Maryland Carehome Ltd

Maryland Care Home

Inspection report

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Formby
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Tel: 01704873832

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 9 March 2018.

The home was last inspected in July 2017 where breaches of legal requirement were found. The home was rated as 'requires improvement' overall.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve their rating to at least good. We found during this inspection that sufficient improvements had been made and the provider was no longer in breach of regulation.

Maryland 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.

Maryland accommodates up to 30 people in one adapted building.

A registered manager was in post.

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.

During our last inspection in July 2017, the provider was in breach of regulations relating to safe care and treatment. This was because risk assessments relating to the health and safety of people living at the home had not always been completed appropriately. We saw during this inspection that there was a new process for assessing risk and risk management and the provider was no longer in breach of regulation.

During our last inspection in July 2017, the provider was in breach of regulations relating to governance and records. This was because some information was not recorded appropriately or clearly in care plans, and audits were not always effective when identifying issues of concern. with service provision. During this inspection, a more robust auditing system had been introduced, and records were clear and concise. The provider was no longer in breach of this regulation.

People told us they felt safe living at the home. We observed there were enough staff to provide safe, effective care.
Medication was safely managed, stored and administered. People received their medications on time.

Staff were recruited and selected to work at the home following a robust recruitment procedure. The registered manager retained comprehensive records of each staff member, and had undertaken checks on

their character and suitability to work at the home.

The home was clean and tidy. There was provision for personal protective equipment stationed around the home, and staff were trained in infection control procedures.

Staff were able to describe the process they would follow to ensure that people were protected from harm and abuse. All staff had completed safeguarding training. There was information around the home which described what people should do if they felt they needed to report a concern.

The training matrix showed that staff were trained in all subjects which the provider considered mandatory to their role, and as stated in the provider's training policy. New staff with no experience in health and social care were enrolled on an in depth induction process.

Staff received regular supervision and appraisal.

People were supported to eat and drink in accordance with their needs. People, who were assessed as at risk of weight loss had appropriate documentation in place to monitor their food and fluid intake. Where specialist diets were needed for some people, the chef had knowledge of this.

The service worked in conjunction with physiotherapists, and psychiatrists to ensure people had effective care and treatment.

Everyone had records in their files relating to external appointments with healthcare professionals such as GP's, opticians, dentists or chiropodists. The outcome of these appointments was recorded in people's records.

Most areas of the home and some people's bedrooms had been refurbished to a high standard. The provider was also making further improvements to the home.

The service was operating in accordance with the principles of the Mental Capacity Act (MCA). Applications to deprive people of their liberty had been appropriately made following best interest decisions.

There were positive examples of person centred information in people's care plans. Since our last inspection the registered manager had introduced new documentation. The new documentation was more in depth with regards to finding out more information about people, their likes, dislikes and how they wanted their support to be delivered.

There was a procedure in place to document and address complaints. Everyone we spoke with said they knew how to complain. The complaints procedure was displayed in the communal areas of the home.

Feedback was regularly gathered from people who lived at the home and their relatives and used to improve their experience of living at Maryland.

Everyone told us they liked the registered manager and there had been clear improvement in the home in the last six months.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medication was managed well by staff who were trained to do so.

Staffing levels were consistent and people told us there were enough staff to meet their needs safely.

Safety checks took place on the building and the equipment within it.

Staff were recruited safely and only offered positions once thorough checks had been completed.

Is the service effective?

Good

The service was effective.

The staff had the correct training to reflect their roles, this was evidenced in the training matrix.

Staff received regular supervision and annual appraisals.

People were supported to eat and drink appropriately.

The service was working in accordance with the principles of the Mental Capacity Act 2005 and associated legislation.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff and we saw staff treating people with kindness throughout our inspection.

Most people told us they were involved in the planning of their care. Care plans we looked at confirmed people had been consulted with.

Records and confidential documentation were stored securely, in a lockable cupboard.

Is the service responsive?

Good

The service was responsive.

People received care which right for them, which took into account their backgrounds, needs and wishes.

Complaints were appropriately responded to and documented in line with the service's policies and procedures.

People were supported sensitively with arrangements for end of life care.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

Quality assurance systems had improved, and regular checks were being completed by the manager and the provider.

There was a registered manager in post. People spoke positively about the registered manager.

Maryland 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 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 9 March 2018 and was unannounced. At the time of our inspection there were 27 people living at the home.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, the expert had expertise in care of older people.

