

The Royal British Legion

Mais House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mais House provides accommodation, personal and nursing care for up to 54 older people living with a range of physical health problems, such as Parkinson's disease, diabetes, strokes and cancer. There were also people who were now living with early stages of dementia and those who were receiving end of life care. There were 41 people living at the home at the time of our inspection. Accommodation is arranged over three floors and each person had their own bedroom. The home is divided into two units, nursing and residential with communal areas shared by both units. Access to each floor is gained by a lift, making all areas of the home accessible to people. The outside areas are safe and attractive with areas for people to sit with wheelchair access for those who require assistance.

We undertook an unannounced inspection of this service on the 22 and 24 June 2016.

This service did not have a registered manager in post. The registered manager resigned at the end of 2014. A registered manager is a person who is 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. During this inspection we met the new manager who had been in post for 6 weeks and who confirmed that they would be registering as the manager of Mais House.

At a comprehensive inspection in 28 and 30 October and 02 November 2015, the overall rating for this service was Inadequate and it was placed into special measures by the Care Quality Commission (CQC). Seven breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. We found significant risks to people due to the poor management of medicines and people not receiving appropriate person centred care. This was because where people's health needs had changed considerably, care plans had not been updated. Staff therefore did not have the most up to date information about people's health. This meant there was a risk that people's health could deteriorate and go unnoticed. Risk assessments did not reflect people's changing needs in respect of wounds and pressure damage and pressure relieving equipment was not set correctly. The meal delivery had not ensured peoples nutritional and hydration had been met. Accidents and incidents had not been recorded appropriately and steps had not been taken by the staff to minimise the risk of similar events happening in the future. Risks associated with the cleanliness of the environment and equipment had been not been identified and managed effectively. People had not been protected against unsafe treatment by the quality assurance systems.

Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by May 2016.

During our inspection on 22 and 24 June 2016, we looked to see if improvements had been made.

At this inspection we found that many improvements had taken place since the last inspection and the breaches of regulations had been met. At the next inspection we will check to make sure the improvements

are embedded and sustained. This is because we will need to see that as people are admitted the improvements are continued, which is why the rating is requires improvement despite no breaches having been identified.'

This inspection found that the staffing numbers and the deployment of staff ensured that people were safe and supported to spend their day as they wished. There had been a high usage of agency staff as many permanent staff have left and there were people who told us that this had unsettled them because " There needs to be a more regular structure" and "The agency staff sometimes just stand and watch it would be better if we had permanent staff." New staff were being recruited and the organisation were committed to further recruitment.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However some documentation to support specific DoLS had been misplaced.

There were meaningful activities for people to participate in as groups or individually to meet their social and welfare needs; However not all one to one sessions were documented and lacked a dedicated care plan for peoples social needs.

Care plans had been reviewed and there was acknowledgement from the management team that there was still work to be done to ensure that all reflected peoples personal preferences. There were plans to review the organisational documentation that would streamline peoples care plans to ensure that they were easy for staff to use and access. At present staff admitted it was not always easy to find specific care details and relied on handovers to give them important changes to people's needs. However staff handovers and communication systems had improved and were informative to care changes. Risk assessments that guided staff to promote people's comfort, nutrition, skin integrity and the prevention of pressure damage were in place and accurate. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. One person told us that they attended the fire training and felt safe. Equipment used to prevent pressure damage was set correctly and people identified at risk from pressure damage had the necessary equipment in place to prevent skin damage.

People were complimentary about the food at Mais House, and the dining experience was an enjoyable experience for people. People were supported to eat and drink in a safe and dignified manner. The meal delivery ensured peoples nutritional and hydration needs had been met and offered a wide range of choice and variety of nutritious food. Staffing deployment at this inspection had ensured people received the support required to ensure their health and social needs were met.

People were protected against the risks of unsafe medicines management. The staff were following current and relevant medicines guidance. We found that previous issues with how medicines were managed and recorded had been monitored and improved.

The home was clean and well presented. Risks associated with the cleanliness of the environment and equipment had been identified and managed effectively.

There were arrangements for the supervision and appraisal of staff. Staff supervision took place to discuss specific concerns. Staff confirmed that they had regular supervision and yearly appraisals.

People we spoke with were complimentary about the caring nature of the staff. People told us care staff

were kind and compassionate. Staff were respectful to people and there was plenty of chat and laughter heard.

