

Mitrecroft Limited

# The Old Prebendal House

## Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: The Old Prebendal House is a nursing and residential care home that was providing personal and nursing care to 27 people at the time of the inspection.

Rating at last inspection:

At our last inspection we rated the service good. Our last report was published on 15 August 2016. At this inspection we rated the service good.

People's experience of using this service:

- People living at The Old Prebendal house continued to receive safe care from skilled and knowledgeable staff.
- People and relatives told us staff were kind and dedicated. They said staff knew people well and treated people with dignity and respect.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The Old Prebendal house had a new manager in post. People, relatives and staff were complimentary of the manager's leadership and positive changes.
- People's care records were not always complete and staff supervision and appraisals had not always happened regularly. The new manager had already identified both of these concerns and was working through an action plan to improve.

More information is in our full report.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# The Old Prebendal House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors 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. The Expert by Experience's area of expertise was old people and dementia care.

Service and service type: The Old Prebendal house is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 39 people in an adapted building. At the time of the inspection there were 27 people living at the service.

The service had a manager who was registering 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.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection report.

We spoke with nine people and three relatives. We looked at five people's care records and four medicine administration records (MAR). We spoke with the manager, the deputy manager and seven staff which included, nurses, carers, kitchen staff and activities coordinator. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, staff communication letters, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People's risk assessment included areas such as their mobility, skin integrity or medicine management. Staff were familiar with and followed people's risk management plans. People had Personal Evacuation Emergency Plans in place (PEEPs).
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken.

Systems and processes:

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "We report abuse using our chain of command. We can also report to the safeguarding team or CQC".
- The provider had safeguarding policies in place and copies of the local authority's safeguarding procedures were available in the home, the team reported concerns accordingly.
- The provider had a business continuity plan that included action to take in various emergencies.

Staffing levels:

- The Old Prebendal house had enough staff on duty with the right skill mix to keep people safe.
- Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency. One member of staff told us, "Staffing levels are okay and manager is recruiting more".
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely:

- People received their medicines as prescribed and the home had safe medicine storage systems in place. However, management of boxed medicines needed improving to ensure correct stocks were maintained.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection:

- The provider ensured staff were trained in infection control. We saw staff washed their hands and use disposable gloves and aprons where required. The home looked clean. One person told us, "The cleanliness here is exceptional".

Learning lessons when things go wrong:

- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience:

- Staff told us they felt supported in their roles and one to one meetings had been reintroduced with their line managers. However, staff supervision and appraisal records were not up to date. The manager had recognised this and was in the process of completing appraisals and supervisions. One member of staff commented, "Supervisions are starting up again, can't remember exactly when my last one was. I have not had an appraisal in a long time".
- People were supported by skilled staff that had ongoing training relevant to their roles.
- New staff went through an induction. One member of staff told us, "Induction was good, lots of topics covered".

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

- The provider ensured people's needs were assessed before they came to live at The Old Prebendal house to ensure those needs could be met and individual care plans put in place.
- People and relatives, told us they were fully involved in assessment and care planning process.

Eating and drinking:

- People complimented the food and said, "The food is very good here, there is a lovely soup to start with and a balanced meal to follow" and "Lunch was very good today, very enjoyable".
- Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- People had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience where ever they chose to eat their meal.

Staff providing consistent, effective, timely care and involvement of health professionals:

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- Healthcare professionals told us staff followed their advice and sought further advice when needed.

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

- The old Prebendal had several sitting areas where people could spend their time.
- The home allowed free access to people who used equipment like wheelchairs.
- People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.



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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People's rights to make own decisions were respected and people were in control of their support. One person said, "I get up at a time that I want to and I also decide if I want to stay in bed all day".
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We assume capacity in the first instance. If we someone lacks capacity, then we follow the best interest process".

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, compassion and respect:

- People were positive about the care they received and told us staff were caring. One person said, "All the staff have been lovely- the girls pop in for a chat when they can". A person's relative told us, "The love and humanity they all show to the residents here makes all the difference".
- We observed staff talking to people in a polite and respectful manner. It was clear people were comfortable in the company of staff. The atmosphere was calm and pleasant.
- Staff knew people very well and knew how best to support them.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was embedded in care plans. For example, we saw people had access to information written in large print.

