# Auditcare Mon Choisy Limited

# Mon Choisy

## 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

Mon Choisy is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Mon Choisy accommodates 22 people in one adapted building. At the time of the inspection there were 28 people living at the service.

When we last inspected the service on 30 November 2016 and 5 December 2016. We found that the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective governance systems and procedures in place and had failed to identify some of the concerns we found during our inspection.

We also found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations (2014). This was because the provider had not reported important events that happen in the service to CQC. At this inspection we found that the provider had made significant improvements to address our concerns.

We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home. The registered manager was aware of their responsibilities and had reported appropriately to CQC about notifiable events.

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 and their relatives told us people were safe living at Mon Choisy. Staff demonstrated they understood how to keep people safe and we noted that risks to people's safety and well-being were managed through a risk management process. We observed people's needs were met in a timely way by sufficient numbers of skilled and experienced staff. People were supported by staff who had been trained in the Mental Capacity Act 2005 and applied it's principles in their work.

The provider had a robust recruitment process in place which helped to ensure that staff employed were of good character and suited to the roles they were employed for. People's medicines were managed safely and kept under regular review. Infection control measures were in place to help reduce the risks of cross infection.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager) and yearly appraisals. People were supported appropriately to eat and drink sufficient amounts to help maintain their health and well-being. People's health care needs were taken care of and they had access to a range of healthcare professionals. Where required, appropriate referrals were made to external health professionals such as G.P's or therapists.

People and their relatives were very complimentary about the staff and management at the home. They told us staff were kind, caring and compassionate. Staff members, including the management team, were knowledgeable about individuals' care and support needs and preferences. Visitors were welcomed at all times and people were supported to maintain family relationships.

The provider had systems in place to receive feedback from people who used the service, their relatives, and staff members about the service provided. People were encouraged and supported to raise any concerns with staff or management and were confident they would be listened to and things would be addressed.

There was an open and inclusive culture in the home and people, their relatives and staff felt they could approach the management team and were comfortable to speak with the registered manager if they had a concern.

## 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. People told us that they felt safe.

Staff were aware of how to safeguard people from harm and were aware of potential risks and signs of abuse.

People, their relatives and staff told us that there were enough staff available to meet people`s needs.

Staff administered medicines to people in line with their prescription.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

### Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

### Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and preferences. Staff were

knowledgeable about the support people needed.

People's needs were assessed to ensure they received personalised care.

There was a range of activities for people to engage with.

## Is the service well-led?

Good

Arrangements were in place to formally assess, review and monitor the quality of care provided at the home.

The registered manager was aware of their responsibilities and had reported appropriately to CQC about notifiable events.

The service had a culture of openness and honesty.

# Mon Choisy

**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 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 took place on 5 December 2017 and was an unannounced inspection. This inspection was conducted by three inspectors and an expert by experience (ExE). 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, 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. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 people, seven relatives, three care staff, two senior care workers, the chef, the registered manager and the nominated individual. We looked at 14 people's care records, four staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Good

# Our findings

People told us they felt safe at Mon Choisy care home. One person told us "Yes it is safe living here". Another person said "I'm content here". Relatives we spoke with told us, "I think she is safe living there", "I have no concerns, I don't feel nothing unpleasant happens there, like casually not paying attention to people" and "They're very good to her".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff told us that if they had any concerns they would report them to the registered manager. One staff member said, "I would alert my manager straight away to any signs or symptoms of suspected abuse". Staff were also aware they could report externally if needed. One staff member told us, "I would raise it immediately with the local safeguarding team or contact CQC (Care Quality Commission)". We saw there was Information about how to report concerns, displayed on notice boards in communal areas which reminded people, visitors and staff of the contact numbers they needed to report concerns. This demonstrated that the provider had additional systems in place to ensure that people were protected from abuse and avoidable harm.

People's care plans contained risk assessments which included risks associated with moving and handling, falls, medication and pressure damage. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of pressure damage. The person's care record gave guidance for staff on the use of pressure relieving equipment and to carry out frequent observations. This person's care record gave clear guidance for staff to report any changes to the person's skin integrity to healthcare professionals. Staff we spoke with were aware of this guidance and told us they followed it. At the time of our inspection this person did not have pressure damage.

