

Hampshire County Council

Malmesbury Lawn Care Home

Inspection report

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Date of inspection visit:
27 July 2016

Date of publication:
08 November 2016

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 ●

Summary of findings

Overall summary

This inspection took place on 27 July 2016 and was unannounced.

Malmesbury Lawn Care Home is registered to provide accommodation and personal care services for up to 35 older people and people who may be living with dementia. At the time of our inspection there were 32 people living at the home. The main part of the home is a two-storey, rectangular building around a central, enclosed garden. There were a variety of shared areas, including lounges and dining areas.

There was a registered manager in place. 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 provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely and in a calm, professional manner. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed. Arrangements were in place to store medicines safely and to administer them according to people's needs and preferences.

Staff received appropriate training and supervision to make sure they had the skills and knowledge to support people according to their needs. Staff were aware of the need to gain people's consent to their care and support. Where people lacked capacity to make certain decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which apply to care homes. We found the home to be meeting the requirements of the Safeguards.

People were supported to eat and drink enough to maintain their health and welfare. They were able to make choices about their food and drink, and meals were prepared appropriately where people had particular dietary needs. People were supported to access healthcare services, such as GPs and community nursing teams.

Shared areas of the home had been decorated and adapted with exceptional imagination and creativity to support people living with dementia.

People found staff to be kind and caring. They were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy, dignity and independence.

The provider involved people in the care assessment and planning processes. Care and support were based on plans which took into account people's needs and conditions, but also their abilities and preferences.

Care plans were adapted as people's needs changed, and were reviewed regularly. People were able to take part in leisure activities and hobbies which reflected their interests. Group activities and entertainments were available if people wished to take part.

The home had an open, friendly atmosphere in which people were encouraged to make their views and opinions known. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected against risks to their safety and welfare, including the risks of abuse and avoidable harm.

There were sufficient staff to support people safely, and the provider undertook the necessary checks to make sure staff were suitable to work in a care setting.

Arrangements were in place to store and administer medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported by training and supervision to support people according to their needs.

Staff sought people's consent to care and support. Where people lacked capacity to make certain decisions, the provider acted in accordance with legal requirements.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

The provider had decorated and adapted shared areas of the home to support people living with dementia and to "engage active minds".

Is the service caring?

Good ●

The service was caring.

People had caring, positive relationships with their care workers.

People were listened to and were encouraged to participate in decisions affecting their care and support.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care and support were provided in line with plans and assessments which took into account their abilities, needs and preferences. Care plans were updated as people's needs changed and were reviewed regularly.

People were encouraged to participate in leisure activities, hobbies, and activities of daily living.

People were aware of the provider's complaints process.

Is the service well-led?

Good ●

The service was well led.

There was an open, friendly culture in which people were treated as individuals and encouraged to speak up about their care and support.

There was an effective management system and processes were in place to monitor and assess the quality of service provided.

Malmesbury Lawn 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 27 July 2016 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who lived at the home and four visiting family members. We spoke with a healthcare professional who visited the home during our inspection. We observed care and support people received in the shared area of the home, including part of a medicines round.

We spoke with the registered manager and other members of staff, including a deputy manager, facilities manager, administration officer, a cook, seven care workers and two activities coordinators.

We looked at the care plans and associated records of five people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, a quality survey questionnaire, training and

supervision records, staff rotas, and recruitment records for three staff members.

Is the service safe?

Our findings

People and their relations told us they felt safe and comfortable at the home. One visiting relation said, "The main reason I chose this home is I know [Name] is safe here." Another visitor told us they had "no concerns about safety".

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. Staff received regular refresher training in safeguarding adults, and senior staff received additional training in this area.

None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager. Staff were aware of external organisations where they could report concerns if necessary. The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse.

