

Mr & Mrs S Neale

Cloisters E M I Residential Care Home

Inspection report

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16 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in October 2016 when a breach of legal requirement was found. We found a breach in regulation regarding how the service assessed people's mental capacity and a lack of monitoring to ensure the service ran in the best interests of people who used the service.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 16 February 2017 to check that they had they now met legal requirements.

This report only covers our findings in relation to the specific area / breach of regulation. This covered two questions we normally asked of services; whether they are 'effective' and 'well led.' The question 'was the service safe', 'was the service responsive' and 'was the service caring' were not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cloisters EMI Residential Care Home on our website at www.cqc.org.uk.

There was a registered manager in post at the time of our inspection. 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.

Cloisters EMI Residential Care Home is registered in the category of dementia care for twenty elderly people. It is a detached Victorian house with parking facilities, front and rear gardens which are well maintained. The home has a passenger lift to all levels. There are two lounge areas and a dining room which are also used for activities.

At the previous inspection in October 2016 we found mental capacity assessments were not decision specific and best interest decisions were not recorded in people's plan of care. At this inspection we found improvements had been made. Mental capacity assessments were completed and were decision specific to help support people living with a dementia and who lacked capacity to be involved in the care planning process. Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA (Mental Capacity Act) Code of Practice. A plan of care was in place to support this practice which was subject to regular review. This breach had been met.

At the previous inspection we found a lack of quality monitoring within the service. At this inspection we found the service's overall governance arrangements were robust to assure a safe, effective service and to drive continuous improvement. This included a number of internal audits and also the home's response to external audits. We saw the provider had a thorough auditing system which looked at different aspects of the service. For example, care, medicines, cleanliness of the premises, health and safety,

maintenance/decorating schedule and safety checks on equipment and services such as fire safety, gas and Legionella compliance. This breach had been met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

We found action had been taken to improve the service in respect of the principles of the Mental Capacity Act (2005).

Mental capacity assessments were completed and were decision specific to help support people living with a dementia and who lacked capacity to be involved in the care planning process.

Is the service well-led?

Good ●

The service was well-led.

We found action had been taken to improve the monitoring of the service.

There was a series of on-going audits, quality checks and feedback sought from people/relatives to ensure standards were being maintained. This helped monitor performance and to drive continuous improvement.

The Care Quality Commission had been notified of reportable incidents in the home.

Cloisters E M I Residential Care Home

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 team consisted of an adult social care inspector.

Before our inspection we looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted one of the commissioners of the service to seek their feedback about the home.

During the inspection we spent time with registered manager, deputy manager and compliance manager. We reviewed the service's management of how the Mental Capacity Act 2005 was applied for people living at the home and the service's systems and processes to monitor how the service was operating.

Is the service effective?

Our findings

We previously visited this home in October 2016 and found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning people's mental capacity assessments not being decision specific and best interest decisions not recorded in people's plan of care. 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.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager, deputy manager and compliance manager. We also reviewed a number of mental capacity assessments for people living at the home, best interest meetings and information (applications and authorisations) pertaining to Deprivation of Liberty Safeguards (DoLS). We found improvements had been made to meet necessary requirements. This breach had been met.

At this inspection we looked to see if the service was working within the legal framework of the MCA. The MCA 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS had been submitted to the local authority for people living at the home and nine authorisations had been approved to date. The registered manager was aware that if authorised CQC needed to be informed in accordance with our regulations. The registered manager was knowledgeable regarding DoLS and had a good awareness of the principles of the MCA.

Mental capacity assessments were completed and were decision specific to help support people living with a dementia and who lacked capacity to be involved in the care planning process. This included a number of areas, for example, medication, health, use of sensor mats (to help reduce the risk of falls), finance and accommodation. A new mental capacity assessment tool had been introduced following the last inspection and this was being implemented for people living at the home. We could see that families had been involved in any discussions and agreements regarding care. The registered manager discussed with us the care and support needed for a person who had recently been admitted to the service and how they were liaising with an external professional regarding acting in this person's best interest. The registered manager had a good knowledge of the person's care requirements and support needed with daily tasks.

Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. We saw this followed good practice in line with the MCA Code of Practice. A plan of care was in place to support this practice which was subject to regular review.

Is the service well-led?

Our findings

We previously visited this home in October 2016 and found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning a lack of effective monitoring auditing tools to ensure the service was run in the best interest of people living at the home.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager, deputy manager and compliance manager. We also reviewed a number of audits and safety checks and looked at how the staff ascertained the views of people who lived at the home and their relatives regarding the service provision. We found this breach had been met.

At this inspection we reviewed some of the quality assurance systems in place to monitor performance and to drive continuous improvement. This included a number of internal audits and also the home's response to external audits. We saw the provider had a thorough auditing system which looked at different aspects of the service. For example, care, medicines, cleanliness of the premises, health and safety, maintenance/decorating schedule and safety checks on equipment and services such as fire safety, gas and Legionella compliance.

Following the last inspection changes had been made to the medicine audit to make it more robust. The medicine audits seen provided a good over view of how medicines were managed within the service. We discussed with the registered manager a page for recording any required actions within the new medicine audit and the registered manager confirmed this would be acted on. No requirements had been identified from the recent medicine audits undertaken. The medicine audits helped to show medicines were being managed safely by the staff.

Audits of the cleaning and infection control in the home were completed each month, using the checklist tool of a scoring system which was provided by the local authority's community infection control team. The audit tool completed in February 2017 recorded 93.8% for cleanliness.

An external health and safety audit was completed by an external organisation in February 2017. Recommendations had a six week timescale for completion and the registered manager was able to confirm the actions taken to date to ensure compliance. For example, we saw following the health and safety audit a new PPE (personal protective equipment) policy was in place; staff were signing this document once read. PPE is equipment that protects staff against health or safety risks at work. It includes the use of gloves and aprons, for example. The service had a number of risk assessments which included safe working in the environment and these were subject to review to ensure compliance with current legislation.

We saw a number of safety checks for the premises; this included checks on hot water and window restrictors, also for general maintenance and decoration. We saw a bedroom checklist for January 2017; this

showed bedrooms were viewed to make sure they were in good decorative order and that bedding and electrical equipment in each room was of a satisfactory standard.

The provider (owner) and registered manager completed a four week audit for the home. This included the building, staff training, staff induction and supervision, health and safety and reviewing people's care and support. We reviewed an audit for January 2017 and this provided a good over view of how the service was operating. The service's auditing systems ensured any required actions were acted on promptly to provide a safe effective service.

Feedback on how the service was operating had been sought from people living at the home. Committee meetings were held every four weeks and people's views were ascertained regarding aspects of life at the home. The last meeting was held in January 2017 and attended by four people. The registered manager told us about the 'movie and popcorn' night which now took place on a Saturday night and also the introduction of a jive and dance class which people were enjoying. It was evident that the staff listened to what people would like to take part in to help improve their experience of living in a care home.

We saw there was a clear management structure in place. The home had a registered manager and they were supported by a newly appointed deputy manager and visits from the provider.

The registered manager was aware of incidents in the home that required the Care Quality Commission to be notified of. Notifications had been received to meet this requirement.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Cloisters EMI Residential Care Home was displayed during our inspection for people to see.