Before our inspection we reviewed the information we held about the home. This included information the Care Quality Commission had received about the home. We had not requested a PIR from the provider.

During the inspection we spoke with eight people who were living at the home and they shared their views of the home with us. We also sought feedback from two relatives who were visiting the home at the time of our inspection, and a health care professional. We spoke with seven staff, including the registered manager, the chef, activities coordinator and the provider.

We looked at the care records for three people living at the home, two staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

Good

Is the service safe?

Our findings

During our last inspection of Maryland in July 2017 we found breaches of regulation relating to the safe care and treatment of people who lived at the home. This was because there was not sufficient information in people's care plans, particularly relating to falls, to help mitigate risk. Following our inspection the provider sent us an action plan which detailed what they were going to do meet the breach, and we checked this as part of this inspection.

Risk assessment documentation for people had been re formatted so it was presented in a clear and consistent way. We saw that risk assessments were in place for areas such as decision making, social inclusion, mobility, and falls. The risk assessments in place around falls had been changed so they included more information about the person. For example, we viewed one person's falls risk assessment which described in detail why the person was at high risk of falls. There was also information around how to keep the person safe, such as 'ensure their pressure mat and infra red was switched on.'

Additionally, there was a risk assessment in place for someone who was at risk of spilling their drink and causing injury to themselves. The risk assessment stated 'ensure drinks are a comfortable temperature by allowing to cool.' Also, there was information which respected the person's dignity, for example, 'when [person] is sitting at the table having a meal, ensure they have their cup and saucer.' The risk assessment also stated, 'When [person] is relaxing, they prefer their beaker with a lid, as it prevents spills on their clothes.'

The breach relating to safe care and treatment had been met.

People told us they felt safe living at the home. Some examples of comments from people included, "I've got nothing to worry about, there's always someone here", "Everything's done at the right time and everything seems calm", "It's absolutely lovely and everybody looks after you" and "There's plenty of staff around." One visiting family member told us, "[Relatives name] is as safe as they can be. I haven't seen any evidence of anything untoward."

We made a recommendation relating to the safe storage and administration of medication at our last inspection in July 2017. We saw at this inspection that processes relating to medication had improved.

Medicines were administered individually from the trollies to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. We saw there was a thermometer on the wall where the trolleys were stored. Checking medications are stored within the correct temperature range is important because their ability to work correctly may be compromised.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

We looked at how incidents and accidents were managed at the home. We saw that there was a process in place to analyse the number of incidents which occurred over the month. There was also consideration given to time of day of incidents and staff on duty. The registered manager informed us that they had added a new 'table of action' into the recording process for incidents and accidents to make it clearer what had been done. We saw one person had sustained a lot of falls. However, after each fall was an analysis which explored if the fall could be prevented in future and what referrals had been made as a result of the fall. The registered manager told us this was something they had implemented from their last inspection as a 'lessons learned' example, as it was not always clear from their records what action was taken. This shows the registered manager and provider are learning from past experiences and using opportunities to improve future practices. One relative we spoke with said that their family member had had some falls lately, they said, "[Relative's name] had a couple of falls, but they've been dealt with promptly. I'm happy with the way it's been managed, I've been informed. It's quite secure".

Staff were able to describe the course of action they would take if they felt someone was being harmed or abused. This included reporting the suspected abuse to the registered manager, the local authority or contacting the police, depending on the nature of the concern. Staff had been trained in safeguarding adults and understood the different levels of abuse and who might be most at risk. There was also a whistleblowing policy in place. The staff knew what whistleblowing was and said they would report concerns without delay. There had been no recent or on-going safeguarding concerns for us to discuss.

We saw that all firefighting equipment had been checked, and new equipment was in place in various parts of the home to help people evacuate safely. Personal emergency evacuation plans (PEEP's) explained each person's level of dependency and what support they would require to ensure they were evacuated safely. We spot checked some of the other certificates for portable appliance testing (PAT), electric, gas, and legionella. These were all in date.

Everyone we spoke with told us there was enough staff on duty to keep them safe. One person said, "I don't have to wait for anything". Someone else told us, "I expect to wait my turn". Three other people said, "I never have to wait". The staff we spoke with said they were never rushed or pressured, and the owner and registered manager were always 'hands on' to offer support.

Good

Is the service effective?