The provider identified and assessed risks to people's safety and wellbeing. This included risks associated with people with limited mobility moving about the home, people whose behaviours might cause others to be concerned, falls, use of bed rails, poor nutrition and hot weather. Risk assessments informed people's care and support plans. One person's moving and positioning risk assessment had led to a care plan which defined how many care workers should support them, and the equipment they should use. The plans took into account the person's medical condition which made their bones fragile. The mobility and safety support plan was reviewed monthly and a falls register was in place for the person.

We saw staff supporting people to move around the home safely. Staff we spoke with were aware of risks associated with people's safety, welfare and behaviours. They knew about and could identify possible triggers for behaviours which might affect their own, or others', safety, and strategies for managing them. Staff told us they had the information they needed to support people in a safe manner.

The registered manager reviewed accidents and incidents as part of the provider's reporting procedures. We saw records of a person who was identified as being at risk of not drinking enough. Staff used a standard screening tool to review the risk monthly and track the person's intake of fluids. Attention to their fluid intake had also had the effect of reducing the number of falls recorded for the person.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there were enough staff, and staff told us their workload was manageable. One person told us, "There are generally enough staff." We saw staff were able to carry out their duties in a calm, professional manner. During our visit there was always a staff member in the shared areas of the home. Staff were able to spend time with people, and sat down to eat with them at meal times.

The registered manager told us staffing levels were based on people's needs and dependency, and current staffing levels were slightly higher than the provider's guidelines required. There was a pool of casual bank

staff which the registered manager used to cover absences. The bank staff received the same training as the regular staff. A visitor told us there were enough staff during the day, but they were concerned about the cover overnight when there were three staff on duty. We did not find evidence at the time of this inspection to show this level of cover put people's safety at risk.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. They did not use agency staff because they had a casual staff bank in place. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

Medicines were stored and handled safely. We observed part of a medicines round. Care workers observed suitable hygiene practices. They encouraged people to take their medicines, explaining what they were for. They were aware of how people liked to take different medicines and offered them accordingly. Records of medicines administered were complete.

Where people had medicines prescribed "as required", there was an individual protocol containing specific instructions for each person. When they administered "as required" medicines, care workers noted the reason, date and time, dose administered and outcome, which meant there was a full record of the medicines people had taken. If people were not able to communicate they were in pain, care workers decided if they should be given pain relief using a standard pain assessment tool.

Arrangements were in place to store medicines safely and securely. This included arrangements for controlled drugs and medicines which needed to be stored below room temperature. The refrigerator temperature was checked regularly, and a contingency plan was in place if the ambient temperature rose above the manufacturers' recommended value for storing medicines. There were regular checks for out of date medicines. Where people had over the counter or "homely" medicines, there were checks to make sure there were always sufficient stocks in the home.

Is the service effective?

Our findings

People living at the home and their visitors were confident staff had the skills and knowledge to support them according to their needs. A visitor told us, "I can't speak highly enough of the staff. They are tremendous. They are involved with everyone, and know everything about them. I have been amazed at how easily [Name] has settled in." They went on to say they were "totally impressed" with the staff, "They have gone out of their way to know what to do and to do it properly." Another visitor described staff as "brilliant, wonderful, on the ball". They described specific training put in place to enable staff to support their relation effectively.

Staff told us they felt supported to carry out their roles and responsibilities. Training and supervision sessions prepared them to support people according to their needs. A care worker described the training available as "really good". New staff had induction training followed by a period shadowing experienced colleagues. All staff had an individual supervision session every six months.

The provider had a structured programme for workforce development. Records showed regular training included dementia care, first aid, fire safety, food hygiene, infection control, safeguarding adults and mental capacity. Where the provider required regular refresh training, staff at the home were 92% up to date. The registered manager arranged for on-site specialist training in areas such as constipation and dealing with skin flaps to be delivered by healthcare professionals. They had also set up a link group with a nearby hospice for the transfer of skills and knowledge concerning end of life care.

People consented to their care and support if they were able to. Where people lacked capacity to consent, decisions were made in their best interests. Staff reviewed consent and best interests decisions every six months. Where people had instructions in place that they did not wish to be resuscitated in the event of heart failure, the records showed these decisions had been discussed with people or their close family.