Another person was at risk high risk of falls. This person's care record gave guidance for staff on the level of support required for each care task and guidance on the appropriate use of moving and handling equipment. We observed staff following this guidance.

People who were assessed as being at risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff who were aware of these risks and what action to take as a result. During our lunch time observations we saw staff supporting this person appropriately.

Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening. For example following a number of incidents and minor errors relating the management of people's medicines, the registered manager and staff explored the need for a more robust system to support staff and also reduce the number of medicine incidents. As a result the provider and registered manager introduced the use of electronic medicines recording system. The impact of this was that there were no further incidents relating to the management of medicines. This was because the Electronic medicine administration records (eMAR) had a safety feature that enabled staff to clearly identify if people had not received their medicines. Therefore people were less likely to not receive their medicine. This evidenced the service learnt from mistakes.

Staff administered medicines to people in line with their prescription. There was accurate recording of the administration of medicines, eMAR were completed to show when medication had been given. One relative we spoke with told us, "The staff give (person) tablets and they are meticulous in this". Medicines administered 'as and when required' included protocols providing guidance for staff about when the medication should be administered. Staff had an understanding of the protocols and how to use them. Staff were trained to administer medicine and their competency was regularly checked by the provider. One member of staff told us "We have our competencies checked regularly".

Where people had  been diagnosed with specific conditions, extra monitoring was in place to ensure people received their prescribed medicines to ensure their condition was managed. Care records included guidance for staff on what action to take if people developed symptoms related to their medical conditions. Medicines were stored securely and in line with manufacturer's guidance.

People told us there were enough staff to meet their needs. One person told us, "There are always plenty of staff on" A relative told us, "We find there are usually lots of staff on". A staff member told us, "I feel we have enough staff". Staffing rotas confirmed there were enough staff to meet people's needs. During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People were protected from the risk of infection. The premises and the equipment were clean, and staff followed the provider's infection control policy to prevent and manage potential risks of infection. Colour coded equipment was used along with personal protective equipment (PPE). Equipment used to support people's care, for example, wheelchairs and hoists had been serviced in line with national recommendations. Protective equipment such as aprons and gloves were available and used by staff. A relative we spoke with told us, "Whenever we go, it is all clean and tidy".

Good

# Our findings

People we spoke with told us staff were knowledgeable about their individual needs and supported them in line with their support plans. One person told us, "They are pleasant and nice, they're very focussed on what they do and are very professional". A relative said "Staff are good and totally in tune with what is needed".
Records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included safeguarding, MCA, moving and handling, infection control, medication, first aid, dementia, fire awareness, food and hygiene and pressure care. One staff member told us, "I like the training". Another staff member said, "The training goes hand in hand with what we do".

Newly appointed care staff went through an induction period which was matched to The Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "They gave me a very good induction".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us, "I have done my (NVQ) level two and now they are putting me forward for my level three".
Staff were supported effectively through regular supervision (one to one meetings with their manager) and yearly appraisals. Staff told us they felt supported by their seniors. Comments included; "They support me", "I feel supported, they are always there if I need them" and "They support us in a way that improves our practice".

People's needs were assessed prior to their admission to ensure their individual care needs could be met in line with current guidance and best practice. People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff following the recommendations.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act

2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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 were supported by staff who had been trained in the MCA and applied it's principles in their work. Where appropriate people's care plans contain capacity assessments. Where decisions were made on people's behalf, we saw evidence that the service followed the best interest process. Staff we spoke with had a good understanding of the Act. Comments included; "If somebody does lack capacity then we need to ensure any decisions made are in the persons best interest", "We always assume capacity" and "Just because somebody makes an unwise decision does not mean that they lack capacity". We saw staff routinely sought people's consent.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was meeting the requirements of DoLS.

