Dr Charles Bamford Convalescent Home Trust

The Hermitage Charity Care Trust

Inspection report

66 Holly Road, Uttoxeter, ST14 7DU
Tel: 01889 562040
Website: www.uttoxeterhermitage.co.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection was unannounced and took place on the 14 November 2014.

The Hermitage Charity Care Trust provides accommodation and personal care support for up to 30 older women. There were 29 people who used the service at the time of our visit.

The service had a registered manager. 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.

At the last inspection on 9 May 2014 we asked the provider to take action to make improvements. This was because capacity assessments were not in place for people that lacked capacity to make decisions for themselves, and not all identified areas of need had a risk

Summary of findings

assessment and care plan in place to ensure people's safety and welfare was maintained. The provider sent us an action plan after the inspection to confirm that these improvements would be in place by 31 July 2014.

At this inspection all areas of people's identified need were included in the care records seen, this meant that staff had the information needed to support people effectively.

The manager had undertaken best interest meetings for people that lacked capacity but mental capacity assessments had not been completed for these people. This meant that the provider had not always acted in accordance with legal requirements.

The registered manager had not made an application under the Mental Capacity Act Deprivation of Liberty Safeguards for people who used the service, even though their liberty may have been restricted.

Sufficient staffing levels were provided to meet the needs of people. Staffing levels were monitored and actions had been taken to recruit additional staff to meet people's needs.

People received their medication as prescribed but staff were not recording the actual dose administered for variable dose medicines, such as 'as required' medicines for pain relief. Therefore if a person asked for more pain relief staff would not be able to determine from the records, whether they had already had the maximum dose or not. This meant that people's 'as required' pain relief was not managed appropriately.

Staff had a good understanding of the safeguarding adults procedure and demonstrated that they knew how to report any concerns disclosed to them. People who used the service told us they felt safe at the home.

The care and support provided to people met their identified needs and preferences and staff demonstrated a good understanding of people's individual needs.

Care plans were reviewed regularly to ensure people's needs continued to be met.

People liked the staff and told us that their needs and preferences were met and confirmed that their opinions and views were sought and listened to.

Staff told us that they were supported by the management team and provided with the relevant training to ensure people's needs could be met.

Audits were undertaken and regularly monitored and assessed to drive improvement; however no written audits were undertaken regarding the management of medicines.

You can see what action we told the provider to take at the back of the full version of the report.

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.

People received their medicine as prescribed. Sufficient staffing levels were provided to meet the needs of people.Staff had a clear understanding of the safeguarding adult's procedure and people who used the service told us that they felt safe.

Good

Is the service effective?
The service was not consistently effective.

People's rights were not protected because staff did not have a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards; which meant that these laws were not being followed. People's health and nutritional needs were met and monitored appropriately.

Requires Improvement

Is the service caring?
The service was caring.

People were positive about the way staff treated them. Staff were caring, spent time with people and supported them in a way that respected their needs and preferences. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Good

Is the service responsive?
The service was responsive.

Care plans reflected the care and support that people received. People's preferences were recorded in their care plans and people confirmed that these were respected by the staff team. People were supported to maintain their interests and hobbies. A complaints procedure was in place for people to use if needed.

Good

Is the service well-led?
The service was well led.

Staff felt confident to fulfil their role and understood their roles and responsibilities.Staff and people who used the service were positive about the management of the home.The provider was monitoring the quality of the service to ensure the care met people's needs.

Good

The Hermitage Charity Care Trust

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 the 14 November 2014 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in the provision of services for older people.

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. As part of our planning we reviewed the information in the PIR and other information we hold on the service, such as notifications received from the provider. A notification is information about important events which the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We spoke with seven people who used the service, the registered manager, four care staff and the cook.

We observed how staff interacted with people who used the service and looked at three people's care records to check that the care they received matched the information in their records. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records of medicines administration for three people who used the service to check that people were given their medicines as prescribed and in a safe way.

We looked at other records that related to the care people received. This included the training records for the staff employed, to check that the staff were provided with training to meet people's needs safely.

We looked at evidence of staff supervision to see if staff were provided with support in their jobs. We looked at the recruitment records of three staff to check that the staff employed were safe to work with people.

We looked at the systems the provider had in place to monitor the quality of the service, this included satisfaction questionnaires, audits and the maintenance and servicing of equipment used at the home.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe and everyone we spoke with said they did. One person followed this up by saying; "It's a smashing place and I think everyone would say the same." Throughout our visit we observed a positive rapport between people who used the service and the staff. We observed that staff were attentive to people's needs; for example supporting people in a safe and considerate way with their mobility needs.

At our last inspection not all identified areas of need had a risk assessment in place to ensure people's safety and welfare was maintained. A compliance action was left as the provider was breaching Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and Welfare. At this inspection the care records showed that people's needs were assessed and identified risks were monitored and managed appropriately. For example, where risks had been identified regarding people's mobility, appropriate plans were in place with the required equipment to ensure their assessed needs were met safely.

