

Cheriton Care Centre Limited

# Maumbury Care Home

## Inspection report

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Date of inspection visit:  
05 December 2017  
06 December 2017

Date of publication:  
07 February 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 5 December 2017 and was unannounced. The inspection continued 6 December 2017 and was announced.

Maumbury Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 37 people across two floors, each of which has separate adapted facilities. At the time of our inspection 14 people were living at the home.

We have summarised the paragraphs further to now read; At the last inspection on 21, 22 and 23 June 2017, Improvements were needed in relation to people's care and treatment, medicines, staffing, people's dignity and respect, care records and the governance of the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led. We found that during this inspection the action plan had been followed and improvements had been made.

The service had not had a registered manager in place for 537 days. 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. A new manager had been in post for eight weeks and was in the process of registering with us. The provider had employed an interim operations support manager, who had been in post since July 2017 and been based in the service supporting the home and staff team.

Fire procedures for visitors and signage was not clearly displayed in the home. The manager acknowledged this and told us they would address this as a priority. People had personal emergency evacuation plans in place and fire test took place regularly.

People and relatives fed back saying that laundry often went missing. The service told us that they would review the laundry system.

People were supported by staff who understood the risks they faced and valued their right to live full lives. Risk assessments in relation to people's care and treatment were completed, regularly reviewed and up to date.

Improvements had been made to staffing levels within the home. Staff and people confirmed that they felt there were suitable numbers of staff to deliver care to people. Staff confirmed that improvements had been made around staff support. For example, better communication, supervision and organisation.

People, relatives, a health professionals and staff told us that the service was safe. Safeguarding alerts were being managed and lessons learnt by the home. Professionals confirmed that improvements had been made. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had a care plan and associated files which included guidelines to make sure staff supported people in a way they preferred.

Improvements had been made to ensure medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and assessed as competent to give medicines.

Staff had a good knowledge of people's support needs and received regular local mandatory training as well as training in response to people's changing needs for example some people were diabetic and staff had been trained in this area.

Staff told us they received regular supervisions which were carried out by the management team. Staff told us that they found these useful. We reviewed records which confirmed this.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Improvements had been made in relation to the completion and assessment of capacity assessments and best interest decisions.

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. The chef told us that the majority of meals are home cooked.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen the GP, district nurses and a chiropodist.

People, professionals and relatives told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with the staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before being admitted to the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People were encouraged to feedback. We reviewed the resident's and relatives survey results which

contained mainly positive feedback. Improvements had been made in relation to visitors accessing the home in response to people's feedback.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. The registered manager told us that lessons were learnt and shared with staff in meetings. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them. Staff felt recognised and that team moral was good.

People and staff felt that the service was well led. The registered and service manager both encouraged an open working environment.

The service understood its reporting responsibilities to CQC and other regulatory bodies they provided information in a timely way.

Improvements had been made to quality monitoring systems within the home. Audits and additional daily checks were completed by the manager and quality lead. The management team analysed the detail and identified trends, actions and learning which was then shared as appropriate.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was mainly safe. Fire procedures for visitors and signage of assembly points were not displayed within the home.

All areas of the home were kept clean to minimise the risks of the spread of infection.

There were sufficient staff available to meet people's assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong.

### Is the service effective?

**Good** 

The service was effective. People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

The service was acting in line with the requirements of the MCA.

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to eat and drink enough and dietary needs were met.

The service worked within and across other healthcare services to deliver effective care.

The premises met people's needs and they were able to access different areas of the home freely.

People were supported to access health care services and other professionals as and when required.

### **Is the service caring?**

**Requires Improvement** ●

The service was mostly caring. People's laundry went missing meaning that items of clothing were sent to wrong rooms or were lost.

People were supported by staff that treated them with kindness, respect and compassion.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

### **Is the service responsive?**

**Requires Improvement** ●

The service was mostly responsive. People were supported by staff that used person centred approaches to deliver the care and support they required.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place. Relatives, professionals and people told us they felt able to raise concerns with staff and/or the management.

Resident and relatives meetings took place which provided an opportunity for people to feedback and be involved in changes.

People were supported with end of life care. Preferences and choices were respected by staff.

### **Is the service well-led?**

**Requires Improvement** ●

The service was mainly well led. There had not been a registered manager in post for a long period of time.

