Care Quality Commission

Catherine Miller House

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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?	**Requires Improvement**

Overall summary

The inspection was completed on 11 December 2014 and there were 29 people living at the service when we inspected.

Catherine Miller House provides accommodation and personal care for up to 30 older people.

A manager was in post but they were not registered with the Care Quality Commission. 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 last inspection on 26 August 2014 found that the provider was not meeting requirements in relation to consent to care and treatment, safeguarding, supporting workers and records management. They had also failed

Summary of findings

to implement a system to effectively monitor the quality of the service. During this inspection we looked to see if these improvements had been made. We found that improvements had been made.

People and their relatives told us the service was a safe place to live. There were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Staff understood the different types of abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed and improvements had been made to ensure that risk assessments were accurately completed.

Improvements had been made to ensure that the management of medicines within the service was safe. This meant that people received their prescribed medicines as they should and in a safe way.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff were better supported by the introduction of a new senior management team.

The dining experience for people was positive and people were complimentary about the quality of meals provided.

People who used the service and their relatives were involved in making decisions about their care and support. People told us that their healthcare needs were well managed. Care plans accurately reflected people's care and support needs.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

People and their relatives told us that if they had any concerns they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system was in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. Appropriate steps had been taken by the provider to ensure that there were sufficient numbers of staff available to support people.

People and their relatives told us the service was a safe place to live.

The provider had systems in place to manage safeguarding matters and ensure that people's medicines were managed safely.

Good

Is the service effective?
The service was effective. The dining experience for people was seen to be positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Where a person lacked capacity, Mental Capacity Act (MCA) 2005 best interest decisions, had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by the senior management team and appropriately implemented.

Good

Is the service caring?
The service was caring. People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good

Is the service responsive?
The service was responsive. People's care needs were assessed so as to ensure that the delivery of care met people's needs.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted on.

Good

Is the service well-led?
The service was well-led. Although a manager was in post, they were not registered with the Care Quality Commission and were yet to submit an application.

Requires Improvement

Summary of findings

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and senior management team. People told us that improvements had been made to ensure that the service was well-run.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 11 December 2014 and was unannounced.

The inspection team consisted of one inspector and a expert by experience. The expert by experience had personal experience of supporting older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 nine people who used the service, five relatives, eight care staff, the manager, the deputy manager and the team leader. We spoke with one healthcare professional to obtain their views about the quality of the service provided.

We reviewed four people's care plans and care records. We looked at the service's staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

At our last inspection to the service in August 2014, we were concerned that suitable arrangements to ensure that people who used the service were safeguarded against the risk of abuse were not in place. We found that an accurate record of all safeguarding incidents had not been maintained and people were not safeguarded against the risk of abuse. The provider had not responded appropriately where an allegation of abuse had been made and we had not always been notified. We asked the provider to send us an action plan which outlined the actions taken to make improvements. At this inspection we found that the provider had made improvements.

People told us that they felt safe and secure. One person told us, "Yes, it is safe and I feel you can trust the staff." Another person told us, "I feel safe and the staff are lovely, they do anything I want done." One relative told us, "I am confident that my relative is kept safe."

We found that people were now protected from the risk of abuse, and their human rights respected and upheld. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. The manager was able to demonstrate that, where safeguarding concerns had been raised, they had responded appropriately by following local safeguarding procedures.

Staff knew the people they supported. We found that risks to people's health and wellbeing had been appropriately assessed, recorded and reviewed. Staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. Staff's practice reflected that risks to people were managed well so as to ensure their safety and wellbeing.

People told us that there were sufficient numbers of staff available and their care and support needs were met in a timely manner. One person told us, "Staff are very good, not short of staff. They [staff] come when you need them." Another person told us, "The staff are very busy but they are always there to help me. I never have to wait." Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided in a timely manner. For example, mealtimes had been altered to ensure there were sufficient staff available to support those people who needed it. The manager advised that they had introduced a system of staggered mealtimes and this had proved to be effective. People benefited from this change and liked it.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for two members of staff appointed since August 2014 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people

People told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for seven of the 29 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

We found that the arrangements for the administration of covert medication for one person had been assessed and agreed in their best interest by the appropriate people involved in their lives. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink. People living with dementia had their anxiety medication needs reviewed at regular intervals by a local dementia nurse specialist to ensure that they were receiving their medicines safely and effectively.

Good

Is the service effective?

