

Able Care (Menwinnion) Limited

Menwinnion Country House

Inspection report

AbleCare (Menwinnion) Limited
Lamorna Valley
Penzance
Cornwall
TR19 6BJ

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Tel: 01736810233

Website: www.menwinnioncarehome.co.uk

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?	Requires Improvement ●

Summary of findings

Overall summary

This unannounced comprehensive inspection of Menwinnion Country House took place on the 14 February 2016.

A previous comprehensive inspection of this service was completed in January 2016. That inspection found that although the service was providing good 'care' it required improvement in four of our five key question areas. A number of breaches of the regulation were identified.

In July 2016 a focused inspection was completed to check the required improvements had been made. The focused inspection found significant improvements had been made in most areas but further improvements were required as the service remained in breach of the regulations in relation to the training and induction of staff.

Menwinnion Country House is a large detached building located within its own gardens in the far west of Cornwall. It is registered to provide accommodation and personal care for up to 40 people who do not require nursing care. On the day of this inspection 35 people were using the service. Some people were living with dementia.

The service is required to have a manager who is registered with the Care Quality Commission. Registered managers like registered providers have responsibilities for ensuring the service meets the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was no registered manager in place at the time of this inspection. This means that it is not possible for the service to achieve a 'good' rating in relation to our question is the service well led.

The service was being provided with effective leadership by the acting manager with support from the provider's nominated individual and training lead. Staff were well motivated and told us they were confident the acting manager would take action to address and resolve any issues they reported. Staff comments included, "You can go to them with anything and they are as good as gold", "The manager is very approachable. If I have a query I just ask them" and "The manager is doing really well, I can't fault her." While people and their relatives also reported they had confidence that action would be taken to address any issue they reported.

People were constantly complimentary of the care and support they received at Menwinnion Country House. They told us, "I would recommend it" and "It's very good, the Queen couldn't be treated better than we are." People were relaxed and comfortable in their home and we observed numerous examples of people laughing and joking with care staff and managers. One person joked, "The staff are awful" before smiling and stating, "I think they do a really good job."

Relative also praised staff for the compassion with which they provided support and one person's relative said, "Their attitude is the main thing. Good staff with the right attitude." Visiting health care professionals

told us, "The staff are very good, very attentive" and "I can honestly say they are one of the better residential homes."

Staff knew people well and understood their individual care needs. People's care plans were sufficiently detailed and informative and staff told us, "There is enough information in them". We observed staff supporting one person to manage their anxiety, effectively using techniques described within their care plan. Prior to the inspection managers had identified that daily care and activities records could be improved and had provided staff with additional guidance on record keeping.

There were sufficient numbers of suitably qualified staff on duty on the day of our inspection and rotas showed these staffing levels were routinely achieved. The service had two part time care staff vacancies at the time of our inspection and was in the process of advertising them. Recruitment processes were robust and designed to ensure new staff were suitable for employment in the care sector.

The service employed a part time activities coordinator and people told us there were enough activities available within the service. People's comments included, "There is enough to do if you want to do it" and "I've just had my nails done." Relatives told us, "They have all sorts of events, sports day, Wimbledon days, They try to bring fun into the place." During the afternoon of our inspection people enjoyed a tea dance in the service's dining room. One person said, "I can't dance but I do enjoy it."

All new staff completed induction training, spent time getting to know people and shadowed experienced care staff before being permitted to provide care independently. Staff told us they received regular training updates and notices in the service staff areas showed a number of training courses had been arranged in March and April. Staff comments included, "I have quite a few courses coming up", "They are always repeating training" and "We get quite a bit of training."

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff respected people's choices and acted to ensure their privacy and dignity was protected. One person's relative told us, "I love the fact that they knock before they come in, That's your space and they respect that."

People and their relatives understood how to make complaints but told us this had not been necessary as any minor issues they raised were promptly dealt with, One person's relative who had raised a minor issue told us, "They take their responsibilities very very seriously. If you raise a concern you do not feel you are persona non grata."

There were effective quality assurance systems in place and appropriate action had been taken to address and resolve issues identified during previous inspections. People feedback was valued and the results of the service most recent quality assurance survey had been consistently positive and complimentary.

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. Staff understood their role in protecting people from abuse and avoidable harm.

There were sufficient staff available to meet people's needs and the service recruitment practices were safe.

Care plans included guidance for staff on how to protect people from risks and accident had been appropriately investigated.

Is the service effective?