The management team promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

# Maumbury Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 site visit took place on 5 December 2017 and was unannounced. The inspection continued on the 6 December 2017 and was announced. The inspection was carried out by two inspectors and an expert by experience on day one and three inspectors on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people who used the service and three relatives. We met with two health care professionals who had experience of working with the home. We had discussions with nine staff and the head chef.

We spoke with the manager, interim operations support manager, operations director and group chief executive. We reviewed seven people's care files, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017 resident and relative's survey results. We observed staff interactions with people, a meal time and a care staff handover. We looked at four staff files, the recruitment process, complaints, training, supervision and appraisal records.



We walked around the building and observed care practice and interaction between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times and during activities. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the operations director to send us information after the visit. This included policies and the staff training record. The operations director agreed to submit this by Friday 8 December 2017 and did so via email.

# Is the service safe?

## Our findings

At our last comprehensive inspection of the service on 21, 22 and 23 June 2017 we found a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were still at increased risk of harm because risks were not always being managed appropriately and staff were not always responding in line with the provider's procedures when they had fallen or became unwell. Some aspects of people's medicines were not managed safely, there were not always enough staff deployed to meet people's needs and staff did not receive all the support and training they needed to carry out their role. Maumbury Care Home had sent us an action plan detailing how improvements would take place.

At this inspection although we found improvements had been made we have rated this key question requires improvement as further time is needed to demonstrate that the improvements can be sustained.

Following our last inspection the provider decided to voluntarily cancel their registration for Treatment of Disease Disorder and Injury (TDDI) which resulted in a number of people moving to alternative accommodation.

There was no clear procedure displayed for visitors to follow in the event of a fire or warning notices displayed informing people not to use the lift if the alarm sounds. In addition to this the fire assembly point was not clearly identified with signage in the car park. The manager acknowledged this and told us that they would action this as a priority. People had personal emergency evacuation plans (PEEPS) in place. These plans detailed how people should be supported in the event of a fire. We reviewed the fire safety records which recorded regular fire alarms, equipment tests and services.

At this inspection we found safe systems and processes had been implemented which meant people received their medicines both prescribed and non-prescribed on time and in line with the providers medicine policy. The service used an online care system which helped carer's plan, record, report and co-ordinate care on the go via smart phones. This system sent alerts to staff if a time specific medicine was due, for example pain relief. Alerts were also sent if medicines were not provided. People confirmed they received their medicines on time. The operations manager told us that, that this was an effective system which ensured that staff had the information they required to deliver safe care, understand individual's needs and how best to support them. Staff confirmed the on line systems was supporting their practice. One member of staff told us, "We received alerts to tell us something is due or when a task has been completed and by whom. We are all allocated people to support at the start of the shift".

The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed. Some medicines were being used that required cold storage; there was a medicine refrigerator at the service and the temperature was monitored. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored

correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately. Improvement had been made in regards stock levels of medicines, A care manager told us, "We never run out of medicines, we are on the ball and are proud of our medicine management." The medicine file held records of staff signatures, MAR code guidance, and guidance on preferred route to administer people medicines."

There were enough staff on duty to meet people's needs. On the second day of the inspection there were eight members of staff on duty. The operations manager informed us, staffing levels were high since changes had been made to the home and in light of numbers increasing in the future. They informed us, "Although we only have 14 residents at the moment it was important we keep the continuity of the staffing levels so when we do increase numbers we have sufficient staff to meet people's needs". People told us, and we observed, this was the case and that staff had time to sit and chat with them. A person said, "I have enjoyed it here, I feel absolutely safe and have never fallen over. I use a stick. I do like these staff and they haven't stopped me doing anything I want to do. There are enough staff". Another person told us, "I feel safe and well cared for in this place. There are enough staff and they treat me with respect". A relative said, "I come in at different times of the day and there always seems to be enough staff around". The service also employed cleaning, kitchen, and maintenance staff to help ensure the service ran effectively. The manager explained that staff who worked in the kitchen had appropriate food hygiene training.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. In addition appropriate recruitment checks had also been completed for all members of the provider's senior management team.

Staff were clear on their responsibilities in regards infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were ample hand washing facilities throughout the building and staff had access to personal protective equipment such as disposable aprons and gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices.

