

# Black Swan International Limited

# Maitland House

## Inspection report

33 Church Road  
Clacton On Sea  
Essex  
CO15 6AX

Tel: 01255421415  
Website: [www.blackswan.co.uk](http://www.blackswan.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Maitland House provides accommodation and personal care and support for up to 24 older people, some who may have a mental health need. At the time of our inspection there were 18 people who lived in the service.

People's experience of using this service and what we found

Systems were in place for the supply of medicines, staff were trained, and competency assessed. We identified shortfalls in the management of people's medicines whereby we could not be assured people had received their medicines as prescribed. The current system for auditing medicines was not robust at identifying all medicines management errors.

Environmental risks had been identified and action taken to reduce risks. Where we identified potential risks to people's safety from unsecure wardrobes the provider responded immediately to rectify this.

Risk assessments detailed people's individual risks such as, mobility, risk of falls and managing behaviours that may present a risk to the individual and others. Further work was needed to ensure robust assessment and monitoring for people where medicines were covertly administered and effective monitoring where people were at risk of losing weight.

There was an open and transparent culture within the management team demonstrated throughout the inspection. There were systems in place to monitor the quality and safety of the service. Incidents and accidents were investigated, trends analysed, and actions were taken to prevent recurrence. However, whilst we were reassured action was taken to rectify the shortfalls we found at this inspection, we recommended the auditing system is reviewed to provide more effective oversight of medicines management, weight monitoring and environmental risks.

People told us staff were kind, caring in their approach and supported their independence. People, their relative's and staff were positive regarding the management of the service.

People had access to a complaints process and provided with the information they needed to raise a concern should they need to do so. People's feedback was considered through a range of systems such as surveys, care reviews and meetings.

People were supported by skilled staff with the right knowledge and training. Staff told us they were supported by the management team with their training and development needs.

Personalised care plans had been developed, which provided the staff team with guidance about the needs of people and how these needs were to be met.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to a variety of nutritious meals and snacks. Meals were freshly prepared and pleasantly presented.

There was a varied range of social activities on offer. Work was in progress to improve links with the community. We recommended further work is carried out to ensure planning and monitoring of people cared for in bed to provide social stimulation and reduce their risk of isolation.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was Good (published 27 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Maitland House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one Inspector and one Expert by Experience with 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.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the operations manager, regional manager, registered manager, deputy manager, senior care workers, care workers and the cook. We also spoke with two healthcare professionals.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. We also reviewed a variety of records relating to quality and safety monitoring of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments detailed people's individual risks such as, mobility, risk of falls, malnutrition and managing behaviours that may present a risk to the individual and others. However, further work was needed to ensure robust assessment and monitoring of people at risk of losing weight.
- People's weights were monitored monthly. We identified one person who had lost 10kg of weight in the last seven months. Whilst monitoring of this person's weight, staff had identified consistent weight loss and recorded a need to refer to a dietician. However, it was evident from discussions with the registered manager and a review of records action had not been taken to refer this person to a dietician for specialist advice, increase the regularity of weight monitoring or describe any contributing factors within the assessment tool used. We noted however, this person just remained within the healthy body mass index (BMI) range. We discussed this with the management team who reassured us action was taken immediately to refer to for specialist advice and increase the regularity of weight monitoring.
- Risks associated with the safety of the environment and equipment were identified but not always addressed. The provider's risk assessment recorded all wardrobes should be secured to the wall to prevent the risk of injury to people. However, we found none of the wardrobes within the service had been secured. In response to our findings the provider took immediate action on the day of our visit to rectify this and secure wardrobes.
- Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues such as legionella, fire and electrical safety were identified and resolved.

### Using medicines safely

- Processes were in place for the timely ordering and supply of medicines. Staff completed training to administer medicines and their competency was checked regularly.
- We carried out an audit of stock against medicine administration records for five people and found for three people's medicines stock did not tally with administration records (MAR). This meant we could not be assured these people had received their medicines as prescribed.
- Where another three people were prescribed topical creams and lotions we found gaps in MAR records where staff had not signed to confirm administration of these medicines. Where one person had been prescribed a topical medicine to be administered twice daily, staff had recorded administration of this medicine only once daily. There were gaps which indicated days where no administration had taken place.
- Medicines such as gabapentin and pregabalin were found stored in a portable drugs trolley. These medicines have been classified as Schedule 3 controlled drugs under the Misuse of Drugs Regulations 2001, and Class C of the Misuse of Drugs Act 1971. Staff told us the provider's policy required safe custody of these medicines in a controlled drugs cabinet.