Good ●

The service was effective. Staff were well supported and sufficiently skilled to meet people care needs.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring. Staff knew people well and had developed caring and supportive relationships with people living at the service.

People's privacy was respected and staff acted to ensure their dignity was protected.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and provided staff with sufficient guidance.

The service had a part time activities coordinator and people were supported to engage in a variety of activities within the service.

There were complaints systems in place and action was taken address any minor issue reported to staff.

Is the service well-led?

Requires Improvement ●

The service was not entirely well led. The service is required to have a registered manager but at the time of this inspection

there was no registered manager in place.

The acting manager was providing appropriate leadership to the staff team.

Quality assurance systems were appropriate and action had been taken to address and resolve all issues identified during previous inspections.

Menwinnion Country House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 February 2017 and was unannounced. The inspection team consisted of one Adult social care inspector.

Before the inspection we reviewed the service's previous inspection reports and other information we held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the seven people who used the service, three relatives who were visiting, seven members of care staff, the acting manager, the providers nominated individual and two health professionals who regularly visited the service. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, five staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People were relaxed and comfortable in their home and consistently told us they felt safe while relatives said, "They are kind and considerate and keep her safe, warm and well." Healthcare professionals reported that, "People seem happy, content and speak positively about their home."

Staff understood their role in ensuring the safety of the people they supported and told us they would initially report any concerns to their manager. When asked, staff were able to explain how to report safeguarding concerns outside the organisation but consistently said that this would not be necessary as they had confidence the manager would act to ensure people's safety. One staff member commented, "I don't see the manager not sorting it. I have faith in her." Notices in the office showed that four senior staff were booked on a safeguarding for managers course for the week following our inspection and one member of senior staff told us, "I am going to Newquay to do two days of safeguarding training next week." The showed the service ensured staff had the knowledge and skills to protect people.

Care records included detailed and informative risk assessments. These documents provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. For example, where people had been identified as at risk of pressure area damage their care plans included details of the specific support required to manage these risks. This included information on how pressure relieving mattresses should be operated. When staff identified concerns about a person skin integrity records showed prompt referrals had been made. Health and Social Care Professional told us, "The home are right on it" and "If they see a mark they make a referral."

We found that the premises were safe, uncluttered and that moving and handling equipment was used safely to meet people's needs. Window restrictors were now fitted to all bedroom windows and records showed no window related incidents had occurred since our last inspection.

The service operated a robust recruitment process to ensure staff had the appropriate skills and knowledge required to meet people's needs. Staff records showed all necessary recruitment checks had been completed to ensure staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. The service employed a number long standing staff and a self-declaration system had been introduced that required staff to report to managers any changes in their DBS status.

The service had an appropriate emergency plan in place and was in the process of developing Personal Emergency Evacuation Plans for each person living in the service. Fire extinguishers had been regularly serviced and regular routine checks had been completed of the service's fire detection systems. During the afternoon of the inspection the fire alarm sounded as a result of a tumble dryer being overloaded with bedding. All emergency fire doors released automatically and staff promptly gathered at the fire board in accordance with the procedure. The source of the alarm was quickly identified and an appropriate extinguisher used. Staff ensured people's safety throughout this incident and provided reassurance and support. Following this incident staff were given additional guidance on how to safely load the tumble dryer. During the week following our inspection the service was inspected by Cornwall Fire and Rescue service who

found no concerns in relation to fire safety.

Incidents and accidents were well documented. Records showed that appropriate action had been taken and where necessary changes made to learn from these events. Each person's accident records were audited as part of the care plan review process. Where any trends or patterns were identified action was taken by managers to reduce apparent risks.

There were sufficient skilled and experienced staff available on the day of our inspection to meet people needs. To support the 35 people living in the service on the morning of our inspection there were; five care staff, two care team leaders, an activities coordinator, three domestic staff, two kitchen staff and the acting manager on duty. Staff rotas showed that this level of staffing was routinely achieved and we saw that during the inspection staff responded promptly to people's requests for support. People told us, "I think there are enough staff" while staff commented, "It's usually five rather than six at the weekends", "Could always do with more but staffing is OK" and "I feel there is enough staff." Health Professionals told us, "It's always well staffed."