Following the last inspection the service had made effective arrangements for reviewing and investigating safeguarding incidents and events when things had gone wrong. The provider had identified themes, taken action to investigate and shared their learning with stakeholders, families and people.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the manager and care managers would listen and take suitable action. Accident and incident records were all read by the manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. During the inspection staff were observed putting measures in place to protect one person who had fallen. They contacted district nurses; the person's GP and also put the person on half hourly observations. The handover sheet and the person's records evidence these checks were taking place.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. This approach was supported by the organisation's risk management policy. They described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for

each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to discreetly monitor the person. The on line system showed an accurate record of people's risks and how they were being monitored and managed. One relative told us, "(relative) has always been at risk of falls they really try to keep an eye on (name) and monitor their whereabouts at all times."

Equipment owned or used by the registered provider, such as specialist chairs, adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested to ensure its effective operation. A maintenance man told us, "It all works very well we all know what needs testing and when".

# Is the service effective?

## Our findings

When we completed our previous inspection on 21, 22 and 23 June 2017 we found concerns relating to the need for consent and staffing. The provider was not always acting in accordance with the Mental Capacity Act 2005 and staff did not receive appropriate support, supervision and training to carry out their duties. Maumbury Care Home had sent us an action plan detailing how improvements would take place. During this inspection we found that improvements had been made.

The Mental Capacity Act 2005 (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.

During this inspection we found that MCA and best interest paperwork had improved and was in place, complete and up to date. Capacity had been assessed and best interest meetings involved relatives and other relevant parties. A relative told us, "I am always involved in best interest decisions. I have Lasting Power of Attorney for health and welfare with another relative". A Health and Welfare Lasting Power of Attorney (LPA) gives one or more trusted persons the legal power to make decisions about people's health and welfare if they lose capacity. Another relative said, "They have best interests meetings".

Some people had moved from rooms on the first floor to rooms on the ground floor. People, their relatives and professionals had been involved in these decisions. One relative told us, "(Name) was upstairs, they are now downstairs. It's a nicer room. I was involved in this decision". We read about another person who had moved to the ground floor. The paperwork clearly explained the information shared and steps taken to assess the person's capacity. The reasons for the decision included benefits to their mobility and accessing areas of the home and having an en-suite facility. We saw that the local community psychiatric nurse, GP, family and social worker had been involved in this decision. Other capacity assessments and best interest decisions had been completed and covered areas including; medicines, personal care and sensor mats which alerted staff to movement. A person told us, "They (staff) ask my consent before they (staff) help me wash, I can choose when I get up too".

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. Assessments and best interest's decisions are completed". A health professional said, "We work with the home regarding capacity and consent. For example, flu vaccines".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA.

Applications for 10 people who required Deprivation of Liberty Safeguards (DoLS) had been completed, three of which had been authorised with conditions and the other seven were pending assessment by the

local authority. Conditions are requirements for the provider to meet. People's DOLs conditions were met and recorded by staff using the online care system. We saw that one person's condition involved supporting them to see their family and another person's radio was to be on a suitable channel. We saw evidence that these conditions were being met by staff on a daily basis.

The staff room situated on the ground floor had an effective system for keeping log of people's MUST scores, people who had DOLS and DNARs in place as well as care plan review dates. Staff knew where to find up to date information and were aware of people's needs. MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.

We found that improvements had been made in relation to staff support, training and supervisions. A staff member told us, "I am given enough training and receive supervision three to four monthly. I find these useful to look at improvements and reflect on practice". Another staff member said, "I receive supervisions. My last one was last month and carried out by the care manager. It was useful because they fed back to me on how I was working".

Maumbury Care Home provided staff with regular training which related to their roles and responsibilities. Staff were knowledgeable about people's needs, preferences and choices. Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; mental health and dementia, fluids and nutrition and pressure ulcer care. A person said, "Yes they (staff) are well trained, we get a rotation of staff". A health professional told us, "Staff come across competent within their roles". A relative said, "I think staff are trained and competent. I have seen them lift my loved one using a hoist and feed them. My loved one seems happier here".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member who was new to care said, "It was a helpful induction. I had never done hoisting or manual handling before. I was trained in it before doing it for real". Another staff member told us, "I completed three shadow shifts and have completed my care certificate".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each key area of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access too. A staff member told us, "People's needs are assessed. For example, mobility, skin care, medicines, food and nutrition. Plans and assessments are in the office and on the online system".