The Mental Capacity Act 2005 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 the least restrictive 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 Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Mental Capacity Act 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed mental capacity assessments followed a standard template which guided staff to conform to the principles of the Mental Capacity Act 2005 and its associated Code of Practice. They followed the two step process required by the Act. There was an example of a person with a diagnosis of dementia, where the

second step led to the conclusion they had capacity for the decision in question. Records showed how the assessment was made in a way that encouraged people to demonstrate capacity if possible. An example of this was having a family member present at the assessment to reassure the person.

The registered manager followed the necessary process to obtain authorisations where people were at risk of being deprived of their liberty. None of the authorisations we saw had conditions imposed by the supervising authority.

People had support to eat and drink enough and to maintain a healthy diet. One person told us, "They will cater for what you like. They will make something different." Another person said, "The food is very good. I haven't had a bad meal." A visiting relation told us that during hot weather staff were conscious of the importance of encouraging people to drink plenty of fluids.

People had a light lunch with the main meal later in the day. The menu choices were displayed on the wall in the dining areas, and on a small blackboard on each table. People were able to choose their preference at the time of the meal, and staff showed them a plate of each meal to help them decide. If people did not want either option, alternatives were available. The food appeared to us to be appetising and fresh. Servings were generous.

During the day people were offered drinks regularly, and they told us they had an evening drink and biscuits before bed. Staff supported some people to help with laying tables, and to make their own sandwiches and salad if they wanted to. If people were supported to eat and drink, this was done sensitively and discreetly.

People's health and welfare were supported by appropriate access to other healthcare services. A visiting relation told us how staff had called their father's GP promptly and were aware of injections their father needed which were arranged in a timely manner. A healthcare professional told us, "The staff are all willing to help me if I need it. The duty of care here is exceptional." There were records of appointments with and visits by GPs, district nurses, opticians, physiotherapists and community mental health nurses.

The registered manager had shown exceptional imagination and creativity in adapting and decorating the building to support people living with dementia and to "engage active minds". Areas of the home had been adapted to resemble a 1950s café, a traditional tea room, a row of aircraft seats with TV screen, and a library room. People used the tea room to prepare their own food, and staff told us they had used the aircraft seats when a person wanted to talk about "visiting an island". People also sat there to watch movie DVDs. Another room had been decorated as a café with coffee making facilities where people could sit with their visitors.

In order to encourage reminiscence, one shared lounge had been decorated with a London theme, and another with a Portsmouth theme. Historical photographs of local areas decorated the corridors. These were all well lit, so that people were encouraged to look at them and discuss them with staff. There was an alcove with "retro" furniture and radio in working order, and a TV in a cabinet which had been made to match the other furnishings.

There was a garden lounge and an area decorated as a potting shed leading to the enclosed garden. The garden had been recently landscaped with all-weather, level paths and artificial grass. There were accessible raised flower beds, a wooden cabin where people could buy food and drink, a play area for visiting children, and a pet guinea pig. Another outside area with raised beds was used for people to grow vegetables.

People were encouraged to use these areas, including a sweet shop and a clothes shop, for activities of daily

living. The doors to people's rooms were decorated in a way that was personal to them, and there were suitable signs around the home for people to find their way round.

Is the service caring?

Our findings

There were positive, caring relationships between care workers and the people they supported. One person told us, "The best thing is the carers. They are here to help you." Another person said, "Everyone talks to you and you are encouraged to join in." A visitor said their relation "wakes up with a smile on his face", and that they felt the home was an "extended family" where they were treated as "part of the team". Written feedback from family members included, "Dad created a number of challenges for you, but you always handled them in a professional, caring and sensitive way."

All the care workers we saw interacted in a relaxed, good humoured and friendly way with people, using their preferred names. Care workers knew about people's needs, interests and life stories. They had time to chat with people and show an interest in them as individuals. They spoke clearly and gave people time to answer. Care workers encouraged and praised people, using comments such as, "You have got a lovely smile." When a care worker saw a person who appeared to be agitated, they took her by the hand to guide her to a dining area where they helped her to settle down with care and patience. Another care worker sat at a table in the dining area to update care records, and chatted with a person while they were there.

