

Minster Care Management Limited

Three Elms

Inspection report

Station Road
Penketh
Warrington
Cheshire
WA5 2UG

Tel: 01925723274

Date of inspection visit:
26 September 2019
03 October 2019

Date of publication:
06 November 2019

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

About the service

Three Elms is a residential care home providing accommodation and personal care for up to 56 older people, some of whom are living with dementia. The service is provided by Minster Care Management Limited. At the time of our inspection the service was providing accommodation to 49 people.

People's experience of using this service and what we found

People living at Three Elms and their relatives told us that their experience of using the service was overall very positive. People consistently told us how they were treated with kindness from all of the staff who were also very supportive. People told us they had enjoyed activities and events that had been organised

People had access to a choice of menu's and received wholesome and nutritious meals that were well presented and took into consideration each person's dietary needs.

Some areas of the building showed signs of wear and tear. A programme of maintenance and redecoration was in place. The registered manager took actions during the inspection to repair various parts of the building including the car park surface and external lighting. We have made a recommendation to develop the environment with the needs of people with cognitive impairments in mind.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were well trained in various topics appropriate to their role. They were knowledgeable in how to safeguard people from the risk of harm and abuse and were well trained in safely managing people's medications. People received care and support by staff who had been appropriately recruited and had undergone the necessary recruitment checks.

The service continued to offer a good service. We found there was an effective process in place to monitor the quality and safety of care people received. Quality assurance checks were routinely carried out and the provision of care was monitored, assessed and improved upon accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'good' (published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was 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.

Three Elms

Detailed findings

Background to this inspection

The 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 registered 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Three Elms is a 'care home.' People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return.' This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection

We spoke with the registered manager, area manager, 12 members of staff, one external healthcare professional, eight people living at the service and five relatives visiting at the time of the inspection.

We looked at care records of two people receiving support, a sample of two staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service. We also undertook a Short Observational Framework for Inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from risk of abuse

- People felt safe living at Three Elms. Relatives felt their loved ones were safe and well cared for. One person told us, "I feel my (relative) is safe when I go home they give them really good care."
- Staff were aware of safeguarding responsibilities and had confidence in the registered manager and provider to address any concerns. Staff told us they had previously reported safeguarding's and received full support from the registered manager in making sure people were kept safe at the service.
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations they had carried out and showed they had taken appropriate actions to keep people safe.

Staffing and recruitment

- Staffing levels were safely managed. People received support from staff who were familiar with their support needs.
- Two relatives felt they should have more staff at night / early evening but were happy overall with the staff available. The registered manager advised they had recently increased staffing levels, but we could not see how the levels were displayed to share with people at the service.
- The registered manager advised they would look at displaying staffing levels and the names of staff on duty each day to help share this information with everyone.
- Safe recruitment procedures continued to be in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Assessing risk, safety monitoring and management

- Health and safety was well managed. A maintenance plan showed continual refurbishment to the environment. The service had two maintenance people on site to keep the service well maintained.
- Some parts of the building had recent redecoration and brighter lighting installed. We noted this would benefit other parts of the building as some corridors appeared duller with the previous lighting in place.
- The registered manager responded to various areas of maintenance to improve these areas such as repairing the car park surface, repairing external lighting, some window panes had blown and glass was on order, the majority of radiators had covered but the registered manager took actions to include the remaining four that were uncovered.
- People's level of risk was assessed and well managed. Risk assessments were individually tailored around the individual needs of each person.

Preventing and controlling infection

- The home was clean, free from odour and well maintained. People told us it was always of a good standard and the staff kept it very clean and tidy.

- There was an up to date infection control risk assessment in place which showed a high standard of maintenance for keeping the home clean and free from risks of infection. We noted some storage of clothes in the laundry that the registered manager advised would be relocated away from the laundry.
- The facilities had been awarded the highest grade of five stars, for cleanliness and food hygiene practises by the food standards agency. Some areas of kitchen needed risk assessments due to the working environment being very cold at times. The registered manager advised they would be reviewing this issue.

Using medicines safely

- Medications were safely managed and provided effective systems to safely support people with their medication. People were supported with their medicines by trained members of staff who regularly had their competency levels checked.
- People had appropriate support plans and risk assessments in place to help them to stay safe and healthy with taking their prescribed medications and treatments.

Learning lessons when things go wrong

- Accident and incidents were routinely recorded and regularly reviewed.
- The registered manager had audited records to be able to show if they had any ongoing trends emerging to help them take swift actions to reduce any potential risks to people.

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.

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- The staff advised they were trying to update the environment to meet the needs of people with dementia by decorating some areas to incorporate reminiscence items and pictures. The registered manager had various plans to update the service including replacing the ground floor carpets.
- People's bedrooms had been decorated to their taste and preference. Staff supported people to bring their own items and belongings with them to help them settle into the home and enable them to continue to enjoy their own personal items.
- We noted one bedroom that was dark and in need of brighter lighting and replacement of blown window panes. The registered manager advised of her plans to attend to these issues and had organised contractors to improve the windows.

We recommend the registered provider reviews best practice guidance and introduces further development to the environment to meet the needs of people living with dementia and cognitive conditions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person's care and support was delivered in line with best practice. Relatives were very positive about the care provided and told us, "The staff are very good, (our relative) is well looked after, they get good care."
- Staff ensured that they worked collaboratively with other healthcare professionals as a way of providing a holistic level of care.
- A visiting healthcare professional to the service offered very positive comments about the staff. They felt communication from staff was very good and especially helped them with their assessments of people's needs.
- People received consistent and person-centred care. People were supported to attend different health checks as a way of maintaining their health and well-being.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutrition and hydration support needs were well managed. The meals were home-made and offered lots of choices. We received lots of positive comments about the support provided with meals from people such as, "The food is very good, I get what I want and need" and "The food is very good here."
- People's likes and dislikes were requested on admission as well as any allergies or special dietary needs. This information was held on the care files and in the kitchen.