The service used an online care system which helped staff's plan, record, report and co-ordinate care on the go via smart phones. This was an effective system that ensured that staff had the information they required to deliver safe care, understand individual's assessed needs and how best to support them. Staff had received training in this and told us they found it useful. We saw that as needs changed notifications could be sent out to staff via the system and would show to each staff member the next time they logged in. For example, during day one, a person had been visited by their GP and diagnosed with an infection and anti-biotics had been prescribed. We noted that the person's needs had been re assessed and a temporary plan put in place giving staff reasons for the changes and guidance to follow to ensure the new need was met.

Changes relating to people's care, treatment and support were discussed within daily care staff handovers. We observed a care staff handover. We found that each person was discussed and a summary of their day given. This included any changes, concerns or observations. These meetings also gave all staff an opportunity to seek further advice and ask any questions before starting their shift.

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "The food is good here, that's one reason why I decided to stay". Another person said, "The food is quite nice here and I eat more here than I need to, I don't get very hungry". A relative told us, "My loved one is a very fussy eater and I know they would like more salads, the menu has been revised and we will see how it goes". Another relative said, "My relative has a limited appetite. The food always looks nutritious. Staff encourage (name) to eat and drink fluids". A health professional told us, "We have no concerns regarding fluid and nutrition. We have seen improvements made here".

We met with the head chef who told us that there was a four week menu in place with two choices each day. We reviewed the menu, which was in a written format with supporting photos and contained a variety of nutritious food. The head chef told us that most of the meals were home cooked with fresh meat and vegetables. We were told that alternative options were available to people on request. We found that food preference sheets were completed. These detailed people's likes and dislikes and were reviewed monthly by the activities coordinator. The head chef told us that any changes were communicated to them via the activities staff.

The kitchen staff had a good understanding of people's dietary requirements and the safe swallow plans which were in place. A person told us, "I get Diabetic food, today I will have a Diabetic pudding but I can eat the Shepherd's pie". The chef said that they went into the dining room each day and visited people. He said this provided people with an opportunity to give them feedback. The chef told us that they know people's favourite cakes and make these for their special day.

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. Tables were nicely laid and drinks were available to people. People requiring assistance were helped in a manner which respected dignity and appeared to demonstrate knowledge of individual dietary and food consistency needs. People choose whether to have their meals in their own rooms or the communal dining room.

The kitchen had been awarded a five star food standards rating and all kitchen staff had received food hygiene training.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "They would call a Doctor if I needed one but I am fine, friends here have had the Doctor". A relative told us, "If my loved one has a health appointment they ring me and I come and park here and then we get a wheelchair cab. They (staff) would go if I wasn't here". Another relative said, "(name) had some breathing problems recently and they called out the Paramedics and two GPs. All sorted now". Recent health visits included; District Nurse, GP, out of hours GP, and a Chiropodist. A health professional told us, "Staff know why and when we are visiting".

At the last inspection we recommended that the provider followed national guidance in relation to ensuring the environment fully met the needs of people living with dementia. We found that improvements had been made. For example, each person had individualised bedroom doors with their names on, clocks were displayed in all communal rooms and the menu had supporting photos. The manager said that although

improvements have taken place they look forward to continuing these going forwards.

People told us they liked the physical environment. The service was on two levels and there were working lifts in place. Handrails were in place to enable people to move around independently. There was clear signage to indicate shared lounges and bathrooms and people's individual bedroom doors were painted different colours to enable people to easily recognise their rooms. This is important for people living with dementia who can become disorientated in their environment. There was access to secure, level outdoor spaces with seating and planting that provided a pleasant environment.



## Is the service caring?

### Our findings

When we completed our last comprehensive inspection of the service on 21, 22 and 23 June 2017 we found continuing concerns relating to dignity and respect. People were not always supported in a dignified way. Maumbury Care Home had sent us an action plan detailing how improvements would take place.

At this inspection although we found improvements had been made we have rated this key question requires improvement as further time is needed to demonstrate the improvements can be sustained.

