

Interhaze Limited

Minster Lodge Care 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 ● |

Summary of findings

Overall summary

This inspection took place on 1 December 2017 and was unannounced.

Minster Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Minster Lodge Care Home provides residential support and care for up to 25 people with mental health and physical care needs. At the time of our inspection there were 22 people living at the home.

At the last inspection, in February 2016, the service was overall rated as 'Good.'

Since our last inspection we had been informed that the local safeguarding team was completing an investigation following concerns about care provided to a person when they lived at the home. At the time of writing this report the outcome of the investigation is not known.

At this inspection people remained safe at the home. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. There were policies and procedures in place which minimised the risks of abuse to people. The risks to people had been assessed, recorded and plans were in place to manage these risks and keep people safe. People received their medicines safely and as prescribed from trained staff.

Staff undertook training and received regular supervision to help support them to provide effective care.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is legislation protecting people who are unable to make decisions for themselves or whom the state has decided need to be deprived of their liberty in their own best interests.

We saw people had a choice of food and drinks with snacks also available throughout the day. People were treated with dignity and respect. People were asked their preferences about how they wanted to be supported and cared for. These details were recorded in people's care plans including their end of life wishes.

People were supported to see other health and social care professionals when they required additional support.

Staff adopted a kind and compassionate approach to their work. People's involvement in decision-making was encouraged. People's rights to privacy and dignity were understood and promoted by staff. People's choices were respected.

Person centred plans were in place and people and their relatives were involved in planning the care and

support they received. Care plans were regularly reviewed.

People, staff and professionals spoke highly about the registered manager and staff. The registered manager and registered provider continually monitored the quality of the service and made improvements in accordance with people's changing needs.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Minster Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 1 December 2017 and was unannounced. The inspection was carried out by one adult social care inspector, an expert by experience and a nurse with a background of supporting people with Huntington's disease and physical disabilities. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the registered provider is required to send us by law. In addition we reviewed the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection. We also spoke to the local authority commissioning team who were aware that there was an open safeguarding investigation following the death of a person who lived at the service. The concerns that had been raised were about staff having limited knowledge of how to support people safely and that referrals to other healthcare professionals had not been made in a timely way. We were already aware of these concerns prior to the inspection. The local authority commissioning team did not have any other concerns or information about the service to share with us.

During the inspection we spent time and spoke with seven people who lived at Minster Lodge. We spoke with the registered manager and five members of staff. We also spoke with a visiting healthcare professional who had experience of the service.

We observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs.

We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service continued to provide safe care. People told us they felt safe living at the home. One person said, "Yes. It's the staff who make me feel safe. They're good with me, I get on with them." Another person told us, "The staff here look after us well, they keep me safe, they know I'm allergic to some foods and they make sure I don't have them." Some people had limited verbal communication and were not able to speak with us. Through our observations we saw people looked content and comfortable in their surroundings and they responded positively when staff interacted with them.

The provider followed safe recruitment practices. Staff recruitment files contained information including, an up to date criminal records check, two satisfactory references, photographic proof of identity and interview questions and answers. This meant they could be assured that employees were of good character and had the qualifications, and skills to support people using the service.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The registered manager ensured the staff were deployed to meet the physical, social and emotional needs of the people who lived at the home.

Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training, were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us, they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse.

Care plans contained risk assessments which outlined the measures in place to enable people to maintain their independence with minimum risk to themselves and others. These included risks relating to people's moving and handling needs and environmental risks. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to mobilise safely. We saw staff interacted and reminded people to use their walking aids when they got up to walk.

People received their medicines safely, when they needed them. We saw medicines were administered in an individualised way. One person told us, "I get my tablets when I need them, if it was up to me I would forget them but staff here never do." The care plans had identified how each person liked to take their medicine and staff followed the directions carefully. We found Medicine Administration Records (MAR) had been correctly completed. All staff who administered medicines had received appropriate training and had their competency to administer medicines safely checked.