Staff support: induction, training, skills and experience

- Staff were provided with necessary training, induction and development opportunities to help fulfil their needs and expertise in fully supporting people at Three Elms.
- Staff received regular one to one supervision and appraisals from senior staff to offer their continued support. Staff told us they were fully supported on a day to day basis and felt listened to and respected when discussing their views.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA and DoLS.
- Care records contained all the relevant information in relation to the support people required. Staff checked people's consent before providing care. The service had appropriate applications submitted to the Local Authority to show they followed legal requirements.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their representatives were regularly asked for their views and were very positive about the service. They told us, "The staff are all lovely they go out of their way to help us, I can't fault them they are all very caring" and "We are very happy with the care it couldn't be nicer."
- Care files contained detailed person-centred information, which was contributed to by people and their relatives. Records showed examples of how staff had supported people to meet people's expectations in how they wanted to enjoy their life at Three Elms.
- The registered manager and staff team were committed to enhancing the experiences of people living at the home.
- Information was available to signpost people to independent advocacy services, should they require someone to speak up on their behalf

Ensuring people are well treated and supported; respecting equality and diversity

- People displayed positive signs of well-being. People were happy and engaging with staff. Families were keen to tell us how happy they were that their relatives lived at Three Elms. There was a lovely atmosphere with people looking forward to the day's events.
- Staff knew people very well. There was a long-standing staff team, of whom several had been at the service for many years. People were chatting happily with staff and it was clear that both knew each other well.
- People were supported to express their spiritual needs and were accommodated with their different faiths.
- Staff were clear about their responsibilities in relation to meeting each person's individual needs and equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- Relatives and people at the service confirmed to us that people's privacy and dignity was always maintained.
- Staff explained that their role was to treat people like each person was their own family.
- Some of the frosted glass windows in the bathrooms and toilets did not have any type of covering in place to promote privacy. During the inspection the registered manager was responsive and took action to provide covers to all of these areas.
- People were treated with dignity and respect. We observed positive practice's by staff who supported people with compassion and kindness.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection.

- People's confidential records were stored securely in locked cupboards or on password protected electronic devices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak to if they had a complaint. People and relatives felt listened to and had no concerns. One person told us, "I have no problems or concerns or complaints, its good here I'm happy here." One relative shared with us, "I can't say anything negative because I have no complaints I know (my relative) is well looked after."
- There was a detailed complaints policy in place accessible to everyone.
- The registered manager advised they would update the policy with contact details for the local authority and the local ombudsman.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The service employed two activities staff who were innovative and researched many ways to explore both people's wishes and to offer new experiences. People told us they enjoyed the activities on offer especially from the visiting DJ who played music each week.
- During the inspection the activities organiser had set up four different activities to choose from including a session painting on canvases. They were also looking at developing a scheme with a local cinema to put on dementia friendly movies.
- Relatives told us they could visit their family member anytime and they were always made to feel welcome

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life care and support

- People received care and support that was tailored around their individual support needs, wishes and preferences. Relatives were very positive and told us they were kept up to date.
- Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- A regular and consistent staff team developed a good level of knowledge and understanding of the people they supported. It was evident that people liked being in the company of staff and enjoyed interacting and engaging with them.
- At the time of the inspection nobody was receiving 'End of life' care or support. However, end of life training was provided, and people had the opportunity to discuss their wishes and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs.
- Accessible Information was available upon request for people who required extra support in relation to their communication needs. The registered manager was looking at developing various documents into different formats to better meet some people's needs.

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.

At the last inspection this key question was rated 'good'. At this inspection this key remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People and relatives told us the registered manager was visible and known to them and approachable. We saw them to be kind, caring and that they knew everyone including people's relatives.
- We received positive feedback about the registered manager and their leadership from everyone we spoke with. Relative's told us, "The manager is very good, whenever we had raised something they sorted it asap and were very responsive and good" and "They are the best manager and their approach is lovely you can go to her for anything to sort."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The quality and safety of care was regularly monitored as a way of ensuring people received their expected level of care. Good, well managed quality assurance systems showed consistent good standards throughout the service.
- The registered manager and provider were aware of their regulatory responsibilities. Notifications about specific events had been sent to CQC and inspection ratings had been openly displayed.
- We saw that there was strong links with the local community. People were actively encouraged to access social events that were taking place.
- The registered manager worked closely with the local authority, commissioners and health care professionals ensuring the quality and safety of care was reviewed and safely maintained.

Continuous learning and improving care

- The registered manager and their team demonstrated how they continued to review their practice and looked at seeking ways to improve the service and the experiences of the people living at Three Elms.
- Accidents and incidents were closely monitored by the registered manager to establish if lessons needed to be learnt and actions taken to reduce further risks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Equality and diversity support needs were well managed and staff supported everyone at Three Elms to meet their specific needs.
- Everyone had the opportunity to offer feedback about the provision of care they received. Annual satisfaction surveys showed consistent positive feedback and action plans drawn up by the provider

responded to people's requests and suggestions.

- The registered manager offered an 'open door' policy to everyone so they could discuss any matters with them and she encouraged people to contact her any time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities, the importance of investigating incidents/events as well as being as open and transparent as possible.