Our findings

At our last inspection to the service in August 2014, we were concerned that the provider's arrangements which related to consent to care and treatment were not appropriate. We found that two people were deprived of their liberty and no Deprivation of Liberty Safeguards application and/or best interest assessment had been considered. We found that where people had the ability to consent to their care and treatment, they had not always been consulted. We asked the provider to send us an action plan outlining the actions taken to make improvements.

At this inspection we found that improvements had been made in the way the service gained people's consent and how they considered people's capacity to make decisions. Staff confirmed that they had received Mental Capacity Act 2005 and DoLS training since our last inspection. They were able to demonstrate that they were now knowledgeable and had an understanding of MCA and DoLS and when these should be applied. The deputy manager told us that one application had been made to the supervisory body (Local Authority) for their consideration and recommendation. This was seen to be appropriate as the person required constant supervision.

Care plans showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded.

At our last inspection to the service in August 2014, we were concerned that the provider's arrangements relating to staff training, induction, supervision and appraisal were not appropriate. We asked the provider to send us an action plan outlining the actions taken to make improvements.

We found that the provider had made improvements to the way they trained and supported staff. People were cared for by staff who were suitably trained and supported to provide care that met people's needs. One relative told us, "Yes, I think they [staff] have the right skills." Staff told us that since our last inspection in August 2014 they had received regular training opportunities and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs.

In addition, an effective induction had been implemented for newly employed members of staff, including agency staff. One recently employed member of staff told us that their induction had been good and had been completed over three days and included several shifts whereby they shadowed a more experienced member of staff. Staff told us that with the introduction of a new senior management team they were now better supported. They had received one-to-one supervision and an annual appraisal of their performance and development needs. Records confirmed what staff had told us.

Our observations of the breakfast and lunchtime meals showed that the dining experience for people within the service was positive and flexible to meet people's individual nutritional needs. We saw that people were provided with enough to eat and drink and their individual needs were respected. For example, staff were aware of one person's small appetite and their wish to have a smaller plated meal as they found a large plated meal too overwhelming. Staff made people sandwiches, soup or toast in between meals at their request and other snacks were readily available. People told us that they enjoyed the meals provided. One person told us, "The food is quite nice and there is a nice roast on a Sunday. Meals are on time and they are hot." Another person told us, "The food is good and you get plenty." Where people were at risk of poor nutrition and hydration, this had been identified and actions taken. Where appropriate referrals had been made to a suitable healthcare professionals.

People's healthcare needs were well managed. People told us that they were supported to attend hospital appointments and were able to see the District Nurse or GP. One person told us, "The GP is always here and they arrange transport for my hospital appointments." People told us that if their member of family was unable to attend their healthcare appointment with them, a member of staff always accompanied them. Relatives were kept informed of the outcome of healthcare appointments where appropriate. One relative told us, "Communication is good. I phone if I don't come in and they [staff] tell me exactly how they are." People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Good

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided at the service. One relative told us that although their member of family had not been at the service very long, they were impressed with the quality of the service provided and found it to be friendly and homely. Another relative told us that they had looked at lots of different places but this one stood out as it was a smaller service and staff had appeared very kind and caring. One person who used the service told us, "It is a pleasant place to live. I am very happy here."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. We saw that staff communicated well with people living at the service. For example, staff were seen to knee down beside the person to talk to them or to sit next to them. Staff provided clear explanations to people about the care and support to be provided.

Staff demonstrated affection, warmth and compassion for the people they supported. One person said, "It is lovely here and I would give it 10 out of 10." During our inspection one person became distressed and anxious. A member of staff supported them and showed patience, kindness and understanding in their approach. The outcome was positive as the person relaxed following the member of staff's support. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events.

People told us that staff respected their privacy and dignity. We saw that staff knocked on people's doors before entering, staff were observed to use the term of address favoured by the individual and people received their mail unopened. One person told us, "They [staff] always ask permission first and always knock." In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked so as to feel comfortable and staff were seen to respect people's decisions in respect of their choice of dress and hairstyle.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. One relative told us that they were able to visit their relative whenever they wanted. They told us, "There are no restrictions on visiting and sometimes three or four of us come. I come in the evenings too and that is never a problem." The manager told us that where some people did not have family or friends to support them, arrangements had been made for them to receive support from a local advocacy service. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and respectful of their views. One person told us that because of their sensory needs they preferred to have all of their meals in their room. They told us that staff were respectful of their wishes.