- Staff told us one person received their medicines covertly, hidden in food. We found the person's care plan did not provide the level of detail needed to guide staff as to how covert medicine administration was to be carried out. For example, the care plan did not state what medicines were to be administered in food and did not specify if the medicines were to be crushed or left whole. We also found specialist advice from a pharmacist had not been obtained as required to identify any risks in the crushing and mixing of specific certain medicines.
- Following our feedback, the provider acted to obtain advice from a pharmacist and told us they had updated the care plan to provide the information needed.
- The current system for auditing medicines was not robust at identifying the medicines management errors we found at this inspection. In response to our feedback the provider told us they carried out a full audit of medicines and arranged for further competency assessment of all staff who administered medicines.

We recommend the current system for monitoring people at risk of losing weight and the auditing of medicines management is reviewed to provide more effective oversight.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safeguarded from abuse.
- Staff were trained and both they and the registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately in line with the provider's policy and local authority protocols.
- Where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety.
- Apart from one person who had negative comments about the conduct of one member of staff, people and their relatives told us they felt safe and free from any bullying or discrimination. In relation to the one person's negative comments we provided feedback to the regional manager who told us they would investigate the concerns raised.

#### Staffing and recruitment

- We received mixed comments from people as to the availability of enough staff at all times. People told us, "Very occasionally I feel rushed. They all do their job, their time is limited so conversations can be limited just to my needs when what I would really like is someone to chat to, although they always ask if there anything else I need." And, "Occasionally I need urgent help, depends how busy they are but they generally they do come quick. In the day time waiting for staff to respond is okay, waiting at night is okay too."
- A relative told us, "They have been short of staff, particularly over the Christmas period, things seem to be settling again now."
- The registered manager told us they were in the process of recruiting to vacant staffing hours. They also told us staff worked as a team to cover vacant shifts which, provided consistency of care from staff who knew people well.
- There were sufficient staff available to meet people's needs during our inspection.
- There were safe systems in place and followed when recruiting new staff. This included obtaining references including from the last employer and undertaking criminal checks with the Disclosure and Barring Service (DBS).

#### Preventing and controlling infection

- The service was clean and free from offensive odours.
- Staff had been provided with infection control and food hygiene training. Protective clothing such as aprons and gloves were readily available for staff and worn.
- The most recent inspection carried out by environmental health inspectors in August 2019 identified a need to provide screening to the external kitchen door to provide effective pest control. This had yet to be actioned by the provider.



- People and their relatives were complimentary about the cleanliness of the service. One person said, "My room is kept clean." Another person said, "It's always clean and tidy."

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Incidents and accidents were recorded including an overview of actions taken so trends could be reviewed and similar incidents from occurring again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments took place to ensure the service was suitable for the person. Staff assessed people's health, personal care and emotional needs and this information formed the basis of care plans.
- Staff encouraged people's involvement in decisions about how their care and support would be provided. Care plans were personalised to the individual.
- People's needs had been regularly reviewed to ensure staff could continue to meet people's changing needs.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively.
- Records and discussions with staff showed they were provided with a range of training and support to fulfil the roles for which they were employed.
- Staff told us, "We have lots of training and we discuss things staff meetings and supervision." Another said, "The training is a mixture of face to face and we look at workbooks."
- Staff had regular supervision which included performance and, observation checks to ensure staff provided quality, safe care.
- Staff told us they could always speak to anyone of the management team should they have any concerns or needed additional support to full their job role.
- Staff were supported to complete further training and development within Health and Social Care such as the national vocational qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food provided and were offered a choice of well presented, nutritious food. One person said, "The food is very good, the cook is extremely wonderful, they know what I can consume. I no longer have proper breakfasts, now I have yogurts and pots of fruit. I get as many drinks as I want, they encourage you to drink plenty. On the whole I have a good variety of food, invariably they come up with things I may not like but they always offer an alternative."
- The cook was knowledgeable regarding people's food likes and dislikes and provided them with food and drink in line with their choices.
- We observed the cook gaining feedback from people as to the quality of food provided and offered alternatives where needed in response to people's feedback.
- The lunchtime meal was observed to be a pleasantly presented and a positive social occasion for people.
- People received regular hot drinks and various snacks throughout the day of our visit.
- Where people required assistance to eat and drink, this was provided by staff in a kind and sensitive

manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported with their healthcare.
- Comments from people included, "If we need one I can ask for a Doctor. The district nurse comes regularly. I have not had any dentist visit. The optician comes from time to time and the chiropodist is due again soon." And, "You can always see a doctor when you need one." A relative told us, "[Person's relative] has seen the optician and they sorted new glasses. They see the doctor and chiropodist. They, [person's relative] have also seen a dentist when they needed one."
- People's oral healthcare had been assessed. Care plans did not include planning to ensure regular, preventative check-up visits with a dentist. The registered manager told us they were in the process of trying to obtain the services of a visiting dentist.
- A healthcare professional we spoke with told us staff worked well with them to ensure people received appropriate care and support. They also told us staff were proactive and followed their advice when given.

Adapting service, design, decoration to meet people's

- The service had been adapted to meet people's needs and people told us they were satisfied with their accommodation. One person said, "I like my room. I have all the things important to me, around me where I can easily access them." Another said, "I am very happy with my room, they[staff] keep it clean for me."
- People's rooms had been decorated to their taste and contained personal items that were important to them. There were some areas of the service with clear 'easy read' signage to support people with their orientation around the building. However, not all rooms had people's names on them. Communal areas were bright and nicely decorated.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- An assessment of people's capacity to make specific decisions and best interests were documented. Consideration was given to the least restrictive option.
- Discussions with the manager demonstrated they recognised when people were being potentially being deprived of their liberty and applications had been made for legal authorisation where required.
- Where DoLS applications had been submitted to the local authority in relation to the use of bed rails and administration of covert medicines, authorisations had not yet been obtained as required by law. This was outside of the provider's control as they were still waiting for the local safeguarding authority to process

applications made.

- People told us staff offered them choices as to how they spent their time and sought their permission before providing support.
- Staff told us they had completed training in understanding their roles and responsibilities in relation to the MCA and DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with genuine care and we observed positive interactions between staff and people.
- People told us, "The majority of staff are 100%, very good, kind and considerate." And, "Staff are very pleasant, sociable, dammed good at their job."
- Staff were highly motivated and passionate about the care they provided. They knew people well.
- Staff interacted with people in a friendly, relaxed and sensitive manner. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated people were treated with kindness and respect

Supporting people to express their views and be involved in making decisions about their care

- People told us they were encouraged to be involved in making their views known and their choices respected in relation to all aspects of their care. This included what they chose to eat, what time they got up and retired to bed, what clothes to wear and the gender of care staff supporting them. We saw that choices were recorded in people's care plans.
- People and their relatives told us family and friends were able to visit without restriction and, where appropriate, involved in the planning and review of care plans.

Respecting and promoting people's privacy, dignity and independence

- Care records and our discussions with staff, showed that promoting and maintaining people's independence was important. We observed staff giving people the time and the encouragement they needed to do things for themselves.
- People's right to confidentiality was respected. Care records were stored securely. Policies and procedures showed the service placed importance on protecting people's confidential information.
- People told us that staff were polite, respectful and protected their privacy. One relative told us, "They treat, [person's relative] as a human being. They [staff] talk to people in an adult manner, they never treat them like kids, it's not just a job for them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care plans had been developed, which provided the staff team with guidance about the needs of people and how these needs were to be met.
- There was a clear focus on providing person centred care and staff understood the needs of people, their past lives, their individual wishes and preferences.
- People consistently told us that staff went the extra mile to ensure that the care and support being provided was responsive to their individual needs, was reviewed and adapted as their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were provided with guidance in care plans which described how best to support people with sight and hearing impairment. This included information in relation to the use of hearing and visual aids.
- Staff spoke slowly and gave people time where they found decision making difficult. This helped people to understand and communicate their needs.
- Some available pictorial signage helped people to locate their way around their service.
- People had access to information about how to raise safeguarding concerns or complaints. The provider told us this was available in pictorial formats and large print if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities provided were varied. People told us, "There are some activities. We do exercise and they have singers who come and entertain us." And, "Staff sometimes come and paint my nails."