There was a key worker system in place which meant people and their families knew a nominated care worker was their contact for any comments or questions. Care workers told us this allowed them to make sure people's views and wishes were taken into account. Visitors we spoke with knew their relation's key worker.

People told us they were encouraged to be involved in decisions about their care and support. One person told us they were able to decide when they got up and went to bed. We saw a number of people eating breakfast at different times according to when they got up. A visitor told us they felt families were "very much encouraged" to be involved in their relation's care. Another visitor told us they attended a six-monthly meeting about future plans for the home. They said all their questions had been covered by the registered manager.

Care workers involved people in day to day decisions. They asked people where they would like to sit in the shared areas of the home. When offering "as required" medicines, care workers explained what the medicine was for and respected the person's decision if they declined to take it. When supporting a person to get ready to go out, a care worker suggested they changed the person's scarf so it matched their jacket. They discussed this with the person and agreed which scarf to wear.

Records showed people and their families were involved in care plans and their assessments. The care records included information about the person "all about me and my life", what they found important and their likes and dislikes.

People's dignity and privacy were respected. Care workers paid attention to people's appearance and made sure they were dressed appropriately when going out. They gave us examples of how they respected people's privacy and dignity while supporting them with personal care. We saw care workers knock on

people's doors before entering their rooms and check people had finished their meal before clearing away the crockery. One person told us how they were encouraged to be as independent as possible when getting dressed, but they were always given the help they needed when they needed it. They said, "It is quite good here." Written feedback from families included, "Staff at the home treat [Name] with patience, respect and understanding."

The service had achieved "beacon status" accreditation from the Gold Standard Framework. The Gold Standard Framework is a national organisation which promotes excellence in care for people in the last stages of their life. Where people received end of life care, their care plans used the Framework's needs support planning tool and were kept up to date with changes in their care needs. Three care workers had been appointed Gold Standard Framework champions to act as contact points for best practice in end of life care.

The registered manager had compiled a sensitive bereavement questionnaire which had been endorsed by the Gold Standard Framework. As well as seeking feedback about the service provided for people in the final stages of their life, it contained information about support services which might be useful for the bereaved families, and an invitation to the home's annual service of remembrance.

The service of remembrance took place in the home's enclosed garden where there were plaques in memory of people who had passed away. Feedback from the last service in November 2015 included, "beautiful, complete and meaningful event" and, "The setting brought back happy memories." The service continued caring relationships with people's families when their relation had passed away.

Is the service responsive?

Our findings

People's care and support were provided in line with plans and assessments which took into account their needs and preferences. Care plans were changed as people's needs changed and were reviewed regularly. People said they received "first class care" and a visitor told us people's preferences were taken into account. The visitor said care was "personal" and "for the individual".

Care plans were organised to describe people's abilities, their desired outcomes and the assistance they needed. The plans showed how to support the person and actions staff should avoid. The plans included people's medical, emotional and medication needs. They described how medicines affected the person. People's care plans included records of where people or their families were involved in reviewing the plans.

There were care plans in place to cover aspects of people's care including communication and behaviour, nutrition, personal care, continence and skin care. The plans were reviewed and updated every six months or when people's needs changed. They were checked and audited once a year.

Care workers recorded the care they delivered in daily diaries, and where appropriate, records were kept of people's food and fluid intake. Where monthly records showed a person was losing weight, the care plan included instructions on what action staff should take. Care workers told us they could obtain the information they needed to support people according to their needs from the care plans and shift handovers, which covered recent changes.

People were able to enjoy a variety of leisure activities and hobbies according to their interests and wishes. One person entertained other people in a shared lounge with their guitar, and staff told us another person had an electric keyboard in their room to maintain their interest in music. Other people took part in bingo, skittles, knitting, church services, drawing and painting. A hairdresser visited once a week.

