

Mansion House Retirement Home Limited

Down Hall Residential Home







Inspection report

**Down Hall Road
Bradwell-on-Sea
Essex CM0 7QP**

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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

This inspection took place on 15 July 2015 and was unannounced.

Down Hall Residential Home provides personal care and accommodation for up to 34 older people who may also have dementia. There were 30 people using the service including two people receiving respite care on the day of our inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were sufficient staff who had been recruited safely with the skills and knowledge to provide care and support to people.

Summary of findings

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service worked closely with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were treated with kindness, respect and dignity by staff who knew them well and who listened to their views and preferences.

People were able to raise concerns and give their views and opinions and these were listened to and acted upon. Staff received guidance about people's care from up to date information about their changing needs.

There was a strong management team who worked well together and were visible in the service. People were well cared for by staff who were supported.

The management team had systems in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

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 safe.

There were enough staff with the correct skills who were recruited safely and who understood how to provide people with safe care.

People were safe and staff understood what they needed to do to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

Safe processes were followed to support people with their medicines.

Good



Is the service effective?

The service was effective.

People's day to day personal and health needs were met through on-going assessment and staff knew how to provide good care

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Systems were in place to make sure the rights of people who may lack capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good



Is the service caring?

The service was caring.

Staff treated people well and provided care and support with kindness and courtesy.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive and thoughtful in their interactions with people.

Staff and the management team were enthusiastic and committed to the people they cared for.

Good



Is the service responsive?

The service was responsive.

People were involved in discussing their personal, health and social care needs with the staff. They had choice in their daily lives and their independence was encouraged.

Staff understood people's interests and actively supported them to take part in community and individual activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints appropriately.

People's culture and relationships were supported and relatives were consulted about their family member's care and were involved in making decisions.

Good



Summary of findings

People's needs were met by staff who understood and followed guidance about their health and social care needs.

Is the service well-led?

The service was well-led.

The service was managed by a strong and effective management team who demonstrated a commitment to providing a good quality service.

The management team promoted an open culture and provided people with opportunities to raise issues.

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

Good



Down Hall Residential 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.

This inspection took place on 15 July 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the

provider is required to send us by law. We also received a Provider Information Report from the provider which gave us information to plan what areas to focus on during our inspection.

During the inspection we spoke with 10 people who lived at the service and two people's relatives. We also spoke with two health and social care professionals who knew the service. We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, deputy manager and 11 kitchen and domestic, activities and care staff.

We looked at five people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

People who lived at Down Hall told us that they felt safe and well cared for. One person said, "I couldn't be safer." Another person said, "I do get lost sometimes around the place but they always make sure I am safely in my room." A family member told us, "My [relative] is looked after well and I feel she is safe here."

We spoke with staff who told us their understanding of abuse and how they would deal with any concerns should they hear or see any abuse taking place. They were confident that the management would deal with any safeguarding issues quickly in order to keep people safe. We saw that the manager recorded and dealt with safeguarding concerns and sent notifications to us in a timely way.

We saw that there were systems in place for assessing and managing risks, and the records we looked at showed us that the management identified and measured the level of risk to people so that this could be managed safely. These risks included if people might be prone to falls, their ability to eat and drink, if they needed the use of a hoist or to be assisted to move, care of their skin and personal care. People and their relatives were involved in decision making about risks to their health and wellbeing.

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety, maintenance, emergency procedures, fire drills, accidents and incidents were all recorded and the necessary action taken.

We observed that staff supported people to walk and move around the building, maintaining their independence through prompts and supportive statements when they were standing. People had freedom to access the home and the garden safely. One person said, "I like to be able to wander on my own."

There were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. The management team

explained how they assessed staffing levels based on the needs and occupancy levels in the service. The staff had a good mix of skills and experience to meet people's individual needs and there was a consistent staff team.

People told us that staff were always around and usually didn't have to wait long for assistance. One person said, "They always say, I will be there in a minute and they usually are."

Recruitment processes were in place and were carried out in line with legal requirements. People were kept safe because the relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the member of staff was not prohibited from working with people who required care and support.

Medicines were given to people in a safe and appropriate way. We observed a senior member of care staff carrying out the medicine round and they were competent at administering people's medicine. They did this in a dignified manner speaking to people about what medicine they were having and supported them in taking it. They sanitised their hands after handling each medication which showed good hygiene procedures were in place to protect people from infection.

Medicines were safely stored and administered from a lockable trolley. There were appropriate facilities to store medicines that required specific storage, for example, controlled drugs and refrigerators for medicines that needed to be stored in controlled temperatures. We saw that there was a specific cabinet for controlled drugs and the drugs record was completed satisfactorily. The temperature in the fridge was recorded to maintain the quality of the medicine.