People and their relatives complained of losing clothes. One relative said, "Sometimes the laundry is amiss, hankies disappear and they get the wrong clothes. I have mentioned it but I keep on buying new ones with their initial on £15 they cost but there are still none in the drawer". Another relative told us, "Laundry can be an issue. Some items get lost. I recently bought four vests but they have gone missing. There could be some tightening up here". A person said, "I do have a skirt that does not belong to me". We spoke with staff in the laundry room who told us they did have clothes which they did not know who they belonged to. They showed us how they had marked some clothes with people's name and room numbers to support them to identify who the clothes belonged to. The provider acknowledged the need for continuous improvements to be made regarding the laundry service; this was a live and an ongoing action for the home.

People and their relatives told us staff respected people's privacy. One person told us, "They always knock before coming in to see me". Staff knocked on people's doors before entering and did not share personal information about people inappropriately. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. One person told us: "I love to sit and watch out of the window, it so relaxing and a nice place to be. I love all the Christmas stockings hanging on our doors". A relative told us, "I have seen improvements. Staff are more personable. I see staff being respectful to everyone. They are caring and kind".

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included. "I am happy living here, it better now, but too quiet now". "We could do with some more people to share the home." "They [staff] always help me in the lift as they know I don't like to use it by myself", "They asked if I would like to move rooms, I said no thank you very much", "I was very happy to move downstairs when they asked me, I love my new room." A relative told us, "[Title] seems very settled and happy here. We would be able to tell if they were not". One member of staff told us, "We want people to want to come and live and work here. We are a very caring staff team. We want to lift our reputation to have a good profile in our local community."

People's cultural and spiritual needs were respected. Local minister attended the home on a regular basis and others expressed their spirituality in a way that suited them. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A relative told us, "I explained to the activities coordinator that my loved one was a Christian and they arranged a communion. My loved ones spiritual beliefs are met".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There were a number of small lounges and private areas so people were able to meet privately with visitors in areas other than their bedrooms. A relative said, "The care is very good here we can meet in a private room when we visit my loved one". Another relative told us, "We are able to visit any time that we like really". Another relative said they came when they wished and were always greeted politely by staff. Staff were aware of who was important to the people living there including family, friends and other people at the service. The service produced a quarterly newsletter to keep people and their family and friends up to date with past social activities and upcoming residents and relatives meetings. This is available at the service and on their website.

On both days of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging. One person told staff they were not feeling so well and did not wish to receive lunch, alternative suggestions were offered to the person.

People were encouraged to be independent and individuality respected. One person complained another person liked to pick up their belongings, staff gently reminded the person to come and find them and they would retrieve what the person had picked up. A member of staff told us, "It is just who (name) is there is no harm meant in taking things, we try to keep them both happy and settled".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I can go to bed and get up when I want to. Nothing needs changing". The activity coordinator told us, I make sure people get to do what they like, it is very important for (person's name) to feed the birds every day. So we do. Another person likes the football. I sit with them and watch the football match. I hate football but like to make people happy". People appeared well cared for and staff supported them with their personal appearance.

## Is the service responsive?

### Our findings

When we completed our previous inspection on 21, 22 and 23 June 2017 we found concerns relating to person centred care and good governance. Service users did not always receive personalised care that responded to their individual needs and reflected their preferences. Care records were not always completed accurately or consistently. Maumbury Care Home had sent us an action plan detailing how improvements would take place. During this inspection we found that improvements had been made.

At this inspection although we found improvements had been made we have rated this key question requires improvement as further time is needed to demonstrate the improvements can be sustained.

Improvements had been made in relation to personalised care. People's care plans included information that guided staff in how to support people's assessed needs. This included where they had particular health conditions such as diabetes and osteoporosis. The care plans were person centred and described what people were able to do themselves and what their support needs were. The plans included details of people's life histories, preferences and social interests with involvement from relatives. A health professional told us, "Care plans are holistic and seem to be followed".

People were encouraged to make their views known about their care, treatment and support. For example, staff recognised a person preferred to draw their own curtains at night and chose whether they wanted their room light on or off. Another person had expressed that they had chosen to have their wardrobe door open so that they could not see their room door at night. This made the person feel more settled. Staff demonstrated a good understanding of the people at the service and how they worked with them to meet their needs, likes and dislikes. Two people commented that staff were 'very good' and 'I think they all know me.'