People's medicines were stored securely and records showed people had received their medicines as prescribed. Medicine administration records (MAR) were available for each person and had generally been correctly completed. The manager had completed regular audits to ensure the accuracy of this information. All medicines were stored appropriately in a locked cupboard and Medicines which required stricter controls by law were stored correctly. We audited the records in relation to five people's medicines that required stricter controls. One person's records were inaccurate as there was one more tablet available than recorded. We reported this issue to the manager who immediately completed and investigation. They found that the person had not received their morning medicine as the fire alarm had sounded while staff were preparing to dispense the tablet. They had recorded and signed for the medicine but failed to remove it from the packaging as they had been required to respond to the fire alarm. As a result of this incident new a procedure was introduced to prevent similar events reoccurring.

The environment was clean and well maintained and health professionals told us, "It is always spotlessly clean." Two weeks prior to this inspection the service was closed to visitors for a period in order for a possible outbreak of an infection to be managed. The service had acted promptly and appropriately to address this issue. A deep clean of all communal areas had been completed and people had been cared for within their own room to reduce the risk of infection. People told us they had been well supported during this period and one person commented, "It was all right, the weeks shut down". The manager told us, "It was stressful but it worked."

Is the service effective?

Our findings

When new staff were employed by the service they completed an induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the requirements of the care certificate. This nationally recognised training was designed to give those new to working in the care sector a broad knowledge of good working practices. Staff told us, "It was mainly shadowing for the first couple of weeks", "I have spent my time getting to know people" and "I am doing the care certificate." The provider valued training and staff development and offered a pay supplement for staff once they had completed the care certificate.

Staff told us they received regular training and felt sufficiently skilled to meet people needs. Their comments included, "I did some online courses a few week ago, safeguarding, MCA and food I think", "I have quite a few courses coming up", "They are always repeating training" and "We get quite a bit of training." Notices in staff areas showed that a large number of training courses had been planned for March and April 2017. At the time of our inspection the service was operating two similar but different systems to monitor staff training needs. We discussed this issue with the manager who said that in future only one version of the training matrix would be used. While reviewing these records and staff files we identified that a number of care staff had not received updated safeguarding training. We discussed this issue with the manager and provider's nominated individual and received information after the inspection that showed this training had been arranged.

Staff told us they felt well supported by their managers and received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us, "You have supervision and sometimes they come and spy on us", "I was supposed to have one (supervision) yesterday but it was postponed until Thursday" and "I feel supported and we are getting supervisions." In addition, we saw that annual performance appraisals had been reintroduced and completed for some staff. These more formal meeting included elements of self-assessment by staff and had been used to identify future development and training opportunities.

People were supported to maintain good health and had regular access to healthcare services. During our inspection two health care professionals visited people living at the service and people's care records showed that people received regular support from health and social care professionals including, GP's , dentists and district nurses. One relative told us, "They do really chase up the GPs about medicines" and the manager said, "We have a really good relationship with our doctors." Health care professionals told us the service was good at following guidance and commented, "Anything we ask for is done" and "They are very quick to inform us when someone is unwell."

Staff and the acting manager had an understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The acting manager had introduced a new system for assessing people's capacity to make specific decisions and records show that where necessary decisions had consistently been made in people's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service's doors were not locked and we saw people were able to access the gardens without support. However, the acting manager had recognised that some people's care plans were potentially restrictive and had made appropriate DoLS applications.

Care records showed that people had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support.

People were supported to eat and regularly and to maintain a balanced diet. People told us they enjoyed the meals. Their comments included, "Lunch is looking good" and "The food is really good." People's care plans including information about their food preferences and kitchen staff had a good knowledge of people's likes. Tea, coffee, juice and lemonade accompanied by cakes and biscuit were served in the morning and early afternoon and we saw people enjoying glasses of wine in the early evening.

The building was well maintained and plans were in development to further improve the service facilities by installing a passenger lift to access the lower ground floor bedrooms. A number of large, comfortable leather arm chairs had been purchased since our previous inspection for people who liked to spend time in the service's reception area.

Is the service caring?

Our findings

On the day of our inspection there was a warm, relaxed and friendly atmosphere at the service. Everyone we spoke with told us they were well cared by staff who were, "Very good", "All lovely, that is the word, lovely" and "Very nice, they are too bloody nice." People relative's also spoke positively of the caring approach of the staff team and one relative said, "Their attitude is the main thing. Good staff with the right attitude."

People got on well with their care staff and throughout the day of our inspection we saw numerous examples of people, staff and managers laughing and joking together. People's comments included, "The people and staff are so friendly", "I have a bit of fun with them", "I am quite happy here" and "Yes I get on with them, I can't think of any I would like to thump." Staff told us they enjoyed spending time with people and we observed staff providing support with compassion and respect throughout this inspection. Staff comments included, "It's a nice atmosphere here" and "I love it here." The manager told us, "The fun bits are when we are having a laugh with the residents."