People told us they enjoyed the food provided by the home. Comments included; "Food and drink is okay", "I really like the food, it's good" and "We get plenty". One relative we spoke with told us "They probably have too many meals here, it never finishes. Breakfast, elevenses, lunch, teas and supper". Another relative said, "The food is good and my husband appreciates the well- judged, nice choices and for me it is quite important that it is good".

People were offered a choice of meals three times a day from the menu. Staff advised us that if people did not like the choices available an alternative would be provided. We observed that the food looked wholesome and appetising. Snacks were available for people to have in between meal times.

People who needed assistance with eating and drinking were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace that matched the individual needs of the people they were supporting.

Menus were displayed in the homes dining area and were presented in different formats to support people's individual communication needs. Staff assisted people with their choices. During our observation of the lunch time meal we noted that people were offered a choice of drinks throughout. People had access to and were offered drinks throughout the day. Where people required special diets, for example, pureed or fortified meals, these were provided by the chef who clearly understood the dietary needs of the people they were catering for.

We observed that the environment was suitable to meet people's needs. It was evident that the provider had made a number of changes since our last inspection to ensure there was a homely feel about the service. We observed parts of the home where people were living with dementia were decorated in a way that followed good practice guidance for helping people to be stimulated and orientated. For example people who were living with dementia had memory boxes outside their rooms.  A memory box is collection of items or images from a person's past and is used for reminiscence therapy. Memory boxes help to encourage people's short-term memories by stimulating long-term memories.

The service worked closely with healthcare professionals such as, G.P's, occupational therapists, dieticians,

physiotherapists and other professionals from the care home support team, to ensure that people received effective care. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, where people had been identified as at risk of falls referrals had been made to the care home support service (CHSS). Care plans contained details of recommendations made by CHSS and we saw evidence that the service followed these recommendations. For example, one person had been moved from an upstairs bedroom to the ground floor so the person no longer had to use the stairs. This reduced the risk of this person falling.

Good

# Our findings

People were complimentary about the staff and told us staff were caring. One person told us, "They (staff) are very good especially (staff member and staff member)". Another person said, "The staff are kind and patient". Relatives we spoke with told us, "The care has been good and has kept her (person) going", "I find it really good there, they are very caring, I've never had any worry", "His appearance has improved a lot for the better since he came here" and "Staff look after people exceedingly well, nothing is too much for them".

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, one person needed to go to the toilet. Staff knelt down to this person's eye level and asked them discreetly which bathroom they would like to use.

Staff told us they respected people's privacy and dignity. They said, "We close doors and curtains before anything this way you are respecting people's privacy" and "We must respect people's gender preferences, even if a preference has not been requested. It is important that we still consider it".

We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. For example, we observed a staff member knocking on a person door before entering. When the staff member entered the room they said in a joyful tone, "How are you [person], would you like a cup of tea".

We saw how staff spoke to people with respect using the peoples preferred names. When staff spoke about people to us or amongst themselves they were respectful. People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms.

Relatives told us they felt involved in people's care. One relative told us, "They keep me updated with any changes. They are always discussing things with me". Another relative said, "I feel I am included in things".

People received emotional support by staff who understood their individual needs, for some people were at risk of becoming anxious and frustrated due to communication difficulties. Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how

best to communicate with people who had limitations to their communication. Throughout the day we observed staff communicating with people that were in line with individual preferences.  People were relaxed and clearly comfortable with staff.

Care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care, mobility and getting dressed. Were the need to promote independence had been highlighted, there was guidance for staff on how to prompt and support people effectively. We observed staff following this guidance.

Staff told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. One staff member we spoke with highlighted how promoting independence would prevent a rapid decline in people's health and wellbeing.

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to staff.

Good

# Our findings

Relatives told us that the service was responsive to people's needs. One relative told us, "A few times they've had to call in the GP, they make the right call if needed". Another relative said, "The home make arrangements if he (person) needs to see professionals or his GP".

The service monitored people's changing needs For example, one person was referred to their optician following a change in relation to their eye sight. This persons care records had been updated to include clear guidance for staff on how to support and encourage the person with their new glasses. Staff we spoke with were aware of this guidance and told us they followed it.