Our findings

Everyone we spoke with said that the staff had the right skills to support them. One person said, ""I think so, I've never seen anybody acting inappropriately and some act really well".

The provider emailed us a copy of their training matrix after the inspection had taken place. Most of the training was still in date from our last inspection in July 2017. We saw that all staff had received regular training in accordance with the provider's training policy. Training was a mixture of face to face training and e-learning. All of the staff we spoke with said they had completed training, and had attended refreshers to update their knowledge, understanding and skills. We saw certificates in staff files which confirmed the training had taken place on the specified days. There was additional in depth training rolled out to staff who administered medications. This involved shadow opportunities and competency checks for the staff member to ensure they had the correct skills and were completing each task correctly.

Staff had an induction which was aligned to the principles of The Care Certificate. Once the modules of this were completed a senior staff member signed off the induction as being complete. The Care Certificate is the governments 'blue print' to assist staff who are new to health and social care to become more knowledgeable at their roles. This is split up into modules and is usually completed within the first 12 weeks of employment.

Staff received a one to one supervision every 12 weeks, and all staff told us that the registered manager had an open door policy where they were able to request a supervision if they needed one. Appraisals took place annually.

During our last inspection we made a recommendation relating to the principles of the Mental Capacity Act 2005 (MCA). We saw during this inspection that the provider had improved their approach to the MCA.

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 decision's and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. Additionally, we checked to see whether the conditions identified in the authorisations to deprive a person of their liberty were being met. The registered manager was knowledgeable about the MCA and DoLS and knew the Care Quality Commission (CQC) needed to be notified when the outcome of any applications were known. We saw that some people had conditions stipulated on their DoLS authorisations and these conditions were subject to continuous checking.

We saw that 'best interest processes' were being followed for people who had limited capacity and understanding of complex decision making. The need for 'best interest' processes were clearly identified in people's support plans. The service had documentation in place which was a simple question and answer session to check people's ability to make day to day decisions. Also the support they may need to make these decisions. Their answers were recorded which evidenced whether the person needed more support to understand and make day to day decisions or complex decisions depending on the outcome of the assessment. This showed the service was checking and recording people's ability to make choices for themselves and encouraging this where possible.

Most people we spoke with said that they enjoyed the food. We sampled the lunchtime menu and found it tasted good. One person we spoke with said the, "Food was a bit bland." Someone else also said that there was, "Not enough fresh fruit and vegetables." We saw some banana's on display in the home, but nothing else. People said they could have a snack if they wanted to. Menus were varied and people said they could choose to have something else to eat if they did not like what was on the menu.

People were referred to dieticians and the SALT (Speech And Language Therapy) team when needed. We saw that one person had been put on a regime which required them to be weighed weekly and weight to be monitored. We checked this for this person and saw they were being weighed, and their weight was consistent.

People were supported to access medical care when they needed it. Each person's care plan contained a log of professional's visits. These were completed by staff following each appointment people attended, including the reason for the appointment and the outcome. On the day of our inspection the dentist was visiting some people at the home for check-ups. We spoke with one healthcare professional who raised no concerns with the service. They told us that the staff made appropriate referrals and recognised when people were unwell.

Good

Is the service caring?

Our findings

We asked people if the staff treated them with kindness and respect. One person said, "Very good, they're all kind and very attentive to me". Another person said, "I've no complaints at all". "I don't have any problems, I can ask the more senior ones anything". A visiting relative said, "Lovely, they're very caring, they know her well". Another visitor said, "They're always very pleasant to her". Everyone else said the staff treated them well.

We observed staff treating people with kindness throughout the duration of our inspection. Our conversations with staff demonstrated that they knew people very well. When we asked the staff what they liked the most about working in the home, all of the staff said, "The residents." or "Everything".

We asked people if they had seen their care plans, and some people could not remember. However, care plans demonstrated that people had been involved because they were signed by people who had the capacity to do so.

The care plans we reviewed were written in way which took the person's choices and diversity into consideration. For example, how people liked to be dressed each morning, when they liked to get up, and how they wanted their personal care needs to be met. One care plan stated, '[Person] must be offered the opportunity to move to a quiet room when their [family member] visits so they can have time to talk.'

We asked the staff how they ensured people's dignity and privacy was protected and staff told us they made sure they closed doors and windows before helping people undress or wash. We saw that the room which held people's confidential information was kept secure throughout the duration of our inspection.

There was information provided for people with regards to the local advocacy agency. There was no one making use of this service at the time of our inspection.