On the day of our inspection, people were supported by staff, family and volunteers to take part in a sponsored walk to raise funds for activities and facilities in the home. Staff told us the walk would finish at a nearby older people's club. The home had an ongoing relationship with the club, and staff told us they often took people there at the end of their shift. There were trips organised to local pubs and to a nearby beach. Photographs of these events were displayed in the home, and could be used to remind people of them.

The service encouraged family members to visit their relations: there was a small café with coffee making facilities where people could sit with their visitors and there were toys for children in the enclosed garden. Staff supported people to use other areas of the home such as the vegetable garden, tea room and shops for activities of daily living. There was a rummage box near the entrance to the home, and staff told us people took items from this box (and from other themed shared areas) as they wished. People told us they could either take part in the organised activities or sit in a quiet area of the home as they wished.

People were confident any concerns they raised would be dealt with promptly and effectively. People and their visitors were aware of the formal complaints procedure. This was displayed by the entrance to the

home, and people had blank feedback forms in their rooms. A visitor told us they would raise any concerns with a care assistant first, then the duty manager, and finally the registered manager.

The registered manager maintained a "minor complaints" log which showed all complaints had been dealt with and responded to. The response included an apology and reference to any actions taken as a result of the complaint. There had been two minor complaints in the past year.

Is the service well-led?

Our findings

There was an open, friendly culture in which people were treated as individuals and encouraged to speak up about their care and support. The registered manager and other senior staff were frequently to be seen in the shared areas of the home. Communication between them and people living at the home was easy and relaxed. One person said the atmosphere was "very relaxed" and "You can make friends here." Another person said they could have any visitors they wanted.

A visitor told us when they came to view the home a manager had spent considerable time taking them round the home. They described the manager as "very informative" and said they did not feel rushed. They said this was by far the best home they had seen. Another visitor said, "You cannot do any better than here." A third visitor told us they could visit at any time, and that the culture of the home was very open. They had been informed straight away when their relation had had a fall. Written feedback from families included, "A caring, warm and welcoming environment for both mum and those who visited her." There were meetings for people and their families where they could contribute ideas about the service.

A care worker told us, "The manager is passionate about the home. We are all passionate about what we do. I love working here." Other staff members described the home as "a lovely place to work", "homely and friendly". One care worker said the philosophy was "people first" and another described it as "excellent" and said they felt "lucky to be working here".

The registered manager's leadership team comprised three assistant unit managers, a facilities manager (responsible for maintenance, kitchen, domestic and laundry staff) and an administration officer. Staff members were nominated as champions, or specialists, in various areas of care, including skin health, fluids and nutrition. There were staff meetings every two months. These meetings provided for two way communication. The registered manager told us he encouraged staff to pick up and build on ideas, and he tried to give staff the necessary tools to work with. The manager had developed ways to motivate and reward staff. These included an "honours board" and annual awards which were presented at a "black tie" event. Staff told us they thought teamwork was "excellent".

There were systems and processes in place to monitor, maintain and improve the quality of the service. These included six monthly reviews of care and care plans, and an annual quality survey of people using the service. The registered manager had used the 2015 survey to communicate the results of the service's last inspection. After the survey responses had been analysed the registered manager sent a letter explaining their response to points raised and actions they planned to take.

There were regular audits of the kitchen, health and safety, bedrooms and cleaning. The facilities manager carried out six monthly inspections which resulted in a self-assessment percentage score. Equipment inspections in January and June 2016 had resulted in scores of 99% and 100% after a problem with the call bell system had been fixed. Premises inspections in the same months resulted in scores of 96% and 97%, and catering inspections resulted in 90% and 97%.

Staff had carried out an infection control audit in June 2016 in line with Department of Health guidance. The result of the audit was "green". The annual infection prevention and control report for 2015 showed there had been no outbreaks of infection, monthly checks took place, there was a detailed cleaning schedule, and training and risk assessments for the control of substances hazardous to health (COSHH) were up to date.