding plans to mitigate the risks were vague. One person assessed as high risk of pressure sores had a care plan that simply stated the person's position could be adjusted. However, we saw people had the necessary equipment and creams to address any risks of pressure sores and no one had any pressure damage at the time of the inspection.
- When risk assessments had identified people as high risk, action had not always been taken. For example, we saw people assessed as high nutritional risk who according to the risk tool used, should have been referred for dietary advice. This had not always happened.
- Information on risk assessments for how staff could reduce risks for people was varied. There were examples of good risk plans detailing a high level of person specific information, and other records that were vague and did not contain enough information for staff.
- Risks within the environment were considered and assessed. Equipment was regularly checked to ensure it was safe to use. Plans ensured that people's needs would continue to be met in the event of an emergency.

### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should.
- Safe protocols for the receipt, storage, administration and disposal of medicines were being followed.

- Staff were trained and assessed as competent before they administered medicines.
- PRN (as and when needed) protocols were in place detailing how and when medicine should be given.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. Comments included, "I feel very safe here, lots of lovely people," and "I feel safe here; the staff come and check on me."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

#### Preventing and controlling infection

- The home was clean throughout.
- Staff had access to Personal Protective Equipment (PPE) such as gloves and aprons. We saw staff using these during the inspection.

#### Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence. However, not all accidents had been recorded, and opportunities to learn lessons were often missed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional support was not always accurately recorded in their care plans. One person had been advised by their GP to have a soft diet to reduce the risk of choking, and to be referred to Speech and Language Therapy (SALT). This information was not recorded in the care plan. We were told of an incident in which an agency staff member had given the person dry food which led to them nearly choking. The care plan was still not updated after the incident and a referral to the SALT team had not been made. We spoke with the deputy manager who told us they had passed the information to district nurses to complete the referral.
- Some people living in the home required full assistance from staff to maintain good nutrition and hydration. There was no recording or monitoring of their food and fluid intake. There was also no monitoring of food and fluid intake for those people assessed as a nutritional risk, or when people's weight had significantly reduced.
- The provider had recently changed the process for monitoring people's food and fluid intake. The new process meant people would no longer have their food and fluid intake monitored automatically, and only those assessed as needing this would. However, there was no guidance for staff to advise them when to implement food monitoring charts for people. We found there were some people who were assessed as needing a food monitoring chart, but did not have one in place.

People's nutritional needs had not been safely and effectively monitored and managed. This is a breach of Regulation 14 (Nutritional and Hydration Needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw food and drinks being offered regularly during the inspection.
- Staff knew people's preferences and had worked with them to ensure they were provided with meals that met their cultural needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were not always referred for dietary advice when needed. We saw one person who was recorded to have lost a significant amount of weight but no actions had been taken.
- We were told people were referred to district nurses when they became unwell or concerns were raised. However, there was not always evidence of this, and there was a lack of follow up of actions from the home. In some instances, we were told advice had been given but this was not always clearly recorded for staff to

follow.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most people's care files contained best practice guides with regards to specific conditions, for example dementia guides. This was useful information for staff. However, this needed to be made person specific, so the individual needs of that person were taken into account.
- Prior to people moving into the home their needs were appropriately assessed to ensure that the home and staff working there were able to meet their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005. When people were unable to provide consent, the best interest process was followed.
- DoLS were in place for people using the service to keep them safe from harm.

Adapting service, design, decoration to meet people's needs

- Bathrooms were adapted to ensure they could be accessed by all.
- Equipment was in use to support people to move around the home independently.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager.
- New staff members completed a structured introduction to their role. This included completion of appropriate training and completing shadow shifts with experienced staff prior to starting in the role.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was evidence throughout the inspection staff treated people well and supported them in line with their needs. However, this was not always clear to see through care plans and records of care. We could see this was a failing in the recording of information.
- People and their relatives told us they were well looked after. Comments included, "The staff are very nice and kind to us, they are always there to help me," and "The staff go out of their way to look after me. They are nice people."
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their dignity and privacy. One person said, "The staff always knock on my door before they come in. I sometimes tell them to go away and they do, they come back later."
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.

Supporting people to express their views and be involved in making decisions about their care

- Resident and relatives' meetings took place. We saw feedback from these meetings was actioned.
- People and their family members told us they felt confident to be able to raise any feedback they had with the management and they felt listened to.
- People were able to make day to day choices about their care. One person told us "I do what I want, I go to bed when I want, I have a bath when I want, they take care of me if I ask."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well including their likes and dislikes. However, people's care plans did not consistently reflect the personalised care being given.
- Some care plans lacked person specific information. We saw one person who was unable to verbalise pain. The care plan stated staff would know the person was in pain by their body language and facial expressions, but didn't give any detail of what signs staff should look for.
- Some care plans we looked at did not always contain enough information about how people were to be supported.
- Information regarding people's care needs had not always been updated. Although we saw evidence of regular care plan reviews, these did not always identify changes to people's support needs.

End of life care and support

- The service was not supporting anyone on end of life care at the time of the inspection.
- Care files we looked at showed discussions had been attempted with people regarding advanced care planning. These plans were reviewed and discussed with relatives when appropriate.

Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in ways they could understand.
- We saw people had developed friendships with others living at the home. People told us family and friends could visit anytime they wanted. This supported people to maintain relationships with people who were important to them.
- Activities continued to be offered for people to take part in. An activities coordinator provided planned activities each day. There were occasional day trips which people told us they looked forward to.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. We saw complaints had been responded to appropriately.
- People and their relatives told us they would feel comfortable raising a concern. People told us the

registered manager was very responsive when concerns were raised.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were some checks and audits in place. These did not cover all aspects of the service and had not been effective in identifying the shortfalls found at this inspection.
- Records to document the care people had received were not always well-maintained.
- Not all accidents were reported on the accident log. This meant opportunities to improve practice and learn lessons were sometimes missed.
- When guidance had been sought from other healthcare professional, this was not always recorded in people's care files. This meant staff did not always have the appropriate information to support people.

The provider had failed to effectively assess, monitor and improve the quality of the service provided. The provider had failed to maintain an accurate record in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted statutory notifications in line with legal requirements and displayed the rating of the last inspection.

Working in partnership with others

- When referrals to other services were needed, we saw that these referrals were not always made in a timely way.
- There was evidence that the registered manager worked closely with some healthcare professionals and people were supported to access some support appropriately. There was an especially close working relationship with the district nursing team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the service. People and their relatives told us the registered manager and staff were open and honest with them.
- People knew the registered manager and greeted them warmly with a smile and chatted to them.
- The registered manager had discussed concerns raised with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Resident and relatives' meetings had taken place. It was clear people's feedback was listened to and considered.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas. A staff member said "If a suggestion or concerns is made it is often acted upon."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care. Although this was not always recorded appropriately, during our observations we saw staff supporting people in line with their choices.
- Staff and people told us that they felt the service revolved around people and their needs. People told us they thought the management team were approachable.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The provider failed to effectively and safely monitor and manage people's nutritional needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to maintain accurate records in respect of each service user.  The provider had failed to assess, monitor and improve the quality of the service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to operate effectively established recruitment procedures to meet the regulations.