People had access to appropriate healthcare professionals. Staff told us how they would contact the GP if they had concerns about people's health.

People were protected, as far as possible, by a safe recruitment system. Each personnel file had a completed application form listing their work history as well as their skills and qualifications. Nurses employed by Mais House all had registration with the nursing midwifery council (NMC) which was up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Mais House was safe and was meeting all the legal requirements that were previously in breach. However some areas required time to become fully embedded into everyday practice.

Medicines were stored, administered and disposed of safely.

The environment and equipment was well maintained to ensure safety.

There were enough staff on duty to meet the needs of people. Appropriate checks were undertaken to ensure suitable staff were employed to work at the service. There has been high agency usage that was now reduced with new staff being employed by the organisation.

Staff had received training on how to safeguard people and were clear on how to respond to any allegation or suspicion of abuse.

People told us they were happy living in the home and relatives felt people were safe.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

Requires Improvement ●

Is the service effective?

Mais House was effective and was meeting all the legal requirements that were previously in breach. However some areas required time to become fully embedded into everyday practice.

Mental capacity assessments met with the principles of the Mental Capacity Act 2005. However some DoLs documentation had been misplaced.

Processes were now in place to make sure each person received appropriate person centred care and treatment which was based on an assessment of their needs and preferences.

Training had been identified as required and the training plan

Good ●

confirmed training completed, and training in progress. This meant staff were working with the necessary knowledge and skills to support people effectively.

People received a nutritious and varied diet. People were provided with menu choices and the cook catered for people's dietary needs.

Is the service caring?

Mais House was caring and was meeting all the legal requirements that were previously in breach. However some areas required time to become fully embedded into everyday practice, especially as new staff were starting work.

Staff knew people well and had good relationships with them. People were treated with respect and their dignity promoted.

People and relatives were positive about the care provided by staff.

People were involved in day to day decisions and given support when needed.

Good ●

Is the service responsive?

Mais House was responsive and was meeting all the legal requirements that were previously in breach. However some areas required time to become fully embedded into everyday practice and documentation needed to support social care delivery.

There were meaningful activities for people to participate in as groups or individually to meet their social and welfare needs; However not all one to one sessions were documented and lacked a dedicated care plan for social needs.

People told us that they were able to make everyday choices, and we saw this happening during our visit.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be resolved and investigated.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Mais House was not consistently well led. Whilst we saw improvements had been made, there were areas that still needed to be embedded in practice to ensure that improvements were consistently sustained. There was no registered manager in post.

A new quality assurance system was in place. However, some areas of documentation needed oversight to ensure they were completed consistently and information was appropriately recorded.

The acting manager and staff in the service were approachable and supportive.

There had been a number of positive changes made to the day to day running of Mais House and there was a clear programme in place for continual improvement.

Mais House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

The inspection took place on the 28 and 30 October and 2 November 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

The inspection team consisted of three inspectors and an expert by experience in older people's care and dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and over the two floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the afternoon in the main communal area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, including six people's care records, five staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

We spoke with 18 people living at the service, five relatives, ten care staff, the activity co-ordinator, two

housekeeping staff, two registered nurses, the area manager and the manager.

Is the service safe?

Our findings

At our inspection in October and November 2015, we found that people's health safety and welfare was not always safeguarded. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found there were not sufficient, experienced staff deployed to keep people safe or assist them to receive appropriate care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by May 2016. We found that improvements had been made, the provider was meeting the requirements of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe living at Mais House. One person told us, "I am safe and content." Another said, "It's a good place to live, bit of a worry because of the amount of agency staff used but it can't be helped at the moment." There was reference by many people about agency staff but all people said they felt staff were nice but preferred familiar faces. One relative confirmed they felt confident in leaving their loved one in the care of Mais House. Another relative told us, "There has been a real improvement, much happier home now."

Since the last inspection we saw the organisation had put systems in place to ensure the proper and safe management of medicines. Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. For example, medicine rooms were locked and the drug trolley was secured to the wall when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use. Staff were vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and staff followed best practice guidelines. For example medicines were administered individually using pots to dispense, waiting for the medicine to be taken and then recording on the Medicine Administration Record (MAR) chart. All medicines were administered by staff who had completed additional training and had undergone a competency assessment.

Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN guidelines were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Variable dose medicines were also administered appropriately. For example some people had health needs which required varying doses of medicine related to specific blood test results. We found medicines were given in accordance with any changing requirements. No one at this time was receiving medicines covertly, but there was an organisational policy should this become a need.

This inspection we found that risks to people's health, safety and well-being had been identified, and a management plan put into place. People had a care plan with accompanying health and environmental risk assessments completed. We saw that risk assessments included the risk of falls, skin damage, nutritional

risks and moving and handling had been completed. The care plans also highlighted people's health risks such as diabetes, memory loss and Parkinson's disease.

People at risk from developing pressure damage were monitored and repositioned regularly to reduce pressure and risk of skin damage. Pressure relieving mattresses were in place to help reduce the risk of developing a pressure ulcer. Mattress settings were checked daily by staff to ensure that they were on the correct setting and adjusted accordingly. Wound records and risk assessments were up to date and demonstrated clear management strategies. One person told us, "I have a special mattress and staff ensure I move regularly."

Risk assessments included sufficient guidance for care staff to provide safe care and care plans were being followed. For example, good skin care involves good management of incontinence and regular change of position. There was guidance for people who stayed in bed to receive two or four hourly position changes and the use of a pressure mattress. People sitting in chairs or wheelchairs in communal areas had regular changes of position and were offered toilet breaks. One person said "I like to be up in the link (communal area) and staff come and get me so I can freshen up and use the bathroom, if I'm honest, a couple of times if its new staff, I remind them."

People were protected by safe moving and handling procedures. We observed a person being lifted and moved by an electrical hoist. An electrical hoist moves people who are unable to move themselves. The manoeuvre was safe, the person was supported by staff who were efficient and spoke with the person reassuring them constantly.

Accidents and incidents had been documented. There was a clear follow up and actions taken as a result of accidents and incidents. For people who had unwitnessed falls a record of an investigation or a plan to prevent further falls had been completed. This meant that the provider had put preventative measures in place to prevent a re-occurrence and protect the person from harm. The provider therefore was able to show there was learning from accidents and incidents.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. First aid equipment was available and staff had undertaken appropriate training. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been completed. Emergency information was readily available, for example a 'grab bag' was visible near the front entrance and contained information on the location of people along with individual evacuation plans.

The service was clean and health and safety maintenance was in place, the system to report and deal with any maintenance or safety issue was effective. One person talked about the cleanliness of the home and said, "Spic and span." Other comments included, "(the cleaning) This has improved, we have a great team of cleaners," and "There are never any nasty smells, it smells fresh and clean."

This inspection found that there were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Mais House is divided into two units, residential and nursing. The staff teams for the two units work separately but now support each other when needed. People told us there were enough staff to respond to their needs although there were some comments regarding the use of agency staff. We were informed that the management kept people informed of the staffing situation at resident meetings. A senior registered nurse told us that staffing levels are usually seven care staff in the morning, one senior care staff and two registered nurses. In the afternoon there were six care staff, one registered nurse and at night

there were four care staff and one nurse. She also said, "There has been a high use of agency as we've had a high level of staff turnover. However, that has been positive. We have new staff in post who bring new ideas and new attitudes. Also this has helped to improve the culture and many staff have also stepped up into senior roles and now act as great role models." We were also told, "I feel staffing levels are sufficient." As discussed with the management team there had been some negative feedback from people concerning staff presence in the link area which is used as communal area. One person told us, "I sit in the Link after dinner for about two hours and watch what's going on and you can see people parked in their wheelchairs and needing help so I go to the office to get help and they say "Yes we know but they don't always come. It's got a bit better over the last couple of days." We did not observe this during the inspection and the management team told us there is a dedicated staff member in the link at all times, but they will continue to monitor closely."

There was additional staff in the home to respond to domestic, catering, entertainment, administration and receptionist duties. The manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff and records confirmed that staff received regular training and recent safeguarding activity in the home had led to greater staff awareness. Staff had recently had a group supervision session on safeguarding people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse.

Is the service effective?