Good

Is the service responsive?

Our findings

During our last inspection in July 2017, we found a breach of regulation relating to records. This was because some information with people's care plans was not recorded appropriately, and was confusing. Following our inspection the provider sent us an action plan which detailed how they were going to meet this breach. We checked this as part of this inspection.

We viewed a sample of care plans during this inspection and saw that the format had changed. Each of the care plans was set out in a specific order, with an index list on the front of each care plan. This enabled us to find specific information for people. Care plans were reviewed every month, and changes to care plans were written in pen, and then re-typed up every few weeks. The staff we spoke with fed back to us that this was a positive change which had been implemented, as it was easier to find information for people and staff knew where 'things went.' The provider was no longer in breach of regulation relating to record keeping.

We saw that most of the care plans contained a high level of person centred information. Person centred means based around the needs of the person and not the service. Information in care plans was specific to that person, for example, '[person] likes to wear their slippers, with no stockings or socks.' Also, '[Person] likes to read the daily mail.' We saw information specific to people's routines, such as when they took naps, and if they enjoyed a particular drink. People were supported to follow their religious beliefs.

We asked people how they liked to spend their day. Some of the comments we received included, "I have the television on quite a bit and I've been to the yoga this morning", "I'm a great knitter, I knit hats and mittens for the homeless. I do crosswords as well, I don't want to join in the activities", "Chat and watch TV, yoga, I love doing things" and "My main hobby is artwork. When the weather's fine, I do it in the garden". One visitor told us, "Recently they've employed someone to do activities and there are some good ones". Another visitor said, "[Family member] is joining in the baking this afternoon". However, some people told us in the afternoon that they were disappointed with the baking because they had only watched a demonstration. In other examples, children came in from a local school on World Book Day dressed as characters and they read to people, and an organist came in once a week and a singer every two or four weeks.

We asked people if they knew how to complain and if they had complained in the past. One person said, "No, I've nothing to complain about, we're spoilt". Another person also said, "No, because the care is excellent". Nobody else had ever complained. We saw the complaints procedure was displayed in the main hallway of the home, as well as in the Service User Guide.

Staff were trained in end of life care and if it was their choice, people were supported to remain in the home. People had information in their care plans regarding what arrangements would be needed to be made in the event of their death. The service had recorded and responded to people's deaths appropriately and sensitively.

Good

Is the service well-led?

Our findings

During our last inspection of Maryland in July 2017, we found a breach of regulation in relation to the governance arrangements of the home. This is the same breach that we have reported on in the 'responsive' section this report, however, we are referring to a different section of the regulation which fits in with this key question, 'is the service Well-Led?' .

We found during our inspection in July 2017 that audits were not always robust or effective. This was because some of the issues we identified had not been picked up on or addressed by the registered manager or provider. Following this inspection the provider sent us an action plan which described how they were going to meet the breach of regulation, and we checked this during this inspection.

We saw that audits were in place for medication, training, the environment, the kitchen, care plans, and incidents and accidents. We saw that audits had been amended to include details of actions taken when issues were highlighted. For example, we saw that one audit had highlighted a person had not had their inhaler medication. We saw this was followed up with the staff member responsible. The provider of the home had now devised their own internal auditing tool which they were using to check the audits as a whole and documented any gaps in audits or any actions that had not been followed-up.

These examples along with the examples under the 'responsive' section of this report demonstrate that the breach relating to governance and records has been met in full.

All of the staff we spoke with said they had noticed an improvement with the documentation in the last few months, and were more involved in audits and record keeping. One staff member said, "I have noticed definite improvement here."

The provider had policies and guidance for staff regarding safeguarding, whistle blowing, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles and responsibilities within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We saw that the Care Quality Commission had been notified appropriately of incidents and events which occur at the service, as required by law.

The provider had developed good systems for getting feedback from people living at the home and their relatives. We saw that feedback was regularly acted upon. Feedback had recently been gathered, and no one raised any concerns. The mechanisms used for fathering feedback was Survey's and regular face to face conversations with people and their families.

Team meetings and resident meetings took place every year and we were able to view minutes of these. The registered manager explained that feedback is mostly gathered informally, due to the provider and registered manager being at the home every day, they always chat to people.

The fact that the provider and registered manager had made improvements since our last inspection, demonstrates their ability to act on feedback and recommendations to improve service provision.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Maryland was displayed for people to see.