Staff had a good understanding about abuse. Staff we spoke with were clear about their responsibilities to protect people from harm, including the actions they should take if they had any concerns.

Records seen and discussions with staff demonstrated that accidents, incidents and skin care was monitored and reviewed. This assured us that people's safety was monitored and the appropriate actions were taken to keep people safe.

We observed that the premises was well maintained to keep people safe. Equipment was in place to support people's mobility needs, such as specialist beds and hoists and records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed.

The registered manager showed us the records that were in place for the continuous review of accidents and incidents. Six weekly meetings were held with the provider to discuss any areas that required improvement. The registered manager told us that reviewing the risks to people on an ongoing basis ensured any changes required to support them were identified and put in place. For example one person had on fallen out of their bed on two occasions and although this had not resulted in any injuries, a specialist bed had been purchased for this person to enable their bed to be kept at a low height when in bed to minimise their risk of injury.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans which provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. This meant that staff were provided with the right information to ensure people could be evacuated safely if required.

We found that people were supported by sufficient care staff that enabled them to maintain control and choice regarding their personal care needs. The level of support each person needed had been assessed using a dependency tool to determine the staffing levels required to support people. We saw that staff were available in communal areas and calls bells were answered promptly. We asked people if staff came quickly when required and people told us they did. One person said; 'Yes, yes, we've all got buzzers in our rooms and there's always someone on the floor.'

The provider carried out checks on staff's fitness to work with people who used the service. We looked at the recruitment records for three staff. The records contained details about people's previous work history, appropriate references and checks on their suitability to work with the people who used the service. This meant that people who used the service were supported by staff that were safe to work with them.

Medicines were stored safely and as required. Observations and records seen demonstrated that people received their medicines as prescribed. Some people who used the service were also able to confirm that they were supported by the staff to take their medicines as prescribed.

Some people were prescribed medicine that was given on an 'as and when required basis', such as pain relief medicine. During the lunch time medicines round we saw a member of staff asking how people were feeling, if they had any pain or discomfort and checking if they required any pain relief. This demonstrated that staff ensured people were supported to manage their pain relief. Although there was no evidence to demonstrate that people's pain relief was not managed well the records seen showed that where a variable dose had been prescribed staff were not

Good

Is the service safe?

recording the actual dose of medicine administered. The dose given should be recorded on the MAR as a best practice measure, to ensure staff administering medicines are aware of the actual PRN dose given.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 9 May 2014 capacity assessments and best interest decisions were not in place for people that lacked capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. At this inspection we saw the registered manager had undertaken best interest meetings for the two people that lacked capacity and this information was recorded in their care files. However, mental capacity assessments had not been completed for these two people. From discussions with the registered manager it was clear that their knowledge regarding how to assess a person's capacity was limited as best interest decisions should be undertaken after a person has been assessed as lacking capacity. The registered manager did not have the required documentation in place to assess a person's capacity when required. They told us "I've looked on the intranet but can't find anything." This meant that people were at risk of not having their rights protected when they lacked capacity as the required assessments were not in place. The registered manager told us that half of the staff team had received training in the MCA and one of the four care staff spoken was with confirmed they had undertaken this training. The other three staff had a basic understanding of the mental capacity act and confirmed that they had been provided with training in this area at the time of our inspection.

The registered manager confirmed that they had not made any deprivation of liberty safeguards [DoLS] applications for people who used the service. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. We discussed the supreme court judgement with the manager which clarified the definition of DoLS. It confirmed that anyone who required continuous supervision and would not be safe to leave the home independently would be deprived of their liberty and safeguards must be put in place to protect their rights. Although this was discussed with the registered manager at the last inspection and recorded in the last report, the registered manager told us she had misunderstood and thought this was only relevant if people were asking to leave the home independently. The registered manager confirmed that two people who used the service met the definition the supreme court judgement. This meant that people's rights may not protected because the provider had not properly trained and prepared their staff in understanding the requirements of the MCA and the specific requirements of the DoLS.

We saw that staff routinely gained verbal consent from people throughout the day when providing support. For example when staff helped one person with their mobility we saw that they gained verbal consent from them before they supported them. People told us that they were in agreement with the support they received. In general care records had not been signed by people who used the service or their representatives because most records were held electronically. Some information regarding people's support needs was in paper format and we saw that people had signed these. The registered manager advised us they planned to print off care records on a monthly basis, which would enable people who had capacity or their representatives to sign records demonstrating they were in agreement with planned care.

It was clear from discussions with people and in the care plans seen that people were supported to make decisions about their daily lives and how they wished to be cared for. People told us that their needs were met in the way that they preferred and that they were actively involved in making decisions about the support they received.