Our findings

At our inspection in October and November 2015, we found that peoples nutritional and hydration needs were not always met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found the staff had not received appropriate training, professional development and staff supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by May 2016. We found that improvements had been made, the provider was meeting the requirements of Regulation 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person said, "You can't fault the staff, everything they do is well done." One relative said "The staff were competent they knew exactly what they were doing when mum came here for palliative care." Another said "They appear to be well trained and knowledgeable there are no concerns. I am extremely pleased with the care, they are efficient and personable and kind." People felt that the care and support provided was focussed on them and provided an individual approach. Visiting professionals told us staff had relevant skills and listened and responded to advice given. People were complimentary about the food and how they were provided with choice and variety.

This inspection found people were supported to have enough to eat and drink and had a pleasant dining experience. People had access to fluids and drinks throughout the day. One person said, "They're good about making sure you have drinks, I've always got a drink here on my table." Before lunch people met in the bar lounge where they could choose to have an alcoholic beverage before their lunch or to accompany the meal. We saw that ten people met prior to lunch and it was a lively occasion.

People could choose where they had their meals and the dining room was attractively presented. One person said "I usually go down to the dining room, it's nice to eat properly at a table and enjoy other people's company." There was enough staff to attend to people in the dining room and to people in their own rooms. Staff were not rushing and gave people time to eat at their own speed. Meals were served politely and there was plenty of chatter and laughing with jokes being shared in the dining room. People were supported according to their need and equipment to maintain independence was provided, for example plate guards and adapted cutlery. People were given choices and these were responded to, for example people were offered a choice of juice with their meal and afterwards offered tea/coffee and people were asked if they wanted sugar and how much. Some people were offered a clothing protector and napkins. The offer of assistance in cutting up food was provided to people who needed it. The mealtime was a calm experience with people chatting together at tables.

People were asked if they were enjoying their meals and asked if they wanted anymore. A member of staff very politely asked if they could join someone at their table. This then created an opportunity for conversation aside from care tasks e.g. getting out into the garden later on, the food forum planned for later and forthcoming trip out to Ashburnham.

People's nutritional needs had been assessed and regularly reviewed. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Drink supplements were used when specialist advice indicated this treatment. For people who had difficulty in eating and swallowing suitable meals were provided that included soft and pureed meals. Where a need had been identified staff monitored how much people ate and drank each day to ensure they received appropriate nutrition and fluids. Associated records were completed and included fluid charts that recorded fluid offered and taken.

Staff had a good knowledge of people's dietary choices and needs. The chef and catering staff were responsive to people's needs and preferences and were proactive on promoting good food experiences for people. Catering staff served the mid-day meal in the dining room to ensure an individual approach to what food people wanted and this meant they could also see what people were eating. The chef was involved in discussions with staff, relatives and health care professionals to respond to individual needs and special diets. Specific dietary needs were recorded on diet sheets that were used by the catering staff and were updated in conjunction with the nursing staff on a regular basis. Surveys were also used to gain additional feedback on preferences and choice. We found individual needs were given a high priority. For example one person liked a specific soup and this choice was responded to.

We looked at ten of the fluid charts. These were generally well completed however it was unclear what staff did if people's fluid intake was poor. We were told that this was included in handovers so staff could ensure fluids were promoted. However this was not seen to be happening consistently. This was an area that needed to be embedded into everyday practice.

Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training and the computer system highlighted if staff had fallen behind. Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. Senior staff reviewed staff training at supervision and supported them to complete the required programme.

Additional training was also provided to support staff with developing roles, specific interests and changing needs of people living in the service. For example, a nutritional champion. A senior care staff member was responsible for ensuring people's weights were monitored, the assessment tools were up to date and accurate. They then ensured that changes to care plans were documented and liaised with the chef and catering team. The training programme was varied and reflected the needs of people living in the service.

The registered nurses were supported to update their nursing skills, qualifications and competencies. For example, one registered nurse had recently attended a skills update on wound management and urinary catheterisation. They had the opportunity to reflect on these and their own practice through a supervision process. The registered nurses were also supported in maintaining their registration with the training they are required to undertake to maintain their registration with the Nursing and Midwifery Council (NMC). One registered nurse told us they were being supported with their re-validation process and training on this area had been provided by the organisation.