Staff told us that they had received infection control training and understood how to reduce risks to people living in the home. We saw that single use gloves were available throughout the home and staff told us that this helped them to support people in a timely way with personal care. A staff member said this is, "Because there is always PPE (Personal protective equipment) available close to where you are." When we visited we observed that the home was clean and where improvements had been identified by the provider to improve the furnishings of the home these had arranged by the provider. During our visit there was a blockage in the drain of one bathroom. We saw that the maintenance worker immediately took steps to clean the area and a plumber was arranged for the same day to remove the blockage.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People received care and support from staff who had the skills and knowledge to meet their needs. New staff completed the provider's induction training to prepare them for their new job roles. As part of this, they worked alongside more experienced colleagues, and were given time to read and ask questions about people's care plans. As part of the provider's induction programme, staff also completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home, for example how to support people with Huntingtons disease or dysphagia. Dysphagia is when people have difficulty swallowing. One staff member told us, "The training is really good and we get new training if someone's needs change. This makes sure that we have the right skills to look after them." Staff attended regular one-to-one meetings with the registered manager to receive feedback on their work, and discuss any additional support they may need.

Staff had also received training in The Mental Capacity Act 2005 (MCA) to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and involved their relatives, when appropriate, when they made decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where staff needed to make specific decisions in some people's best interests the necessary action had been taken so people's rights had been protected. We saw staff were helpful, positive and sought consent from people before supporting them with their care needs.

People told us they were happy with the food provided and that they were offered plenty to eat and drink. One person told us, "The food is very nice, I like it a lot." Another person said, "I have a choice for every meal so I can't complain." We observed people were offered regular drinks and snacks throughout the day. We saw breakfast and lunch being served and enjoyed by all. Some people needed support to eat, we saw that this was done in an unhurried manner and continuous reassurance was given to the person by the care worker.

Some people living in the home were at risk of malnutrition, when this was identified the cook prepared the person meals with an increased calorific content and their weight was monitored. Referrals had also been made to dieticians. We saw that people in the home's weights were stable. Some people who lived in the home required a soft food diet. The cook understood how to prepare meals that met people's nutritional needs. We saw that people were provided with suitable meals and staff understood individual needs.

People had access to healthcare professionals including doctors, community psychiatric nurses, speech and language therapists, opticians and chiropodists. The registered manager told us they had good links and support from healthcare professionals. A visiting healthcare professional told us that they regularly visited the home to review the care needs of people living there. They went on to tell us that any changes they recommended about people's care needs were updated in their support plans and all staff were informed of the change in needs. The healthcare professional told us that, "I have no concerns of the care provided here and I have great respect for the good work the staff do here."

Minster Lodge is a converted terraced house in a residential area. The house has been adapted to meet the needs of people who lived there. A passenger lift enabled people to move independently between the two floors of the home. Corridors and communal areas were kept clear of clutter to reduce the risk of people tripping.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they thought that the service was caring and they were treated with dignity and respect. One person said, "The staff are good here, I have my favourites! I like (care worker) they watch the news with me." Another person told us, "They (staff) are friendly; they always bring me a cuppa and know how I like my tea." A third person said, "I am happy here, I have lived places where it wasn't nice but I like living here."

We observed people were comfortable in the presence of staff. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs.

Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, we saw a staff member warmly greet a person before assisting them to move to a communal lounge. The person was happy to see the staff member and they talked throughout the process.

The registered provider and staff supported people's involvement in decisions that affected them. People's care files provided evidence of their participation in care planning and gave staff guidance on how to promote effective communication. A person living at the home was required information to be provided in larger print, we saw that this was done. The person told us that they had been given a magnifying glass which helped them to read written information.

Throughout our time at the home, we saw staff consulting with people about their care needs and routines, such as how they wanted to spend their time or where they wanted to go next. The registered manager held 'residents meetings' to provide people with another means of sharing their views on the service.

People's privacy and dignity was respected and people were able to spend time alone in their bedrooms if they wished to. Staff offered people assistance with personal care in a discreet manner.

Each person had their own bedroom. These were personalised with people's belongings, such as small items of furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for permission before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. People were supported to maintain relationships with family members as they wished and family members were welcomed by staff when they visited the home.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The home continued to provide a responsive service. People received care that was responsive to their needs and personalised to their wishes and preferences. People made choices about all aspects of their day to day lives such as where they preferred to be and what they wanted to do.

