Maesbrook Care Home Ltd

Maesbrook Nursing Home

Inspection report

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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 inspection took place on 27 and 28 February 2018 and was unannounced.

Maesbrook Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Maesbrook provides accommodation with nursing care for up to 45 people. Accommodation is arranged over three floors with a shaft lift providing access to the first and second floor.

At the time of the inspection there were 42 people living at the home.

At our last inspection in September 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe living at the home. There were sufficient numbers of experienced staff to meet people's needs. People were protected from the risk of harm or abuse because the provider had effective systems in place which were understood and followed by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were cared for by staff who had the required training to meet their needs. People could eat well in accordance with their needs and preferences. People's healthcare needs were monitored and met.

Staff treated people with kindness and respect. People lived in an environment which was welcoming and homely and staff respected people's right to privacy.

People were cared for by staff who knew what was important to them. People were provided with opportunities for social stimulation and trips out. People's religious and cultural needs were understood and met by staff. Complaints were taken seriously.

Staff told us the management within the home were open and approachable. The registered manager and provider continually monitored the quality of the service and made improvements where needed.

Further information is in the detailed findings below

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 remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Maesbrook Nursing Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 27 and 28 February 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and an Expert by Experience who assisted us on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection was partly prompted by an incident which had a serious impact on a person who used the service and this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, we did look at associated risks.

At our last inspection of the service in September 2016 we did not identify any breaches in our regulations.

We looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We used this information to plan the inspection.

During our visits we spoke with 10 people who used the service, four relatives and one visitor. We met with the registered manager, deputy manager and 10 other staff members.

Some of the people we met with were unable to tell us about their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of five people who lived at the home. We also looked at records related to the

management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

The service continued to be safe.

People told us they felt safe living at the home. One person said, "I am very safe here. I have no worries." Another person told us, "They [staff] take good care of me. Yes; I feel safe here." Another person said, "I have lots of my own personal belongings in my room, I am very happy and have no worries about my safety or the safety of my belongings."

There were sufficient numbers of staff to meet people's needs and help to keep them safe. We observed staff responded quickly to any requests for assistance and staff were available when people needed them. When people used their call bells to summon assistance, these were responded to in a timely manner. One person said, "The carers are wonderful and some of them have been here a long time, they don't really use agency carers. They all work together to get the jobs done."

The provider's procedures for staff recruitment helped to keep people safe because they made sure only people suitable to work with the people who lived at the home were employed. Staff told us they had not been able to commence work in the home until all checks had been carried out.

People were protected from the risk of harm or abuse because staff had been trained to recognise any signs of abuse. Staff were knowledgeable about how to report concerns and they told us they were confident that concerns would be taken seriously and action taken to ensure people were protected. Where allegations had been made the registered manager had worked in partnership with appropriate authorities to make sure issues were fully investigated.

Where things went wrong the provider learned from these mistakes and took action to make sure improvements were made and people were safe. Before this inspection we were made aware of a serious incident which had occurred. This incident was subject to an external investigation so we did not focus on this during our inspection however, we continue to consider this information. We were able to see that the provider had taken action to mitigate further risks to the people who used the service.

There were procedures in place for the safe management and administration of people's medicines and these were understood and followed by staff. People received their medicines only from staff who had been trained to carry out the task. A person who lived at the home said, "I do take medication, I think it's for my circulation. I don't have to ask; it always comes." Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Medicines were securely stored. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

Care plans contained risk assessments which related to assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been

developed to minimise risks and these were understood and followed by staff. For example, some people required staff to assist them to regularly change position. Records showed that staff had assisted them at regular intervals. Where there was an assessed need, we saw people had specialised mattresses on their bed and pressure relieving cushions on their chair.

People were protected from the risk of the spread of infection because staff had received training in infection control and there were systems in place to minimise risks. The home was kept clean by a dedicated team of domestic staff and all staff had access to personal protective equipment such as disposable gloves and aprons. Sanitising hand gel and hand washing facilities were available throughout the building.

