

St Catherine's Care Homes Limited

Monson Retirement Home

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?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on 13 January 2015 and was unannounced. The last inspection took place on 29 October 2013 during which we found there were no breaches in regulations.

Monson Retirement Home provides care and support for up to 40 people, some of whom may experience memory loss associated with conditions such as dementia. At the time of our inspection there were 34 people living at the service.

There was 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.

People were happy with the service they received. Staff were respectful and were kind and compassionate towards people who used the service. People could make their own decisions about what they wanted to do and staff respected people's right to privacy so their dignity could be maintained.

On the day of our inspection there was enough staff on duty to meet people's needs. Staff had the knowledge

Summary of findings

and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in a way that were safe and protected people.

Staff had also been trained and had the skills and knowledge to provide support to the people they cared for. They understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), which meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff had a good understanding of people's needs, wishes and preferences and staff had been trained to provide effective and safe care which met people's individual needs. We also found there were clear arrangements in place for ordering, storing, administering and disposing of medicines.

Staff supported people to carry out person-centred activities on a regular basis and encourage them to

maintain their hobbies and interests. People were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People had access to a range of healthcare professionals when they required specialist help.

People and their relatives were able to raise any issues or concerns and action was taken to address them. People had been consulted about the development of the service. The provider had completed quality checks to make sure that people reliably received the care they needed in a safe setting.

The management at the service was well established and provided consistent leadership. The provider was regularly available for people to speak with and they encouraged people and staff to speak out if they had any concerns.

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 on duty to give people the care they needed. Background checks had been completed before new staff were employed.

Medicines were managed safely.

Staff responded to any concerns related to people's safety and the provider took action when needed to ensure people were kept safe from harm.

Good



Is the service effective?

The service was effective.

Staff received an induction and on-going training in order to give them the knowledge and skills needed to provide effective care to people.

There was a range of food and drinks available which were accessible to people when they wanted them and which matched their needs and preferences.

People's health and social care needs were met by staff. People also had access to external social and health care professionals to ensure they received the right level of care.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

There was a warm and welcoming atmosphere in the home and people could choose how and where they spent their time.

Staff were kind and compassionate. People's privacy and dignity were respected, they were involved in making decisions about their care and their independence was encouraged.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and regularly reviewed by the registered manager and staff.

People had access to daily, planned activities and events they had chosen to take part in and were supported to continue to enjoy their individual hobbies and interests.

People were able to raise any issues or complaints about the service and the provider acted to address any concerns.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a registered manager in post and staff were well supported.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

The provider had systems in place to regularly monitor, and when it was identified as needed, take action to continuously improve the quality of the services provided.

Monson Retirement 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 was 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 was carried out on 13 January 2015. Our inspection was unannounced and the inspection was undertaken by two inspectors.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We spoke with the local authority who

commissioned services from the provider. We also spoke with the local authority safeguarding team and Healthwatch. Healthwatch is the national consumer champion in health and social care.

During our inspection we looked at six people's care plan records. We spoke with seven people who lived at the service, five relatives, five care staff, the activities co-ordinator, the cook, the provider, the registered manager, the business development manager and the office manager. Throughout our visit we also observed how care and support was provided for people who lived at the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After we completed our inspection visit we spoke with a chiropodist who undertook visits to the service. In addition we spoke with a community nurse and asked the practice manager of the local doctor's surgery for feedback on their view of the quality of services provided.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Monson Retirement Home. One person said, “I feel as safe as possible and yes it’s a safe place to live.” A relative told us, “Whenever I visit the staff are on hand and alert to any issues. If people need help with their care I think they get it.”

Records we looked at showed that staff had received training in order to keep people safe from harm. The staff we spoke with told us they understood how to report any concerns and were aware of the systems in place to protect people and how to apply them.

Risks to people’s safety had been assessed by the manager and staff. Records of these assessments had been made and formed part of the overall care plan. The information had been personalised to each individual and covered areas such as going out into the community, moving around and bathing and showering. Each assessment had clear guidance for staff to follow to ensure that people remained safe.

Records showed that staff were trained in fire procedures and were involved in regular fire safety drills. We also saw people had personal fire safety evacuation plans in place in their rooms to show the help each person needed in case they had to leave the building quickly in the event of a fire. This meant that staff would understand emergency procedures and the action they needed to take to keep each person safe.

There were clear arrangements in place for storing medicines. People got their medicines at the right time and in the right way. We saw the provider had appropriate

policies and procedures in place for helping people to take their medicines safely. We also found the provider followed national guidance related to the storage and administration of controlled medicines.