Records relating to medicines were completed accurately and stored securely. People's individual medicines administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. Where medicines were prescribed on an as required basis, clear written instructions were in place for staff to follow. This meant that staff knew when as required medicines should be given and when they should not.

Is the service effective?

Our findings

People we spoke with told us that the staff enabled them to keep well, maintain their independence and keep as active as they could. One person said, “They help me get where I am going.” Another said, “They know me very well and are marvellous.”

For people who could not communicate their needs verbally, staff understood their facial expressions and body language to make sure people’s needs were met. Staff had the skills and knowledge to meet people’s care and health needs and to support them in a respectful way.

People received care and support from staff that knew them well and were aware of their needs and individual personalities. People received care that was based on best practice. For example we saw staff physically assisting people with their mobility, such as using a hoist and this was done effectively and sensitively. Staff communicated with the person about what they were doing and what was going to happen. The person was calm and assured by this communication. Staff had put their training and learning into practice to support people effectively.

The staff told us that good training and support was arranged for them by the managers. They had a structured induction programme in preparation for their role. This included training in the necessary skills for the role, shadowing experienced staff and getting to know people’s needs and ways of meeting them. One staff said, “There is very good training provided.” Another said, “Over the years, I have done a lot of training but it’s good to have refreshers so you keep up to date.” Nine staff were undertaking training in levels two, three and five for the Apprenticeship in Health and Social Care Certificate to improve their skills and knowledge.

There was a recorded bi-monthly supervision process in place and staff had the opportunity for learning and development. Appraisals were completed annually. Staff were able to be effective in their role as they were supported and respected and had the opportunity to improve their practice.

Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected and for others, and where appropriate, to make a

decision in the person’s best interests. The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes.

We saw in people’s care files that assessments of people’s capacity to make day-to-day decisions had been completed appropriately. In one person’s care file an assessment had been completed, in discussion with the family and signed by a GP, for the administration of covert medication to be given in the person’s best interests. The manager knew how to make applications for DoLS and to follow the guidance where people were restricted from leaving the home unaccompanied. A number of applications had been submitted to the local authority for consideration.

The staff had an awareness of their responsibilities around assessing people’s capacity to make decisions. We saw that staff sought people’s consent to delivering their care by asking them direct questions and waiting for answers, for example, taking off a person’s napkin after lunch and suggesting a change of clothes which they agreed to.

Discussions had taken place with people and their families in relation to whether they wanted to be actively resuscitated in the event of a cardiac arrest. We saw in one person’s care file that this was documented by having a ‘Do Not Actively Resuscitate (DNAR) order completed and in another person’s care file, it had been written clearly and with their full involvement, what their wishes were and when they were to be followed.

Everyone we spoke to said the food was nice. A menu for the day was up on a board, although this was difficult for some people to read. One person said, “The dinners are nice.” Another told us, “I usually like what they give me.” Another said, “I have been impressed by the food here.” We observed people over lunch time. They enjoyed a hot meal, with drinks of juice, beer and sherry available. There was a balanced diet and a sufficient amount for people to eat. People could choose to have lunch in the dining room or in their rooms. People who needed assistance with eating were helped gently and with patience and there was a calm atmosphere during lunchtime in both dining rooms.

Is the service effective?

Risks to people's nutritional health were assessed, recorded and monitored using best practice guidance so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant health care professionals such as the dietician.

People's day to day health needs were met through on-going assessment and the involvement of people themselves, their family and clinical and community professionals such as the district nursing service, dietician, optician and GP service. One health professional told us, "It's a lovely place and people are very well cared for. The staff are friendly and people are relaxed and comfortable. I really like going there."

The manager told us that they had a good network of professionals who came to the home as and when required. Referrals made to health care professionals were quickly responded to and the treatment and care provided was effective because the system for providing an individualised service was available to each person who lived at Down Hall. One person said, "When I am not well I rely on them to get in touch with the GP. They [the staff] always sort out my hospital visits so that's what keeps me ticking over."

Is the service caring?

Our findings

During our inspection, we spent time observing staff and people who used the service together. There was a calm and relaxed atmosphere in the service during our time there. People told us that the staff were very kind and helpful. One person said, “It’s very nice here, they are very thoughtful.” Another said, “I feel at home here, its lovely and those girls are smashing.”

Relationships with families and the community were developed and maintained in order that people were not socially isolated. People were involved, where possible, in making decisions about their own care so that they could maintain their independence. This was illustrated by people being able to make choices about when they wanted a bath or shower, if they would like to rest on their bed after lunch or if they would like to walk to the local shop.