People had their needs reviewed regularly. Reviews included contributions from people, relatives, staff and health care professionals. A relative confirmed that she had seen her family member's care plan and had been involved in discussions about it with management at the service. Staff used an electronic care record system to monitor, record and respond to people's needs. This system held historical and new information about each person. For example it showed staff had supported people in line with their identified pressure care support needs including how often they should be repositioned and prescribed settings for specialist equipment such as air flow mattresses. It also confirmed the progress towards people's daily fluid targets. The technology had improved the delivery of care and helped staff to stay informed of people's current care and support needs and ensured required care was given. Staff told us the system helps them to be more organised. It gave them more time to interact with people in meaningful ways.

Records detailed what staff should do if people's needs changed. For example we saw a safe swallow management plan in place which asked staff to observe for signs of a chest infection and described actions needed to reduce the risk of choking and contact the GP. Another record detailed how staff had contacted a GP when a person had disliked the fortified drink prescribed to maintain their weight and an alternative had been prescribed.

The service had a weekly activities schedule which was displayed in the main entrance to the home. These include seasonally themed activities and others influenced by people's particular interests and abilities. The service had two activities coordinators. They engaged with people in the lounge and also during one to one time in people's rooms. Some of the people at the service had a keen interest in music and this had been supported by visits from pianists, singers and organists. During the inspection a man was playing the organ and singing Christmas songs. Some of the people there danced to the music with the staff. There had been recent organised visits from alpacas and another by owls which people were able to sit with and touch. People were also given the opportunity to go on organised trips out. These happened fortnightly. A relative told us, "There has been an improvement in activities. My loved one was taken out to Weymouth recently which they enjoyed. It was good stimulation for them". People were given a choice of whether they want to join in with the activities or to do something else.

Christmas decorations were being put up and people were being encouraged to help decorate the Christmas tree. One person told us, "It looks so lovely and I am really looking forward to Christmas this year. Last year was not so good I did not feel safe as staff were too busy". The person confirmed they felt "Very safe now".

The service had a complaints, concerns and compliments management policy and produced a monthly report. Complaints were dealt with within the policy timescales and outcomes were shared with complainants. A relative had complained about the appearance of their family member. This was raised with staff at handover. The relative expressed satisfaction with the outcome. This was the only complaint received since the last inspection in June 2017. One relative told us, "I would feel comfortable complaining about anything if it was needed." Written compliments included: 'thank you to you and your staff for helping make (person) change of room happen so smoothly. I was quite worried that (person) would be upset but all went well' and another, "I just couldn't fault the dedication and compassion shown by everyone to (person) and myself."

The service had an end of life care policy, guidance and procedure in place. At the time of our inspection staff told us there were no people with end of life care and support needs. We saw that care plans included advance care planning noting when people had expressed a wish not to be resuscitated. The care plans also identified people's spiritual and religious needs. Some of the staff told us they had previously supported people with end of life care needs. These staff were able to describe how they would respond and who they would involve if people at the service needed this support. A relative told us, "We did discuss end of life care recently when they had to call the Paramedics out, they are fine now".

The service supported families of those with end of life care needs. For example staff told us that a room had been provided to relatives whose family member had received end of life care. Staff told us they had attended people's funerals. We saw a thank you card from a relative who expressed gratitude to the staff for this – 'thank you so much for coming to (person) send off. A massive thank you to you all for everything you did for (person) while he was with you. You are all stars.'

## Is the service well-led?

### Our findings

When we completed our previous inspection on 21, 22 and 23 June 2017 we found concerns relating to notifiable events and good governance. Systems and processes in place to assess, monitor and improve the service were ineffective and deaths of people had not been reported to us. Maumbury Care Home had sent us an action plan detailing how improvements would take place. During this inspection we found that improvements had been made.

At this inspection although we found improvements had been made we have rated this key question requires improvement as further time is needed to demonstrate the improvements can be sustained.

The service had not had a registered manager in place for 537 days. 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 group chief executive told us that there had been managerial changes since the last inspection and that the new manager had been in post for about eight weeks and was in the process of registering with CQC. The provider had employed an interim operations support manager, who had been in post since July 2017 and been based in the service supporting the home and staff team.

The service was meeting its registration requirement to submit action plans to CQC on a monthly basis to update us on how they were implementing improvements and progress being made. Improvements had been made in relation to submitting statutory notifications. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The group chief executive told us that from a corporate level an action plan was drawn up following the last inspection and that it was still in place. Maumbury Care Home had reviewed the delivery of nursing care and had decided to remove this from their registration with CQC. This had meant that trained nurses were no longer part of the staff team and care staff had taken on increased responsibilities. Management had supported staff with this by providing them with coaching, mentorship and competency assessments. We spoke to a new care manager who had been promoted, they told us that they were enjoying their new role and said that support was always available.