Staff demonstrated throughout the inspection a clear commitment to support people living in the service. For example, after the fire alarm sounded it was necessary to keep the front door open to ventilate the reception area. The provider's maintenance person who was investigating the fire alarm became concerned one person may have been cold and immediately offered to find a blanket or arrange support for the person to be moved to a less drafty area. This demonstrated the commitment of the whole staff team to ensuring people's needs were met. Health professionals who regularly visited were complimentary of the staff team's commitment and told us, "The staff are very good, very attentive" and "The staff know people well."

Where staff provided support this was done at a relaxed and comfortable pace. We noted that staff consistently responded promptly to people's request for support. Staff ensured people were able to manage their continence needs as independently as possible. We saw staff were happy to provide assistance to the toilet whenever requested. On occasions when the nearest bathroom was occupied people were offered the choice of waiting or being supported to use the en-suite facilities in their rooms. The meant people were relaxed as they had confidence they would receive any support required to maintain both their independence and dignity. One person told us, "I have no issues with support they are always there when I need them."

People's privacy was also respected. Staff ensured people's dignity was protected while providing support with mobility. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff consistently knocked on people's doors and waited for a response before entering bedrooms and relatives said, "I love the fact that they knock before they come in, that's your space and they respect that."

People told us they were able to make choices and their decisions were respected by staff. We saw people were able to decide to spend their time, whether or not to engage with activities and what they wanted to eat and drink throughout the inspection. A number of people enjoyed sitting near the service's office and new comfortable armchairs had been provided in this area since our last inspection.

Relatives told us they could visit at any time and were always made to feel welcome. They said staff kept them well informed of any changes in their relatives care needs and that they felt well supported by both staff and managers. One person's relative told us, "If it has been difficult visits they bring me cup of tea and offer and arm round the shoulder."

Care plans included details of the person's preferences in relation to care at the end of their lives and the service had recently been formally complimented by a GP for the quality of end of life care they had provided. One of the health professionals we spoke with also praised the quality of care the service provided to people at the end of their lives. They said, "The death was very very dignified and [the person] was well looked after."

Is the service responsive?

Our findings

Where possible the manager assessed each person's care needs before they moved into the service to ensure they were able meet both the person care needs and their expectations. During the assessment process information about the person's health needs, life history, hobbies and interests was gathered and recorded. This information helped staff to get to know people and understand how their background could affect their current care needs. Staff told us this information was useful and commented, "They are good to look at when you have a new client as they have details of who they are and what they need."

People's care plans were accurate, detailed and had been regularly reviewed by senior staff. They provided staff with clear guidance on the individual's preferences and the level of support normally required with particular tasks. For example, one person's care plan stated, "I will tend to wash all areas independently but on occasion like to have assistance" while another person's care plan said, "Staff to prepare my manual toothbrush with a small amount of toothpaste and pass it to me." This showed the way care planning was recorded was very much driven by the person and demonstrated a person centred approach to care planning.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Their comments included, "There is enough information in them", "The handover at the beginning of each shift lets us share information about any changes" and "The care plans are very informative and with the handover you know what to do." There was a formal staff handover between each care shift and staff were encouraged to give feedback about any changes they had observed in people's care needs. Where significant changes were identified people's care plans had been updated to ensure they accurately reflected their current care needs. The manager commented, "The care plans are all coming along."

Staff were provided with information about how to support people who could sometimes display behaviour that was challenging for staff to manage. For example, staff had been provided with detailed guidance on how to use distraction techniques to support one person who was known to occasionally become anxious and we observed these tactics which were used effectively by staff during the morning of our inspection.

People told us there were enough activities available within to keep occupied and entertained. Their comments included, "I think there is enough to do", "There is enough to do if you want to do it" and "I've just had my nails done."

The service employed a part time activities coordinator who was responsible for planning and arranging week day activities. People told us "[The activities coordinator] does well and tries to get us out on the bus and things like that." A tea dance was planned for the afternoon of our inspection and a number of people told us they were looking forward to this event. Their comments included, "I can't dance but I do enjoy it" and "They call it a tea dance with a difference." People enjoyed this event and we saw smiling faces, some dancing and much laughter.