People told us that their needs were met by the staff team and everyone we spoke with felt that the staff were competent to carry out their job. Staff told us that they received the training they needed and from discussions were able to demonstrate that they had a good understanding of the training they had received

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Staff told us that there was an effective induction process in place to help them understand their role and we saw that skills for care common induction standards were used for new staff that had not worked in care services before. These are the standards people working in adult social care need to support them to meet people's needs effectively.

We saw that supervision was provided however this had not been provided on a regular basis for all care staff, to

Requires Improvement

Is the service effective?

ensure all staff received appropriate support in their role. This was confirmed by some staff members and the registered manager acknowledged that this was an area that required improvement that she was in the process of addressing. Staff that had not received regular supervision told us that if they had any concerns or questions the registered manager was very approachable and they would speak with her. This meant that although supervision had not been kept up to date for some staff, the staff felt supported because the manager was available to them as needed.

When we asked people about the meals everyone spoken with told us that they liked them. One person said; "Very good, we have got a very good cook. I couldn't complain about that at all, good variety". Another person said; "Yes, there's always something I like". We saw that there were two main choices at the lunch time meal. One person told us that other alternatives were also available if requested and said; "The food, excellent, varies yes."

We saw that the lunch time meal was a social event for the people who used the service, there was lots of communication between the staff and people, and everyone appeared to enjoy this. Staff were attentive to people's support needs and meals were served promptly which meant that people were not kept waiting. We heard staff telling people; "Watch the plate it's a little hot" and "Be careful it's bit hot". Staff also checked that people were enjoying their meal and staff asked; "Is everything okay?" Staff ensured condiments were available to people and asked them which condiments they would like. The meals were well presented and people were not rushed. This meant that people were able to eat at their own pace.

We spoke with the cook who had a good understanding of people's dietary needs and preferences. After the lunchtime meal the cook came and sat by each person in turn, with a list of food choices regarding the meals for the following week. The cook worked patiently through each list and the whole procedure was personalised. There was also a good rapport as the cook chatted individually about each person's family to them. This demonstrated that people's preferences regarding meal choices were sought and showed that people were treated with consideration.

People's nutritional needs were met. We saw that staff followed instructions from relevant health professionals regarding people's nutritional support needs. For example where people with swallowing difficulties had been assessed as at risk from choking, they received the correct type and consistency of food to ensure this risk was reduced.

We saw that people's health care needs were met as referrals were made to the appropriate health care professionals when needed For example one person who had developed a pressure sore had been referred to the district nurse, a treatment plan was put in place and the records showed this pressure sore had healed. The registered manager told us that they had some difficulty in getting home visits from some medical professionals. However they were able to demonstrate that they were taking the appropriate action to address this.

Good

Is the service caring?

Our findings

There was a good rapport between people who used the service and the staff team. We observed staff having a laugh and a joke with people and spending time to stop and chat. One person was sitting reading in the communal lounge and looked up when staff passed their chair. Staff were observed engaging in conversation on several occasions and all of the staff who walked past acknowledged this person. Another person said; "You never feel lonely "and another person said; "It's quite a nice place, in fact you can see how it is and it's like this every day." One person told us: 'There's always plenty of noise.' We asked this person if they liked that and they replied 'Yes, it keeps you going ... lively'. This person confirmed the home was cheerful and said 'The ladies are always ready for a laugh and a joke'.

People were supported in a caring, considerate and dignified way and were encouraged to maintain their independence. For example we observed one carer that supported a person with their walking; they did this in a gentle way and at a considerate pace. They were caring and reassured this person whilst they supported them. The carer engaged in an exchange of chat with this person whilst helping them to where they wanted to go and was heard saying to this person; 'Take your time there's no hurry'.

Another person said that they were feeling cold and we saw that staff were attentive to this person's needs and supported them to put their cardigan on. This person then confirmed that they didn't have to wait long for staff support and talking about the carer that supported them with their cardigan said; "He's always obliging."

Information within care plans included people's preferences on food and drink, their preferred time for going to bed and getting up in the morning. This information supported staff in providing individualised care to people in accordance with their preferences, wishes and interests.

People confirmed that staff respected their privacy. Staff had a good understanding of people's needs and their preferred daily routines and we saw that people were able to move around the home freely, with staff support as needed. Several people chose to spend some time in their rooms after the lunchtime meal and told us they were able to do this. For example one person confirmed that they liked to spend some time in their room during the day and said that staff respected this and supported to them to walk to their room when they requested this.

Good

Is the service responsive?

Our findings

People told us that staff provided their care and support in the way that met with their daily living choices, needs and lifestyle preferences. People talked about how staff supported them to maintain their independence. One person that talked about their clothes said; "I choose myself." And when they were asked if they needed staff support they told us that staff helped them in areas where they needed some support. Another person told us; "I always dress myself."