We observed there was a consistent staff presence in communal areas to support people. Staff used equipment in the right way to help people move around the home and when people called for assistance their calls were answered promptly.

During our inspection we spoke with people about staffing levels within the service. One person told us, “The staff are always very busy but they work to make sure we are safe. Sometimes we have to wait a little while to get care but when this happens they always come and say why this is and how long they will be before they come back.”

From looking at staff rotas and talking with people, the registered manager and staff we found that suitable levels of staffing were being maintained. The registered manager told us staff numbers were calculated in line with the number of hours of care each person needed through the use of a dependency tool. A rota was then produced detailing how many staff were needed to provide care. The dependency tool we looked at showed it was reviewed regularly and rotas were up to date and included information about when each staff member needed to work.

The staff we spoke with told us the rotas enabled them to be organised as a team and that there were enough staff to meet people’s needs. The manager told us that they did not use agency staff and that cover had always been provided from within the staff team.

A staff member we spoke with told us, “We are all team players. We have an opportunity to use bank and agency staff but generally we cover each other and help out.”

Is the service effective?

Our findings

People told us they felt staff were trained to meet their health and social care needs. One person said, “I always feel they know what they are doing.”

Staff records we looked at showed that staff received regular supervision and an annual appraisal to support them in their role. Staff told us that they felt well supported in their role and that the management team were accessible to them at all times.

Staff said they had received enough training to meet the needs of the people who lived at the service. We checked the training records for the service. In addition to being supported to undertake nationally recognised qualifications staff had received training in a variety of different subjects. These included; manual handling, safeguarding and infection control. Staff also told us they had received training in how to support people who experienced memory loss associated with conditions such as dementia.

The registered manager and staff we spoke with understood and were able to demonstrate they knew about the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation that protects people who do not have capacity to make a specific decision themselves. DoLS is legislation that protects people where their liberty is restricted. The registered manager confirmed they always worked to ensure any decisions made on behalf of people who lacked capacity were made in their best interests.

Records showed that the manager and staff had received training about the subject and knew how to make an application to the supervisory body, (the local authority) if a person was being deprived of their liberty. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected.

We saw that people were able to access the appropriate healthcare support such as palliative care specialists, dietician's, opticians and dentists to meet their on-going needs. People told us they that they had access to a local community nurse and their doctor when they needed to see them.

We spoke with a community nurse and a chiropodist who told us that referrals raised with them were made on time and that they had not experienced any delays in requesting support from them. Both professionals told us they worked well with the staff and provider and that people received the medical and health support they needed and when they needed it.

People's health care records showed that nutritional needs were assessed and monitored to ensure each individual's wellbeing was maintained. Staff we spoke with were aware of care plans in place relating to people's individual needs such as the use of thickened fluids or fortified foods. They also supported people to use additional aids, such as plate guards, where necessary.

All of the people we spoke with told us they were happy with the food provided. One person commented that breakfast was their favourite meal and added that, “I have egg and bacon every day” and “Staff are very nice.” Other comments we received about the food ranged from “I'm quite happy with the food. If I want something they will bring it” to “The food here is good and the choices we have are there to see on the menu. It's all planned out so we have the meals and drinks we like.” Relatives we spoke with told us when they visited they saw a range of food and drinks were offered and people were supported to eat and drink well.

The menu was available for people to view and it confirmed there was a variety of foods to choose from each day. Menus were developed from discussions with people and through staff getting to know about changes in people's preferences and tastes.

The cook maintained a record regarding people's special dietary needs and told us they were kept informed of any changes by care staff so that they could provide any different or additional dietary support that was required. The cook also told us that although there was no one living at the home who had specific cultural dietary needs they were confident that any identified need could be met. The cook was available in the dining room during lunchtime to receive any feedback or suggestions about food preferences from people as they ate.

The cook had undertaken training about supporting people who experienced dementia to receive a healthy diet, so they could keep themselves updated with the latest research on the subject.

Is the service caring?

Our findings

When we spoke with one person and their family member the person told us they had recently moved into the home. They told us that they were encouraged to bring in meaningful items such as photographs and other memorabilia into the home in order to, “Make their room their own.” Another person told us, “There are a lot of people [staff] around you.” and “the people who run it [the home] are lovely.” The person also said staff were caring and added, “I don’t have to wait long for help.”

Throughout our inspection there was a caring and friendly atmosphere in the home. People looked comfortable with the staff that supported them. We saw that people chatted and socialised with each other and staff as they wished, speaking openly together about the activities they had chosen to do that day.

People who used the service also told us they were supported to maintain their privacy. Rooms were available for visitors to meet with people in private when they wished to. People told us they had the choice to have a key to their rooms and that they could lock their door in order to be private. People told us they could also have their meals in the privacy of their own bedroom if they wished to but most people said they wanted to eat in the dining area.

