

Minster Care Management Limited

The Hay Wain

Inspection report

Brybank Road
Hanchett Village
Haverhill
Suffolk
CB9 7WD

Tel: 01440712498

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03 April 2019

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07 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: The Hay Wain provides accommodation for older people, some of whom may live with dementia. The service can accommodate up to 10 people. On the day of our inspection visit seven people were accommodated.

People's experience of using this service:

People experienced a very individualised service that met their expressed needs in a personalised way. Due to the small scale of this service people were able to make suggestions and express wishes that were quickly met. People were able to lead a lifestyle of their choosing with good access to appropriate healthcare services.

We found that the premises were safely maintained. Previously we had concerns about fire safety checks, but these were now being consistently completed.

Previously we had asked for improvements in the safe management of people's medicines. People now experienced safe systems for administering their medicines. People received their medicines as prescribed. One person told us, "I have no problems with getting my medicines as I need them."

People at this service were well cared for by sufficient numbers of dedicated staff. People's feedback was consistently positive about the care, support and staff. One person told us, "I feel safe and the staff are kind."

Audits were in place to enable the registered manager to monitor the quality of the service. This included oversight of fire safety and medicines management.

Rating at last inspection: We rated The Hay Wain as requires improvement in safe and well led. This made an overall rating of requires improvement. We published our report on 29 January 2019.

Why we inspected: This was a focused inspection that looked at safe and well led.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Hay Wain

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Membership of the team consisted of one inspector.

Service and service type:

The Hay Wain is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with two people and two visitors. We spent time observing staff interacting with people.

We spoke with the two staff on duty and the deputy manager. We looked at documentation relating to two people who used the service and information relating to the management of the service. We reviewed

medicine administration records and observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicine management was now safer. Previously there had been concerns because medicines did not consistently have expiry dates or were dated when opened.
- There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
- Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines. One person told us, "They always remember to give them to me."

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People consistently told us they felt safe at the service. One visitor told us of caring interactions and the person smiled in agreement.

Assessing risk, safety monitoring and management

- Previously we found gaps in records relating to monitoring of fire safety. Records were now complete and the staff member responsible confirmed that checks were systematically done regularly.
- Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Well known assessment tools such as MUST (Malnutrition Universal Screening Tool) and Waterlow (A pressure ulcer risk assessment tool) were used.
- Where people needed equipment to transfer this was provided based upon their assessed needs and staff were seen to follow that assessment. Falls risk assessment tools were used and plans were in place for those at risk.

Staffing and recruitment

- People and staff spoken with said there were sufficient staff on duty. Our observations on the day found sufficient staff available to meet people's needs promptly. People did not wait long to be attended to. One visitor had concerns that staff were deployed to the main building, but the deputy manager confirmed this only occurred rarely, but when safe to do so.
- Staff were present in the communal areas.

- Rosters clearly showed that sufficient staff were employed and allocated to meet people's needs.
- The service had a recruitment policy and process in place. Records showed that robust processes were in place to appropriately recruit staff.

Learning lessons when things go wrong

- Management were keen to develop and learn from events. They welcomed any support from external agencies with advice.
- We were given examples of actions taken when matters did not go according to plan. This included staff retraining and observations of competency.

Preventing and controlling infection

- Staff confirmed with us they had received training on how to prevent the spread of infection and food hygiene training.
- The service had a policy and procedure regarding the control of infection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- □ Previously we had concerns that governance systems were not embedded into the running of the service. Now there was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a sustained quality service maintained over time.
- □ Staff were well supported in their role. Staff had regular supervision and annual appraisals. There were regular staff meetings held and staff were aware of how they contributed to the performance of the service.
- □ Quality management systems were in place. Staff understood their role in this and the manager had oversight of audits completed by staff. For example, fire safety checks. Audits and action plans were shared with staff as required.
- □ Continuous learning was improving outcomes for people. Examples included feedback from visiting professionals in relation to deprivation of liberty safeguards and learning from medicines errors.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- □ Care and support provided did meet peoples assessed needs. People benefitted from good personal care and staff knew people very well due to the small size of the service.
- □ People and staff spoke warmly of the registered manager. One person said, that they would like to see more of them though.
- □ Staff were full of praise for the management of the service. One staff member said, "I like my job. I know I can speak to managers at any time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- □ The service had resident and relative meetings. Changes were made based upon feedback and requests. Examples included changes to menus and entertainment.
- □ The service regularly sought the views of people and their relatives/friends through care plan reviews, meetings and through regular surveys. Therefore, people could influence the running of the service and their individual care support.
- □ The service had good working relationships with local health and social care professionals. They had recently opted into a trial scheme with the local health authority to improve access and health care for older people.