We saw that people's daily routines were respected and followed. One person who was asked about their morning routine told us; "They [staff] bring me a cup of tea and I make my way to the breakfast table. I'm quite capable of looking after myself." Another person was asked if they were able to decide when they went to bed and told us; "I suppose so, I like to go reasonably early but suppose I could go when I want to really."

A variety of activities and entertainment were available to promote social stimulation. People knew about the entertainment and activities available because a full activity board was in view in communal areas. People had conversation boards on the wall in their bedrooms that provided additional information and communication, such as from people's families and as a memo for people.

People told us that they enjoyed the variety of activities and entertainment and commented on how this enhanced their daily lives. For example one person said; "We have a gentleman come in the afternoon and we do exercises and people come in and sing. We have plenty of excitement around the place all the time". Another person when asked if they joined in with activities said: "Oh yes, I'll have a go at anything." This person went on to say: "They're nice the staff aren't they? Very friendly, you could ask them anything."

People also confirmed that their families were able to visit at any time and were invited to participate in social events. One person told us: "We had a big 'do' last week, the family were all here; I could have slept all day the next day" This person went on to talk about the different activities available and told us the activities supported them to develop friendships with other people who used the service; "I like Bingo, Oh yes, you make a lot of friends at bingo as well you know. I'm friendly with a few people really."

We saw that staff were responsive to people's needs and all of the comments we received confirmed this. One person told us: "They're very good if you have to go to hospital somebody goes with you." When changes were identified regarding people's assessed needs or individual choices the records seen showed that this information was updated to ensure the staff could continue to meet people's individual needs.

We saw that people were supported to maintain links with their faith or culture on a regular basis

Information in people's care records reflected the support people received and reviews of care were undertaken on a regular basis to ensure people's needs could be met.

Information seen in people's care records reflected the support they received and included personal histories, preferences and people's interests and hobbies. We saw that people were supported to maintain their interests and hobbies and contact with their family and friends.

People we spoke with did not have any complaints about the service. We asked people if they would know how to complain if they needed to. One person told us: "Well, I think my daughter would" and "I suppose I'd go to the staff, there's no complaints. The food is smashing it's like a four star hotel." Another person said: "Oh yes, I'd soon complain if I had one [a complaint] but there's no need really you know."

A system was in place to manage complaints. The registered manager confirmed that no complaints had been received in the last 12 months. The provider's complaints policy was accessible to people as it was on display in the entrance hallway of the home.

Good

Is the service well-led?

Our findings

People that lived at the home told us that the home was well managed. One person said; "'I think it's quite well run and the staff are very good and they've always got a smile for you.' Another person said: "It's a smashing place and I think everyone would say the same."

Staff told us that they enjoyed their work and felt that they were supported by the registered manager. One member of staff said: "The manager is very approachable, if I have any questions or concerns I would speak to her."

The majority of staff had worked at the home for some time and this meant that an established staff team were in place that knew the people that used the service well and understood their needs and preferences. Staff told us that they enjoyed their work. People who used the service made reference to the age group of the majority of staff and it was clear they felt comfortable being supported by a more mature staff team.

The provider information return completed before our inspection visit stated; 'The home believes training and good communication is the key to providing the best possible care.' It also stated that all of the care staff team had or were working towards a diploma in health and social care. The records seen demonstrated that staff were supported to develop their skills through nationally recognised qualifications.

Staff had a clear understanding of their responsibilities and accountability within their role. A registered manager was in post at this service and they were supported by a deputy manager. Senior care staff were in post to support care staff in their role and monitoring from the registered provider was also in place to support the registered manager. This meant that people were cared for by staff that were appropriately managed.

We saw good examples of a well organised and run home, the support provided to people was considerate and caring and a positive rapport between the staff and people who used the service was observed throughout our visit.

Audits seen demonstrated that the quality of the care and services provided were monitored on a regular basis and actions were taken as required to drive improvement. This included monthly audits for monitoring the domestic services, kitchen and infection control and care plans. The registered manager told us that weekly audits were undertaken regarding the management of medicines in the home; however these audits were not recorded to demonstrate that these were done. The registered manager told us that these audits would be recorded in the future to demonstrate that they were undertaken and to show that any areas requiring improvement were addressed.

Arrangements were in place to encourage people who used the service and their representatives to provide feedback about the quality of the service provided. This was done through satisfaction surveys on an annual basis and these were audited by the provider who sent an action plan to the registered manager on areas that required action.

Meetings were also held for people who used the service on a three monthly basis, we looked at the minutes of these meetings and saw that any issues discussed that required action were addressed. People who used the service were asked if they attended these meetings; some told us they chose not to and other's confirmed that they did. This demonstrated that people were invited and were able to decide if they wanted to participate.