People's relatives told us, "For [My Relative] there is enough going on" and "They have all sorts of events, sports day, Wimbledon days, They try to bring fun into the place." While staff said, "People are encouraged to take part and on the whole the residents seem happy." This inspection was completed on Valentine's day and each person's breakfast was accompanied by a chocolate in celebration.

Although staff supported people to engage with a variety of activities including manicures, crafts reminiscing and walking in the gardens during the inspection. We found activity records and daily care records did not always capture these details in full. We discussed this issue with the manager who told us they had previously identified this issue and were working with staff to improve the quality of both activity and daily care records. Staff comments about the service's daily records included, "They (managers) want more information in them now about what you did" and "The reports and recording has got a lot tighter."

Some staff commented, "It would be nice perhaps, to have more trips out." We discussed this with the provider's nominated individual who told us they were in the process of acquiring a second minibus which would enable people who used wheelchairs to go on trips away from the service.

People and their relatives had been provided with information on the service's complaints procedures. People told us they understood how to make a complaint but reported that this had not been necessary as staff always responded to any issues they raised. People's comments included, "I have no complaints" and "Any problems you only have to say and they sort them out." People's relative said, "I am delighted, I have no concerns" and "They take their responsibilities very very seriously, if you raise a concern you do not feel you are persona non grata." We found that the service regularly received compliments and positive feedback from people their relative and visitors. Written compliments were displayed on a notice board in the services reception area and one compliment from a person who had received respite care stated, "I cannot thank you enough for all your kindness to me and understanding."

Is the service well-led?

Our findings

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 and associated Regulations about how the service is run.

There was no registered manager in place at the time of this or our previous two inspections of the service. At this inspection we found that the service was being effectively led by the acting manager who was routinely supported by the providers training lead and nominated individual both of whom had been previously registered manager of this service. During and following the inspection we discussed management arrangements with the provider's nominated individual. They explained that the long term aim was for the acting manager to become registered once they felt sufficiently confident and had completed further management training courses. However, as there was no registered manager for the service it was not possible to rate the service as good for our 'Is the service well led?' question.

A deputy manager had been recruited since our previous inspection and four team leaders appointed. This meant there were now clear management structures within the service. The roles and responsibilities of senior staff were well understood and there was mutual respect between the staff team and managers. The acting manager's comments included, "I've got a lot of support", "I think we are a good team and they do work hard" and "The key is to know your asset and the asset is the staff."

The acting manager was providing effective leadership, guidance and support to the staff team. Staff morale was good and they told us they had confidence in both the acting manager and the service's current leadership arrangements. Staff told us, "You can go to them with anything and they are as good as gold", "They are brilliant, I have had some issues and they have been really supportive" and "you can always rely on the office (management)."

The acting manager operated an effective open door policy and actively encouraged people, relatives and staff to raise any issues with them directly. People told us, "The managers do speak to you and will sort things out for you" and a person's relative said, "I feel I can go in the office if I have any concerns."

Staff praised the commitment of the acting manager and told us they had faith that she would deal with all issues they reported. Their comments included, "The manager is very approachable. If I have a query I just ask them", "The communication is great with the manager" and "The manager is doing really well, I can't fault her."

The staff team were well motivated and demonstrated throughout the inspection a clear commitment to ensuring people's care and support needs were met. Staff meetings were held regularly and daily handover meetings provided additional opportunities for staff to share information with each other and their managers. Staff told us, "I love it here", "Things are going very well", "We have a good team here" and "I do believe this is one of the better homes." The acting manager said, "I like the way we are going and we have a

good reputation for care. It's all built on that."

People told us, "I would recommend it" and "It's very good, the queen couldn't be treated better than we are." While a person's relative told us, "Overall I would definitely say it is good" and "It's a lovely place." Health and social care professionals said, "They are really good definitely one of the best in the area" and "I can honestly say they are one of the better residential homes."

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Action had been taken to address and resolve all of the issues identified during our previous inspections. In addition the nominated individual and the provider's other directors regularly visited the service to complete spot checks of its performance. One of these spot checks had been completed in the week prior to our inspection and had not identified any significant areas for improvement. Surveys were completed annually to gather people's feedback on the service's performance and we saw that the results of the most recent survey had been consistently complimentary. The acting manager was a visible presence in the service and routinely worked alongside care staff to monitor the quality of the care provided by staff. A variety of audits, including medicines, the environment of the service and of care planning were also regularly completed by the acting manager to monitor the service's current performance.