Since the last inspection the home had started to complete daily checks. These covered personal care delivery, medicines, creams, mattresses and food and fluids. Reports were run off the on line system to ensure tasks had been completed and records logged. As tasks and checks were approaching the online system would send out alerts to staff as reminders. If the time had passed and a task or check had not been completed an alert would be sent to management. The manager told us that in these situations management would follow this up with staff individually. We found that new checks in medicines and stock levels had had a positive impact on people as stock had not run out, people had not missed medicines and medicine administration records had no gaps and all relevant information required. Other quality

monitoring audits took place which included; infection control, health and safety and care plans. In addition to these the provider's quality auditor completed audits and provided advice to the management as required. The last audit completed was dated 15 November 2017. The overall findings were positive with only a few actions. One being for writing why PRN medicines were used and another to identify location of accidents were always recorded on forms. During our inspection we found that these actions had been completed.

Staff, relatives and professionals told us that they had seen improvements since the last inspection. One relative told us, "There is noticeable improvements. Quality of care, communications and activities". A professional said, "Greatly improved now. More organised and carers seem happier. A staff member told us, "I really think improvements have been made since the last inspection. There are better systems and more staff support".

The manager told us that they promoted an open door policy. The manager's office was well located on a main corridor on the ground floor next to the dining room. This meant that they were visible to people, visitors and staff. The manager told us they recognised good work which was positive and promoted an open culture. The manager said that they worked care shifts as and when required and that they felt this was important. We found that they had completed their first waking night shift the night before the inspection started. This had given them an opportunity to experience the expectations of night staff, understand people's night time needs and check that duties were completed.

Staff and people's feedback on the management at the home was positive. One staff member said, "I think the new manager is good. Improving things. They are approachable". Another staff member told us, "The management are good. They keep on top of things. It feels more organised". A relative said, "I know the manager and she came and visited her in hospital and checked all was ok for her to come here. Very professional and nice". The manager told us, "I demonstrate good leadership by being here, leading by example, coaching, supervising staff, being responsive and taking action on requests from people, staff and visitors".

The service carried out a survey of people at the home and their relatives. We reviewed a sample of the last surveys completed and found that these reflected mainly positive feedback. One person had written, "Totally happy here with everything". We read that one relative had written, "Access to the home is very hit and miss. We have to wait too long sometimes for entry". In response to this feedback we found that the service had installed a call bell linked to the front door so that when people press the bell it showed on the screens and beepers. The operations director told us, "This has resolved the issue".

The service has also conducted a health professional's survey. The health professionals that responded included social workers, advocates, occupational therapists, pharmacist and community nurses. Comments included: "Very knowledgeable about (people)...receptive ideas", "Medication required for (person) was provided quickly" and "Staff on hand very helpful."

The provider had an equality and diversity policy in place. The recruitment process was open and equal to all. The operations director told us that they would make adaptations for staff in relation to cultural beliefs. For example, uniforms, flexible shifts to allow for prayer times, food and holidays. Other adaptations could include staff who were pregnant or have a disability. We were told that a person with downs syndrome had completed work experience in the kitchen at the service and had now gone on to get a paid job in another service closer to their home. We were also told that two of the male directors were talking to local students next week with a view to raise awareness and encourage more male carers into the care sector.

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "Our relationship with the management team is much better now". The group chief executive told us, "Relationships have now improved with other professionals and community health teams. There is defiantly more open community support. Action plans have developed better relationships which has had better impacts on people".

The manager understood the requirements of duty of candour and had fulfilled these obligations where necessary through contact with families and people in response to incidents, injuries and or things that may have gone wrong. An example was how the provider had kept families and people up to date with regular meetings and letters regarding findings from our last inspection and progress and changes made. A relative told us, "The service have been very open and kept us up to date with everything".

Staff meetings took place regularly with the last one taking place on 20 November 2017. Topics discussed included a review of staff feedback and improvements made. We read that staff had fed back saying there was now better communication and more organisation in the mornings. Staff were now allocated people at the start of their shifts which had gone down well. Feedback on the new online system was also positive.