The premises were well maintained. Maintenance staff were employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan which gave details about how to evacuate each person with minimal risks to people and staff.

Good

Is the service effective?

Our findings

The service continues to be effective.

People were supported by staff who had the skills, training and experience to meet their needs. One person who lived at the home said "All the staff are marvellous and they look after me very well." A relative said "I think the staff are very good. They all seem to know what they are doing and I am happy with the care my [relative] gets here." A member of staff said "The training is really good. You get everything you need and if you want more training it is always arranged." There were effective systems in place to monitor staff training and to alert the management when refresher training was due. Staff completed training in health and safety and also received training specific to their role and the needs of the people who lived at the home. Examples included diabetes, nutrition and hydration, dementia and end of life care. The registered manager ensured registered nurses maintained their registration with the Nursing and Midwifery Council and that they were fit to practice.

Before people moved to the home the registered manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations.

People were supported to maintain good health and well-being. People received regular checks from opticians, chiropodists and GP's. Records showed that where there were concerns about people's health, these were quickly referred to the GP who then made referrals to appropriate health care professionals such as speech and language therapists and dieticians. A person who lived at the home said, "They have always been very efficient if I need to see a doctor or a nurse." The registered manager and staff told us they received excellent support from tissue viability nurses who supported them with the management of pressure sores. A physiotherapist visited the home once a week and also met with new admissions when they moved to the home. We saw positive feedback from a health care professional who said, "Communication links with you are excellent. We have always had positive feedback from relatives and appreciate all you do for us and our patients."

People were supported to have enough to eat and drink. One person said, "There are plenty of food choices and nicely presented, which is important." Another person told us, "The food is very good, plenty of choices and lots of puddings to choose from. We are very lucky, some of us have special diets, gluten free and the like, they always cater for all of us. Nothing is too much trouble for them. 2.30 in the morning I was eating bread and jam, I couldn't sleep, they made me some hot chocolate too and I had biscuits." Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. People were provided with food and drink which met their assessed needs. Examples included soft or enriched diets and thickened fluids. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals.

Staff understood the importance in seeking people's consent. Throughout both days of our visits we heard staff asking for people's consent before they assisted them with a task. Staff were also clear about the need to respect people's rights. The people we spoke with told us that their rights were respected. One person said, "I can do as I please. If I want a bit of a lie in in the morning, that's fine." Another person said, "They [staff] don't make you do anything. If I don't want to do something; I won't do it."

Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and had made applications for people who required this level of support to keep them safe.

The environment had been suitably adapted to meet the needs of the people who lived at the home. There were grab rails to assist mobility and a shaft lift gave access to bedrooms on the first and second floors.

Good

Is the service caring?

Our findings

The service continues to be caring.

People were supported by staff who were committed and very caring. The atmosphere in the home was warm, welcoming and very homely. Staff spoke with great compassion when they told us about the people they supported. One member of staff said "I wouldn't want to work anywhere else. I think of the residents as family and they all mean so much to me." A relative told us "The staff really do care and they care about me too." A person who lived at the home said "All the staff are lovely and caring."

Where people required assistance with personal care needs, they were supported in a discreet and dignified manner. A person who lived at the home said, "I have never found the carers intrusive and they respect my privacy and are mindful of dignity in my experience." We observed staff assisting people to transfer with the aid of a mobile hoist. Staff explained what was happening and reassured the person throughout the transfer. A blanket was placed over the person's legs to protect their dignity.

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. One person told us "I am happy in my room. I can go to the lounge when I want to but staff respect my wishes when I want to be by myself."

All the staff we met with had a good knowledge and understanding about people's needs, preferences, social history and what was important to the people they supported. We heard staff chatting with people about their family and pets. A relative told us, "The carers have training classes here. They seem quite knowledgeable and they do know my [relative] pretty well now."