Staff understood the principles of consent and therefore respected people's right to refuse care or treatment. Staff were understanding and patient of people who initially refused assistance by allowing them

time to settle and approaching them again to gain their participation or consent. We saw one person initially refuse their meal. Staff removed the food and just sat and chatted before asking, "Would you like your meal now." The person was happy this time to accept their meal. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. The care plans contained mental capacity assessments and gave guidance to staff on how to continually assess people. We saw some very good examples of how staff had individualised care plans to ensure people were supported in making decisions.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS form part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. We saw staff had received training in this area and were confident of the processes in place to support people. There were people who had bed rails in place to prevent harm by falling out of bed. We were told that DoLS were in place but the RN was unable to locate the documentation. This was to be followed up by the RN as a matter of priority as they understood the importance of this document..

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted which was a great reassurance and were supported in attending hospital appointments. One person told us, "One day I felt unwell and I was a bit frightened and I told them and they rang for a doctor and came and told me that they had phoned which relaxed me and then the doctor came a bit later." Relatives confirmed health care support was sourced appropriately and they were kept informed of any health changes. Records and discussion with staff confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. The staff worked hard to communicate effectively and co-ordinate a multi-disciplinary approach to care. For example, a community psychiatric nurse was involved in planning and reviewing care for a person with specific mental health needs. Specialist nurses were also used to advice staff on specific care needs such as pressure damage .Staff demonstrated professionalism and a commitment to providing the best care possible working in conjunction with all additional health care professionals available.

Is the service caring?

Our findings

At our inspection in October and November 2015, we found that the provider had not ensured that people were treated with dignity and respect in ensuring their personal care needs were met consistently. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by May 2016. We found that improvements had been made, the provider was meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that the staffing levels had impacted on the care delivery and people had not always received care in a way they wanted. This inspection found that staff had the time to ensure that people received their care and support as they desired. People's dignity was promoted. People's preferences for personal care were recorded and followed. We looked at a sample of notes, which included documentation on when people received oral hygiene, bath and showers. People confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "They know how I want my care given." Care plans detailed how staff were to manage continence. This included providing assistance taking people to the toilet on waking or prompting to use the bathroom throughout the day. Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were taken regularly to bathrooms. People told us they were treated with dignity and respect, "Staff are kind and caring, "I find them all quite caring and helpful" and "They treat you like you're in a hotel here. " We did receive some negative comments about care staff at night being sometimes abrupt when called and these were passed to the management team to discuss with the person with their permission.

People's need for privacy was promoted and their privacy respected. For example, staff ensured that people's dignity was protected when assisting them. We also saw that people's personal care was of a good standard and undertaken in a way that expressed their personality. People were supported to wear make-up and jewellery, and wear clothes of their choosing. When prompting people to eat or drink, staff talked in a quiet manner ensuring that other people did not hear. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling staff as they wanted to go to their room. This was attended to immediately, with appropriate support used by staff and good interactions between the person and staff. Staff were patient and responsive to people's mood changes and dealt with situations well by using diversional verbal tactics and a kind word.

Staff told us they promoted people's independence and respected their privacy and dignity. Staff greeted people respectfully and used people's preferred names when supporting them. One staff member commented on how they encouraged people to be as independent as possible. They told us, "We support people to go out and encourage people to make everyday decisions, like what to wear or where to have lunch." We heard I heard staff checking out with people before they undertook care tasks. For example,

"Would you mind if I just put your handbag on your wheelchair so I can take you back to your room and then I can get someone to help you." (person had spilled their drink and needed their top changing)

At the last inspection we found that people were not always offered choices of where and how they spent their time. This inspection found people were offered choices and enabled to make safe use of all communal areas of the home. People were encouraged to help themselves to cold drinks and fresh fruit in the communal areas. Senior staff shared ideas that they were exploring to encourage people to be independent and make choices of what they did and how they spent their time. Where people had remained in their room they were now offered opportunities of visiting communal areas, joining activities and of visiting the main communal area to meet people. Staff told us, "We are going forward, it's been a bit of a journey, lots of staff changes but it's settling down now."

We observed staff were, caring and patient in their approach with people and supported people in a kind way.

Relatives told us that they felt welcome at the home at any time. They said: "Fantastic, always welcomed, has changed a lot in recent months and all for the better, staff seem happy and so we are happy," and "They make us feel welcome, warm smile and a chat" and "We can come at any time, which is a relief because we work so it could be difficult." Relatives described the care as positive and felt staff genuinely cared about the people they supported. A relative told us they thought their family member looked "Content and settled."