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. Care plans contained details of people's preferences, likes and dislikes. For example, care plans contained person specific information that captured people's previous employment, people's favourite music, preferences, dislikes and favourite past times. Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff told us about a person's favourite pastime and the person's favourite football team. The information shared with us by the staff member matched the information within the person's care plan. We saw evidence that people had access to information about their care. For example, menus and meal times were available in large print and picture format enabling them to read the information.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's individual needs. They told us, "Equality and people's rights, wishes and needs runs through everything we do". We saw evidence of how the registered manager had appropriately challenged one person's beliefs to ensure another person's diverse needs were respected. The provider did not have a standalone equality and diversity policy. Instead the provider had revisited all of their policy's to ensure the equality and diversity was appropriately incorporated into all of their policies. For example, the provider had recently updated their medicines policy to ensure that consideration was given if a person requested they have their medicines administered by a member of the same sex, or if people were observing a religious festival and may not be able to take their medicines during certain hours. Records showed staff had received training in equal opportunities and diversity.

People had access to activities which included board games, painting, hairdressing and singing. We noted that the service had arranged a carol singing event with a local girl guide group. One relative told us, "I attended the carol service last night, he (person) enjoyed it too". Activities were seen as the remit of all staff.

People who decided that they did not wish to participate in activities were protected from the risk of social isolation. For example, we observed staff sitting and speaking with a person in their room about a recent visit from their relatives. Relatives told us that people were encouraged to avoid social isolation. A relative told us, "[Person] likes being on his own but he is asked if he wants to take part in things".

People knew how to make a complaint and information on how to complain was available in the home. One person told us, "I would get them told, don't you worry about that". Another person said "[Provider] does listen to us if we have any problems". A relative told us, "No problems but I would point things out if necessary". Records showed there had been six complaints since our last inspection. These had been dealt with in line with the provider's complaints policy.

The home sought people's views and opinions through satisfaction surveys. We noted that the results of the satisfaction surveys were positive. People we spoke with told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "[Provider] does anything we ask".
At the time of our inspection there was no one receiving 'end of life' care. However, the registered manager was able to evidence how the service had previously recorded and respected people's preferences and wishes. Records confirmed that people's funeral wishes in relation to burials, cremations and family arrangements had been discussed with people.

Good

# Our findings

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. At our previous inspection on 30 November 2016 and 5 December 2016, we identified that the registered manager had not always notified CQC of reportable events. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations (2014). At this inspection we found that The registered manager was aware of their responsibilities and had reported appropriately to CQC about notifiable events.

We also identified that the systems in place to monitor the quality of the care provided were not always effective in that they had not identified the concerns that we identified during the course of our inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the registered manager had made significant improvements to address our concerns.

We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home. This included regular audits of the environment, health and safety, medicines management and care records. Results of audits were used by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in the home. For example, a recent audit of care records identified that a person had not been weighed in accordance with their care plan. The registered manager took immediate action to ensure that this person was weighed immediately and their care record updated. We saw further evidence of how the registered manager then addressed this with staff. This demonstrated that the systems in place were effective in helping the management team to identify any shortfalls and take immediate remedial action to improve the quality of care people received.

People knew the registered manager who demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people, relatives and staff in a positive, warm and respectful manner. One person told us "I know the manager, I have an excellent relationship with them". A relative told us, "We often call in at odd occasions, we have no problems, we are always given tea and sandwiches, can't say anything bad about the home at all. They always make me welcome when I go there".

Staff told us the home was well-led, open and honest. One staff member told us, "They ((Provider) are very honest and caring people. They support us, I feel supported". Another staff member said, "If there are any problems or issues then they (provider) are quick to sort it out straight away". Throughout the inspection we

observed the registered manager and the leadership team involved in the day to day running of the service.

The registered manager had introduced a 'carer of the month award' to highlight good practice within the staff team. Each month a staff member received the award. The registered manager told us, "I think it's important to show appreciation to those who go the extra mile". We spoke with one member of staff who had recently been awarded with a 'carer of the month'. They told us, "It made me feel appreciated and that they know I do a good job".

There was a whistleblowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistleblowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, and Care Home Support Service.