We observed people having their lunch within the dining area of the home and noted that the meal time was relaxed with people being encouraged to come together to eat. We noted there were good staff interactions with people and people were well supported. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained.

People said staff listened to them when they wanted to discuss things and took action to support people when they made choices or decisions. For example, a staff member told us how it was very important for one person to maintain their dignity in the way they dressed. We spoke with the person who told us, “The staff are very caring. I like to dress smartly at all times. I like a glass of wine and a chat with them [staff]. That’s my thing and they honour all of that.” We later saw the staff member communicating with the person in a way which the person understood and responded to well.

We also saw the provider could access local lay advocacy services for people who needed additional support in representing their views. Advocates are people who are independent and who help support people to make and communicate their wishes and make decisions.

Is the service responsive?

Our findings

A person told us in detail about their care needs and how staff had supported them to regain independence. The person said since moving to the home their health had improved and they had progressed from using a wheelchair to a walking frame.

One person who said they were supported to retain their independence said they enjoyed watching television. The person commented, "I can keep the remote control." When we asked another person what they liked to do, they replied, "I like helping people. I sometimes wash the pots up for them. When I lived at home I used to clean my bungalow." We later saw this person helping staff with the tea round. When asked about entertaining visitors, the person replied "I can speak privately in my little flat."

The registered manager and two relatives we spoke with told us how people and their families were encouraged to visit the home before they moved in. This would give them an idea of what it would be like to live in the home and see if their needs could be met.

People's health care needs were assessed when they moved into the home, and care was planned and delivered in a consistent way through the use of a care plan. A care plan is a document which details people's assessed social and health care needs and informs staff how to meet those needs.

The information recorded about care needs and risks identified had been regularly reviewed to make sure it was up to date and accurately described the care provided and any changes in care needs. We looked at six people's care plan records. The records demonstrated how individual needs such as mobility, communication and social needs, continence and nutrition should be met. We found that care plans were clear, easy to understand and provided good information to enable staff to care for people in ways that supported their individual needs and preferences.

The care plan records we looked at also showed that people's support needs were reviewed once a month through the care plan and recording process and that wherever possible people were involved in the process. One person told us, "The staff have reviewed my situation and I am enjoying being here. They take the details about my thoughts into overall account."

We saw people had access to a wide range of things they were interested in doing. One person told us, "There are set things like games and we have a real laugh together doing these. There are chances to talk to staff and although we have always had activities I think they are being developed more so there is more on offer."

We saw a group of people were enjoying playing dominoes. During the game we observed the activities co-ordinator would pop over occasionally to check they were okay. We saw one person was helping the activities coordinator with the washing and drying of teacups after the morning tea round. They were chatting very happily about their plans for a new garden area being planned by the provider and the person was reminiscing about childhood experiences of working in the garden with their parents.

We spoke with the activities co-ordinator who told us they had just started in the role and were working towards making activities more person-centred based on 'who they [people] are'. The co-ordinator said in addition to speaking with people they were contacting relatives to find out more about the person, their past lives and current interests such as what music they liked. The service also had a fully equipped hairdressing salon and a large, purpose built cinema room, which people said they used for themed film nights.

The co-ordinator was able to show us some examples of work they had undertaken with people. For example there was a record to show they had spent an hour with one person discussing their interest in aeroplanes and particularly spitfires.

People told us they enjoyed going out for walks in the local community, receiving visiting entertainers, playing games together and doing puzzles and quizzes. We saw a "knit and natter" group had been set up for the afternoon of our visit and that this helped those interested in knitting maintain their interests.

Activities were also used to provide people with an opportunity to share their interests with others. For example, there was a person who had travelled a lot in their lives and they were given a map of the world to aid their discussions with other people about their experiences.

People also told us they were encouraged to keep in touch with people who were important to them. People were also supported to access religious services of their choice.

Is the service responsive?

Although we didn't see people using it during our inspection the manager showed us people had access to broadband facilities in the home and that people could also choose to have a private telephone in their room if they wished.

Everyone we spoke with told us they would be confident speaking with the manager or a member of staff if they had any complaints or concerns about the care provided. One relative told us, "I know who the registered manager is and I would feel very confident in raising any issues so they could be addressed. I feel I could also speak to the home owner as they are here all the time."

We saw that people could go into the manager's office and discuss any concerns they had about their support in confidence if they wished. People we spoke with, and their relatives, said they knew how to make a formal complaint if they needed to. Records showed that one formal complaint had been received by the provider since we last inspected in the service. There were records available to show how the concerns raised had been responded to in order to resolve them.