People told us they were well cared for. One person told us, "Excellent." Another person told us, "I'm happy and I would say if I wasn't." People were supported to maintain their personal and physical appearance and to make choices about how they spent their time. A hairdresser visited on a regular basis and people enjoyed this visit. People were able to spend their day as they chose. People spent time in the communal areas or in their bedrooms we saw staff checked on them regularly ensuring they had everything they required or wanted.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Is the service responsive?

Our findings

At our inspection in October and November 2015, we found that the provider had not ensured that the care and treatment was person centred to meet with people's needs and reflect changes to their health. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by May 2016. We found that improvements had been made, the provider was meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People commented they were well looked after by care staff and that the service listened to them. One person said, "They listen, we have many meetings and they do try to get it right for all of us."

The service employed specific staff to organise and facilitate activities and entertainment and they worked as part of the team. They knew people well and were attentive to people's individuality and differing needs and abilities. For example during our visit a 'referendum' meeting was held and it was a spirited session. The activity person was available and gave support to the other people in the group as they needed. Tea and coffee was served half way through the session and added to a pleasant activity for all involved. Since our last inspection specific people had been encouraged to help organise certain things within the service, for example taking responsibility for ordering and organising newspapers and organising some military memorabilia to display in the home. These people were proud of being able to contribute to the running of the service. One person said, "Keeps me going, something to keep me active and useful. We saw that people were encouraged to help clean the fish tank and do a spot of gardening.

There was a full activity programme that reflected people's interests. This included quiz times, visits out and external entertainers and pet visits. During the inspection we saw people petting pets which were thoroughly enjoyed by all, including those who remained in bed or in their room. We also saw people being taken in to the gardens to enjoy the sunshine. Mais House had two vehicles that were used to take people out to local areas of interest. We were also told of some people being supported to go to London. One person spoke of their enjoyment at attending Buckingham Palace recently, "It was a great day out I really enjoyed it, about three of us went."

We spoke with the activity person who was enthusiastic and had introduced many good ideas to deliver meaningful activities. They felt that things were progressing well but acknowledged that there was still a lot to do to ensure that everybody had the social interaction and lifestyle to enhance their life. One area that was discussed was the documentation to support one to one sessions for those people who remained on bed rest or preferred to stay in their room. There was no documentation to support what was delivered to prevent isolation and boredom. This was an area that needs to be developed to support what specific social support was being delivered.

There were celebrations and events held in the home which were enjoyed by the people living in Mais House. The activity team had continued to develop the wish tree. The wish tree is specific to individual

personal wishes and staff ensured that this happened for them. Wishes for others which were being arranged were a hot air balloon ride and watching a football match.

Before people moved into the service a senior staff member carried out an assessment to make sure staff could provide them with the care and support they needed. Following this assessment the possible admission is discussed by the senior staff in the service to ensure a suitable placement and that the admission process is managed appropriately. For example ensuring all appropriate equipment and training is in place before admission. Where people were less able to express themselves verbally or they wanted less involvement people's next of kin or representative were involved in the assessment process. This meant people's views and choices were taken into account when care was planned. One person told us "My son dealt with everything, I wanted him to, as I was not well enough."

The assessment took account of people's beliefs and cultural choices this included wishes surrounding people's death. Care plans were written following admission and updated as people's needs changed and on a monthly basis. One day a month was allocated to one person for a full review which was completed in consultation with all staff. Relatives all told us they were kept fully informed of any changes in care and felt they were included and involved as their relatives would want. Care plans gave guidelines to staff on how to meet people's needs while promoting an individual approach. The care documentation was mostly detailed and supported staff to view people as individuals. Senior staff were aware that some care plans needed further attention and were progressing this. We found staff had a good understanding of people's specific care needs and responded to them appropriately. For example, one staff member told us "A person had diabetes and staff were in contact with the GP to ensure the care plan reflected clearly what action to take in response to regular blood test monitoring. Care plans also had specific guidelines to care for people who were at risk from falling or were unable to use their call bells with records confirming hourly checks to be undertaken. Staff were regularly updated about changes in people's needs at handover and throughout the day. During the inspection we saw staff communicating regularly with each other. Staff listened to each other and shared information provided by visiting professionals with care plans updated accordingly.