We observed people had access to a planned exercise class and visiting entertainer which they told us they enjoyed. However, one person said, "I find it boring, I sit in my room all day, I cannot do the exercises, staff don't come and sit and talk very often. No activity person comes in, I like to read, they sometimes do my nails and I have my visitors."

- We found limited information in the planning to support people cared for in bed from the risk of isolation.
- The registered manager told us they had recently appointed an activities coordinator who would shortly commence their employment at the service. The recruitment to this post they hoped would further improve the quality and range of activities available to people.

We recommend further work is carried out to ensure planning and monitoring of people cared for in bed to provide social stimulation and reduce their risk of isolation.

#### Improving care quality in response to complaints or concerns

- The provider's complaints and feedback procedure were visible and available to people who used the service and others.
- Where complaints had been received these had been investigated and reviewed by the management team and resolved where possible with a clear audit trail of actions taken in response.
- People told us they would feel confident to raise any concerns. We noted from a review of residents' meeting minutes people were reminded of how to raise concerns if they wished to do so.

#### End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.
- Care plans showed some people had been consulted as to their wishes if they should need end of life care. The registered manager told us this was a work in progress.
- A relative told us, "They [staff] asked about end of life and we sat and did the plan together with them. [Person's relative] was fully involved with this. They [staff] handled it really well, nice and humane, sensitive, not patronising in any way."
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders were in place for people who had expressed a wish not to be resuscitated.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were complimentary of the service they received and spoke highly of the staff and management team. One relative said, "This place was recommended to us and we would do the same, we have no worries."
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- There were systems in place to encourage feedback from people, their representatives and staff through surveys, care reviews and meetings.
- The registered manager kept an overview of all accidents, incidents, safeguarding and complaints. These were reviewed by the provider to ensure correct action had been taken and to identify any lessons that could be learned.
- There were established and governance systems with regular quality assurance checks and audits in place. People's experience of care and support were at the core of these systems.
- Where shortfalls had been identified as part of this inspection, as referred to in the safe section of this report, we were reassured by the provider prompt action had been taken in response.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service
- Staff spoke with pride about working at Maitland House. They demonstrated they were highly motivated and shared the same passion and commitment as the management team to provide quality, personalised care.
- One member of staff said, "I like working here. We work well as a team. The managers are so caring and supportive." Another said, "Things are getting done now since the new deputy manager started, also the atmosphere amongst staff is better. I can go to the deputy with any problems, she is the most approachable."
- Staff incentive schemes recognised and awarded staff good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care



- People, their representatives and staff were encouraged to contribute their views on an ongoing basis. Where people made suggestions to improve the quality of care in residents' meetings, surveys and care reviews, action plans were put in place in response.
- The provider and representatives of the provider visited regularly to carry out quality and safety monitoring which involved talking to people who used the service to gain their feedback.
- Staff told us they were fully informed of changes and, encouraged to share ideas to improve team working and people's experience of the care and support provided.
- There was a system to ensure staff received the training they needed to meet people's needs. Where updated training was due, staff were informed of this and record of completion was kept under review to make sure it was done.
- The provider had developed an open culture and lessons were learned when issues had happened. Learning was shared between the provider's services with action plans to reduce the risks of similar happening in the future.
- Work was underway to improve links with the local community. Links had been made with a local church. Plans were ongoing to work with a local organisation known as 'Friend in Deed', a charity which supports intergenerational links with weekly visits from young families to care homes.

#### Working in partnership with others

- Feedback from healthcare professionals who regularly visit the service were complimentary and cited positive and effective working arrangements. One told us, "This is one of the nicest homes we visit. We have a good relationship with the manager." Another said, "I have always found the staff to be caring and proactive in their care of the people who live here. I often see activities going on. There is a good atmosphere about the place."