Is the service well-led?

Our findings

The service had a registered manager in post who confirmed they were supported by the provider, a business development manager, an office manager and staff team. A structure chart was in place to show the role and responsibilities for each member of the management team. These were clearly defined. For example the business development manager dealt with aspects of the service such as maintenance audits, laundry and housekeeping while the registered manager, supported by senior care-facilitators, was responsible for reviews and ensuring person-centred care.

The management team described how their different roles fitted together to ensure the smooth running of the service. We found there were clear communications systems in place to make sure the management team worked well together. For example, each morning there was a meeting after breakfast between the registered manager and business development manager to look at the day ahead. More formal management meetings were also regularly held, with records retained in order to review procedures and processes and ensure consistency in decision's being made.

There were also staff handover meetings between shifts. Handover notes were maintained and updated each day and records were transferred to the care plans so they were kept up to date. The morning management meetings were recorded using a 'traffic light' system. Staff told us this helped them to follow the order of priorities that needed action and how quickly they needed to be completed.

Staff meetings were held on a regular basis to ensure all staff had the chance to contribute their views on the running of the service. Records of the meetings were retained for reference. We saw the meeting record for the staff meetings held in November 2014 and January 2015 covered topics such as staff deployment, training and the care and safety of people who lived at the service. The records showed staff had contributed to discussions and shared their views openly and positively.

The registered manager said "Nobody manages from a desk. We get out there and get involved." The office manager said their role enabled the other managers and the provider to do this.

People and staff were comfortable and relaxed with the registered manager who demonstrated a good knowledge of all aspects of the service, the people who lived at the service and the staff team.

We saw that the registered manager was accessible to people. They spent time out and about in the home, seeing what was going on, talking to people and supporting staff. The practice manager of the local doctor's surgery told us the service was well managed and the provider maintained good consistent communication with them.

Staff told us they felt supported by the manager and that morale in the staff team was good. We saw staff had a mascot system which people also enjoyed that was designed to ensure that care staff thought consciously about being in a happy mood. This was reflected in our observations of staff and the way they supported people. One staff member we spoke with described how, when they had personal difficulties the management team supported them in the right way. The staff member told us, "When I had issues, they [the provider] listened to me and helped me put things in place."

We asked staff about how they would raise any concerns they might have and about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. Staff told us they would feel confident to whistle blow if they felt there was a need to and would take any concerns to appropriate agencies outside of the service. One staff member told us, "I come to work to take care of them [people], not to protect other colleagues."

Residents meetings were held quarterly or sooner if there was a need identified. We looked at the record for the last meeting held in November 2014. This showed people were encouraged to give feedback on changes they wanted to see at the service and that suggested changes were acted upon. For example, one person had asked to be woken up early so they could join the cook for a morning drink before breakfast. Another person had asked for a place to park and charge their mobility scooter. The record had been updated since the meeting to show the requests had been actioned and fully met.

The registered manager also told us that people, their relatives, staff and healthcare professionals had been

Is the service well-led?

asked for their opinion on the service provided between August 2014 and October 2014 through an annual survey process. Records were available at the service to evidence overall feedback had been positive.

As part of our inspection we also spoke with the local authority contract monitoring team who commissioned services from the provider. They told us they undertook monitoring visits to the service. Information they shared with us about their visits indicated the provider had adhered to the contractual arrangements in place with them and followed up on any recommendations made.

The provider had auditing and monitoring procedures in place. Although the provider was regularly present in the service we saw from records that they carried out regular audit checks themselves with support from the business development manager.

The business development manager showed us all environmental safety checks were up to date to include the appropriate external agency safety certificates. The registered manager described the systems in place to record and audit any accidents and injuries that had been sustained by people. The information included a falls

register. The records showed when a fall had occurred and how staff had responded. The manager told us this had further helped her to identify any changes needed in care plans to help reduce the risk of repeated falls.

One of the accidents, which occurred on 4 April 2014, had resulted in a person sustaining an injury. The manager showed us the actions staff had taken to fully respond to ensure the person had received appropriate support and treatment. The manager confirmed we had not been informed about the injury but recognised they needed to send a formal notification to us. During our visit the manager took immediate action and submitted the appropriate notification for our records.

The provider told us about the plans they had in place to continue to develop the service and we saw they had recently completed work to improve the kitchen area so it was open plan. The cook told us the change enabled staff in the kitchen to engage directly with the people living at the service. The provider also showed us they had started work on the development of a themed bar area as a social area where people could relax and entertain visitors and there were plans for a sensory garden. The provider described how the work being undertaken had also been designed to take into account the needs of people with dementia.