People's care plan included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed. Where a person's needs had changed the care plan had been updated to reflect the new information. For example, the care plan for one person showed that concerns had been raised about the person's anxieties and how they responded during these times. The care plan had been updated to show that additional guidance for staff had been provided by a healthcare professional and the advice incorporated into the person's care plan. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff, reading the 'house' communication book and reading people's care records. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care plan. One relative told us, "I did look at it in the beginning. I was involved and they [staff] asked me what I thought. I have not attended any reviews but the deputy manager does go through things and asks me if that is alright."

People told us that they had the choice whether or not to participate in a planned programme of meaningful activities. One person told us, "I like the quizzes and the stories." Another person told us, "We have got a Christmas party this weekend and if I feel well enough I shall go down. They told us that if they did not go down to the communal lounge for activities, "The activities girl comes with a quiz book to my room." The activities person entered a person's bedroom with a talking book. They told the person that they would be return to read to them. This showed that the activity person was responsive to not only those people who resided in the communal lounge areas but also to people who spent the majority of their time in the comfort of their own room. One relative told us, "The activities girl is very good. She is pleasant and caring."

The activities person told us that they were involved in the development of external links with the local community. For example, a local school was due to visit the service within the next week to sing Christmas carols. In addition, the activities person had made arrangements with another school for a small number of people who used the service to attend their nativity play.

Information about a person's life had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. We observed a staff member engage positively with a person by talking with them about their life history. The member of staff demonstrated time and a genuine interest in the person they were talking to. This offered the person 'time to talk' and to have a chat. The person enjoyed the discussion and afterwards was overheard to say, "That was lovely, I enjoyed talking to them [staff]."

There was an effective complaints procedure in place and the service listened to people's concerns. People and their relatives told us that if they had any concerns they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. Staff were aware of the complaints procedure and knew how to respond to people's complaints. A record was maintained of each complaint and included the details of the investigation and action taken.

Requires Improvement

Is the service well-led?

Our findings

At previous inspections dating back to April 2014, we found that the provider did not have an effective system in place to regularly assess and monitor the quality and safety of the service that people received. In September 2014 we gave the provider a warning notice and told them that they needed to make the required improvements by November 2014. An action plan was provided to us by the manager on 24 September 2014 and this told us of the steps taken to achieve compliance with regulatory requirements.

We found that the arrangements in place for assessing and monitoring the quality of service provision, were completed to an appropriate standard and the improvements the provider and manager had told us they would make had been implemented. For example, appropriate procedures were now being followed so as to protect people from the risk of harm. In addition, following our concerns at the last inspection in August 2014 relating to people's personal monies, the manager and provider had implemented a new procedure and process to ensure that the management of people's monies were accurately maintained and transparent. These systems were seen to be accurate and robust. Records were also available to show that the provider had completed their own audit so as to satisfy themselves that the service was being managed and run for the benefit of the people who used the service.

The service had a manager in post. The manager was previously the deputy manager and commenced their new role as the manager of the service on 24 September 2014. The manager confirmed that they were not registered with the Care Quality Commission. However, they gave us an assurance that steps would be taken to complete and submit their registration application as a matter of priority.

The manager was supported by a deputy manager and team leader. It was clear from our discussions with the management team and from our observations that all members of the management team were clear about their roles and responsibilities. The manager told us that they had delegated specific responsibilities to the deputy manager and team leader according to their strengths and abilities. One relative told us, "I have a fair amount of confidence in them [management team] and if you point out anything, they do make changes. Nine out of 10, there is nothing they don't do if you approach them."

Staff told us that they now felt valued and supported by the manager and senior management team. They told us that the manager, deputy manager and team leader were approachable and there was an 'open culture' at the service. Staff told us that the management teams availability at the service was good seven days a week. One member of staff told us, "It is a nice care home and I do like it here. It is a lot better now and [Name] is a brilliant manager. [They] give lots of support to the staff and everyone works as a team." Another member of staff told us, "It is so much better now. The manager gives us a lot of help and support. I feel valued."

The manager told us that it was their intention to 'sign up' and participate in the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their services. It focuses attention on the experiences of people living at the service and supports staff and the management team.

The manager confirmed that the views of people who used the service and those acting on their behalf had been sought in October and November 2014. All of the comments received to date were noted to be positive and included, "Overall very happy with the home" and, "Overall very happy with the care home and love the staff." This showed that the management team were keen to explore people's views about the standard of care and support provided so as help drive improvement.