Respecting and promoting people's privacy, dignity and independence:

- People's care plans highlighted the importance of respecting privacy and dignity.
- People told us staff treated them respectfully and maintained their privacy. One person said, "Everybody knocks on my door before they come in, even the nurse knocks my door too".
- People were supported to be as independent as possible. We saw some people had self-contained apartments which had a kitchenette and a lounge area. This allowed them to be more independent with small tasks and staff were at hand to support if needed.
- The provider recognised people's diversity and they were in the process of developing policies that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "We all have rights and we respect people's choices despite gender or age differences".
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the implementation of the GDPR. From May 2018, GDPR is the primary law regulating how companies protect information.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.

- However, people's care plans were not always updated to reflect people's changing needs. For example, one person had complained of pain on passing urine. Staff had completed a urine test which showed signs of infection. There was no follow up recording of what had been done following these findings. The deputy manager told us the person had been referred to their GP and had been prescribed new medicines. However, this was not reflected in the person's care plan or daily records.

- People had access to activities, however, these were not always recorded.

- People's records were not always complete. For example, people had blank 'All about me' documents.

- The provider was in the process of changing people's care plans to make them more person centred and user friendly. We discussed these shortfalls with the manager who told us they had already identified these shortfalls and they were working through an action plan to address them.

- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

- People had access to a full programme of activities which included in-house, days out and one to one activities. People participated in 'Table Top gardening' where they were encouraged to grow their own plants. Some vegetables were grown in the home's gardens and used by the kitchen for meals.

- The home had established links with the local community and churches. The home facilitated coffee mornings and garden parties which people enjoyed.

- People told us they enjoyed the activities. One person said, "Love it in summer, we have hats and gloves and we believe in going out into the fresh air".

- The home celebrated people's special occasions, such as birthdays with them. These were made to be special, social occasions and people told us they loved them.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.

- People told us they knew how to make a complaint. There were many compliments received regarding good care.

End of life care and support:

- The manager informed us no people received end of life support at the time of our inspection. The team

would occasionally support people with end of life care and the service would work closely with other professionals to ensure people had dignified and pain free death.

- People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support.
- The home had established close links with a local hospice. Staff knew how to support people and families during end of life care.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- There was a new manager, who had been in post for three months. The new manager had quickly identified areas that needed immediate improvement and were working through an action plan to address the shortfalls identified. The manager had already identified the areas of concern found during the course of our inspection.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The manager was supported by a deputy manager who had recently been appointed. Staff took pride in their roles and supported each other to ensure good care.
- The manager promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being. Staff meetings had recently been introduced.

Planning and promoting person-centred, high-quality care and good outcomes for people:

- People and relatives we spoke with praised the new manager and told us the service was making positive changes. One person said, "[Manager] has made a good impression, she is going to start a house magazine I believe and I think she is quite ambitious too".
- The manager had a clear plan to improve people's care. The manager had introduced a lot of positive changes and successfully created a pleasant working atmosphere that contributed to good teamwork. One member of staff told us, "Maybe the changes were a bit too fast to begin with, everyone's heads were spinning. It's more settled now and it's feeling a lot better. There is a rolling rota now so you know what you are doing for two weeks and I am very happy with it. I didn't feel happy (with the changes) at first but I am glad I held on in there because it is getting better. I really like it here".
- Throughout the day we saw the manager and management team interacting with people. It was clear people knew the manager.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

Engaging and involving people using the service, the public and staff:

- The provider involved people in various ways. People had opportunities to attend meetings and raise any comments via an open door policy at any time.
- The staff told us they felt listened to, valued and able to contribute to the improvement of care.
- During the inspection we observed effective team working. Staff worked so well together and respected each other's skills and abilities. This interlink of staff and good communication had a positive impact on the care people received.

Working in partnership with others:

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.