Each person had their needs assessed before they moved into the home. This was to make sure the home could meet their needs and expectations. From the initial assessments, care plans were devised to ensure staff had information about how people wanted their care needs to be met.

Each person had a care and support plan based on their assessed needs which was reviewed regularly. The care plans provided clear guidance for staff on how to support people. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express a preference, the staff consulted with their close relatives to gain further information on people's tastes and preferences. Staff had knowledge and information about people's social history, previous interests/hobbies and people who were important. This showed us staff knew people and what was important to them.

Daily log sheets were completed for people which detailed what time they woke up, and if they had been supported with their personal care, support with medicines and what they had eaten. Any concerns or incidents were also documented and shared with staff during hand over meetings between shifts. This supported staff to monitor the person or to follow up any actions that were identified, for example to arrange healthcare appointments.

People knew how to complain if they needed to and were confident any concerns would be taken seriously by the registered manager. A copy of the complaints procedure was on display in the home.

People were supported and enabled to spend time in ways they enjoyed, and to pursue their interests. One person told us, "Sometimes we do a bit of artwork. Sometimes I join in with flower arranging. Bingo I join in. I like to be quiet and stay in my room. I have a radio which I like." Another person told us they enjoyed placing bets at a local bookmakers which they visited daily. A third person told us "I like a latte; we go out to a coffee shop when I want." A member of care staff explained that although group activities were arranged, people living at the home had a diverse range of interests and they had found that it was more beneficial to spend time individually with people to complete activities they were interested in.

On the day of our inspection visit people and staff were decorating the home together in preparation for Christmas, people were smiling and singing Christmas songs as they did this. The registered manager told us that the home had a therapy dog who had visited the home since he was eight weeks old and they explained that people loved interacting with him.

People were supported to visit local places of worship as regularly as they wanted to. The registered manager explained at the time of the inspection no one living in the home followed any faiths other than Christian but went on to say that they would support anyone to follow their chosen faith.

At the time of our inspection visit no one was receiving end of life care however support plans included details of any end of life arrangements people wanted .

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was well known to the people who lived at the home, the staff team and visitors and had worked there for four years.. All spoke very highly of the registered manager and registered provider and were complimentary about the culture within the home. A person living at the home said, "She [registered manager] is very friendly, I enjoy chatting to her." A visiting healthcare professional told us, "The staff and management are good and proactive. There seems to be a good atmosphere."

People were cared for by staff who were supported and kept up to date with current developments at the home. Each member of staff had regular one to one supervision where they were able to discuss their performance, highlight any training needs or concerns to be addressed in a confidential manner. There were also meetings for staff where a variety of issues were discussed. There was a handover meeting at the end of each shift where staff passed on information about each person's health and welfare that day. This ensured all staff were kept up to date with people's care needs.

The registered provider and registered manager completed audits and checks to enable them to monitor and improve the quality of people's care at Minster Lodge. As part of this, they checked the health and safety arrangement at the home, current infection control measures and procedures for the management of people's medicines.

The registered provider was developing and implementing a comprehensive quality assurance tool based on the CQC's key lines of enquiry. This showed the registered provider and registered manager were constantly striving to improve the home.

The views of the people who lived at the home were sought on a daily basis and satisfaction surveys were sent, periodically to people's relatives, representatives and professionals to gain their views on the quality of the service provided. The results of the most recent survey had shown a high level of satisfaction with all aspects of the service provided.

The registered manager told us that they used any concerns or complaints as an opportunity to improve the quality of care they provided. They told us that over the past year they have developed more effective ways of communicating with other health and social care professionals and regular meetings are held with other professionals involved in a person's care. The registered manager explained that these meetings were beneficial to the people living in the home because any new needs identified were resolved quickly.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The registered manager was aware of their responsibilities to the Commission and submitted notifications when appropriate . The last inspection report and rating was displayed in the entrance area of the home. We checked the provider's website which also displayed the most recent rating and a link to the CQC report.