People’s preferred names were used when talking with them and when referring to them in conversation with other staff. We observed that staff always spoke with people with a “hello” or “are you OK do you need anything?” when they were walking past. This showed respect and kindness for people using the service.

Staff knew the social history of people who used the service, what they liked and their preferences.

Subsequently, staff could engage in conversation with the people which made them smile, made them laugh and made them remember their past.

All of the interactions we saw were caring, warm and friendly. The staff supported people in a way that maintained their dignity and privacy. For example, staff discussed people’s attire with them and suggested a change of clothes as they had spilt some of their food at lunchtime. The staff recognised that it was important for people to look nice and maintain their appearance.

The staff spoke about people, and to people in a respectful and knowledgeable way. Staff told us, “People are so nice, I have known some of them a long time, like my own family.” Another said, “It’s because it’s a caring place that I like coming to work here.” Staff and the management team were committed to making Down Hall a good place to live and work.

Is the service responsive?

Our findings

For people who could talk with us, they told us that they had been involved in discussing their needs with the staff. One person said, “I think they write it all down.” And another said, “My [family member] deals with everything, and then reminds me about it all.” Another said, “They always consult me and inform me about things I need to remember.” One relative told us, “I completely trust them with my [relative’s] care as I know they respond to her needs very well.”

We saw that the care records were developed from the assessment of people’s needs when they first went to live at Down Hall. The records contained a photograph of the person and sufficient information about their health and social care needs, preferences and their background history for staff to respond and meet their needs appropriately. People’s mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could respond to their needs appropriately. People could choose if they wanted a male or female care worker to perform their personal care which gave them dignity and privacy. People’s culture and faith were acknowledged and respected by the staff and, where people were in relationships, these were nurtured and supported by the staff.

The care plans were reviewed on a monthly basis so that staff had up-to-date information on the care and support people required. Whilst staff were actively updated about any day to day changes to people’s needs in handovers between shift changes, the most recent updates to people’s care, in the care files we looked at, were difficult to find and were not as accessible as they could be. The manager agreed to make the necessary changes so that staff could access and respond to the most up to date information about people’s needs and circumstances easily and quickly.

Care staff were knowledgeable about the care needs of the people they supported. They had a good understanding of how people preferred to have their needs met and could explain about people’s preferences and individual ways of wanting their care provided. One family member said, “They don’t forget what my [relative] wants and needs, even though they have so many to care for.”

People were supported to engage in social activities of their choice and a range of leisure interests were on offer. The service employed an activities coordinator full time who managed a full programme with the staff responding to people’s choices of what they wanted to do individually and as a group. We saw people doing tasks such as cooking cakes, sitting talking, walking and sitting in different areas of the building, talking with relatives, and sitting outside in the garden.

The service had very good community connections, with a luncheon club monthly open to family and friends and the local community, a walking group and trips on the local bus to the market. Recent events included a cream tea afternoon and a pet show. One person said, “I have so much good company here,” Another person said, “There is always something going on.”

People enjoyed visits from the hairdresser and the local vicar. Volunteers called ‘Friends of Down Hall’ assisted with the organisation of events. We saw people reading newspapers and magazines in comfortable surroundings and staff sitting with people who needed one to one time talking about things that interested them.

The management team operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to the staff or the managers if they had a complaint to make. We saw that the provider had dealt with complaints appropriately and they did not have any outstanding. One relative said, “I have never had reason to complain as they do a great job.”

Is the service well-led?

Our findings

The service had a clear vision and philosophy and was delivering their primary aims to enable people to; continue their lives as fully as possible, feel safe and secure at all times and maintain their independence with unobtrusive help at hand if needed.

There was a strong management team which consisted of the registered manager and deputy manager with on-going support and involvement from the provider. The managers worked well together and were visible in the service. Staff told us that the managers were approachable and had a vision for the service. We saw that staff understood their role and responsibilities and what was expected of them.

One staff member said, "I have been here a long time and I really enjoy coming to work." Another said, "This is a small community but so open and caring of one another."

Another said, "It doesn't make any difference what your role is, it's a lovely to work here." A professional told us, "Whatever advice we give them they always listen. The staff are open to training and the management encourage this."

Staff, people who used the service and relatives were fully involved in the development of the service. Their views and opinions were recorded after the 'Friends of Down Hall' meetings and actions were taken. Topics which had been discussed included menus, activities, refurbishment, the garden and upcoming events.

The manager undertook audits which included care plans, health and safety and fire drills, medication, competency checks and appraisals of staff on a weekly, monthly and annual basis as needed. They measured and reviewed the delivery of care and used current guidance to inform good practice, their decision making and improvements to people's care and wellbeing. Care plans were available to the staff and were put away after use so that they were not left on display. People could be confident that information held by the service about them was kept confidential.