People told us, preferences and choices were respected. Comments included, "I have a shower whenever I like, usually every couple of days," "I have my routine of when I like to go downstairs so I please myself what I do" and "Sometimes I have my breakfast in bed and sometimes I might go down to the dining room" This told us the staff team were responsive to people's individual preferences on a day to day basis.

Complaints were responded to and used to improve the service. The home had a clear complaints procedure that was available to people within the home and from staff if requested. People spoken to said they were able to complain and were listened to. Visitors were also confident that they could make a complaint and it would be responded to. One visitor said "I have no doubts now that I will be listened too and action taken." Another said, "I would not hesitate to talk to a member of staff if I needed to." Records confirmed that complaints received were documented investigated and responded to. There was one complaint that had not been resolved and this was now being investigated by the organisations legal team.

Is the service well-led?

Our findings

At our inspection in October and November 2015, there were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement and identify shortfalls in care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by May 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there was no registered manager, a manager had been employed and had been in post for six weeks. Discussion confirmed that she was going to submit an application to become registered manager.

Leadership of the service was not yet firmly established. There had been a large number of staff changes since the last inspection. The previous manager had left, as had a large number of senior staff. A new manager, registered nurses and care staff had been employed over the past few months. This meant changes were still occurring and time was needed to embed staff in their new roles. People were still a little apprehensive about the high use of agency staff and were not all sure of who the new manager was. This was a surprise to the manager and area manager who assured us that the manager was very visible. We were reassured that agency staff usage was declining as new staff completed their induction. However there were a number of concerns raised by people. Comments included, "That's the main thing here, we've lost staff and the agency staff just don't know us well enough," "I'm registered blind and it's important for me to know who's at my door," "The agency lot are nice enough but they don't know how I like things," "The staff are different all the time and they don't get used to the little things about me. They put things down that I can't manage because of my fingers, I can't do it because of my hands and they don't realise. There needs to be a more regular structure" and "This is our home and they should remember that. I've said to them remember you're speaking to an older person please." The management team were not fully aware of the thoughts of people and confirmed that further reassurance for people was required.

The provider's audit systems had been developed since the last inspection. The audits were picking up issues but some lacked action dates or dates of when the issue was seen as resolved. This pertained to the medicine and infection control/cleaning audits because they were unclear.

Staff felt their suggestions were now listened to, and communication at all levels was improving. Regular resident meetings/forums were held and the feedback from the people was used to inform staff meetings. We spoke with the Head of the Residents forum who told us, "I have met with the new manager and I'm hopeful that things will improve but its early days. The food forum this afternoon was very productive and I think it was good that she was there to offer guidance, she was there last time and we have a residents meeting on Monday which she will be attending." Another person said "The new manager has told me if I need her for anything I've only to let her know, it wasn't like that before."

We saw minutes of staff and resident meetings which highlighted the points and of the action to be taken following discussion. Staff said the meetings were really good because they got to meet all staff new and old and this meant team building. Staff also told us they could make suggestions and these were taken seriously. For example, more training for moving and handling and training in dementia care. Staff told us the acting manager operated an 'open door' policy, which means staff felt able to approach the manager at any time. People and visitors also said they felt comfortable in talking to the administration/reception team. They said they felt able to share any concerns they may have, in confidence with them.

The provider used questionnaires to seek people's views on the quality of services provided. A range of people's views were sought, this included staff and people's relatives. All of the questionnaires we saw responded positively about the service.

Throughout the inspection, the manager and staff were open to different ideas when we raised matters. Their responses showed they were keen to develop the service, so they could meet people's needs safely and effectively. The manager was encouraging staff to take ownership of the care they delivered and to document this daily in the daily logs. One staff member said, "It made me realise that we do have a responsibility to ensure that documents reflect what we have done, makes sense really."

Staff told us that they attended regular staff meetings and felt the culture within the home had definitely improved and was supportive. Staff told us they felt confident about raising any issues of concern about care practices at the service, including using whistleblowing process if needed.

Systems for communication for management purposes were well established and included a daily meeting with the senior staff and a daily management check around the service both of which were documented. All care staff attended a handover meeting so staff changing shifts shared information on each person. The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them, communicated with them and ensured advice and guidance was acted on by all staff. For example one nurse specialist told us treatment plans followed ensured skin pressure damage had healed.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.