Good

Is the service responsive?

Our findings

People continue to receive a responsive service.

Staff knew people well which enabled them to provide care that took account of people's personal routines and their likes and dislikes. People said they could follow their own routines. One person told us, "I go to bed when I choose, usually around 9.30pm, I usually wake quite early but the carers always ask me what time I want to be woken should I sleep in." Another person said, "I've been here a while and the staff have got to know me very well. They know all my little ways." We observed people moving freely around the home and choosing where they wished to spend their time. We heard staff asking people who were unable to mobilise independently if they were happy where they were sitting.

Care plans contained basic information about people's life history and preferences however a member of staff told us they were in the process of completing a 'This is me' document for each person. This would provide more in-depth information about what was important to the person, their family, and friends and how they liked to spend their day. This would help staff, especially newly appointed staff to support people in a way that met their needs and respected the person's wishes.

People were involved in planning and reviewing the care they received. One person said, "The staff have a chat with me to check I am happy with everything or if I need more help." A relative told us, "As a family we are kept fully informed and we are invited to reviews." Another relative said, "They have been very helpful and have kept family informed if [relative] has been unwell or if there have been any significant changes. The doctor comes when needed, they are very good here and will call."

Staff had a handover meeting before each shift which kept them up to date with any changes in people's needs and enabled them to change the care people received if required. We sat in on a handover meeting during our visit. Staff shared important information about people's health and well-being.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the local community. There were visiting entertainers, animal therapy, trips out to places of interest as well as in house activities such as gentle exercise, arts and crafts and sing-a-longs. One person told us, "I love football and staff take me regularly to watch matches."

There were policies in place and staff had received training in equality and diversity. The registered manager gave several examples where they had supported people with diverse needs which related to religion and sexuality.

People were able to see religious representatives which enabled them to practice their faith even if they were unable to attend services or meetings outside the home. On the first day of our visit many people attended a religious service at the home which was conducted by a local vicar. The Vicar said, "Staff really care about people's spiritual needs. They always let us know if somebody wants to attend but can't come

down to the lounge. That enables us to visit them in their room." A Deacon also regularly visited the home to hold communion. A person who lived at the home said, "The deacon comes once a week and I have Holy communion. There is a local society that comes in to read to me occasionally."

Information for people had been produced in accessible formats such as large print and pictures.

People could be assured that any complaints made would be dealt with in accordance with the provider's policy. Where complaints had been made these had been investigated and action had been taken where shortfalls were highlighted by investigations. Actions taken had included meeting with the person or their relative and providing additional support and supervision for staff.

A person who lived at the home said, "The nurses and carers are all very friendly, I have no complaints about anyone or anything." Another person said, "[Name of registered manager] puts things to rights and is always available if you need to chat or if you have any problems." A relative told us, "I would definitely report any concerns if I had any. I am confident they would be taken seriously." Another relative said, "They do have occasional resident and relatives meetings but if I had any requests or concerns I wouldn't wait for one, I would go straight to the manager."

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. The registered manager ensured that appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity. The registered manager said, "We always ensure people experience a pain and fear free death. Nobody dies alone. We will always sit with them and comfort them."

Good

Is the service well-led?

Our findings

The service continues to be well-led.

There was a registered manager 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.

The registered manager was supported by a deputy and both had worked at the home for many years and had an excellent knowledge of people who lived there. People and staff told us the management of the home was very open and transparent. One person said, "If you have any worries you can talk to [registered manager] or [deputy manager]. They'll get it sorted." A member of staff told us "It's a great place to work. Both [registered manager] and [deputy manager] are very approachable. We all work as a team. It's more like a family really."

Through discussion with staff and our observations, it was evident that the needs of the people living at the home came first and staff were committed to providing a homely environment where people felt safe and well cared for. A member of staff said, "This is a wonderful home. I have never worked anywhere quite like it. It's a home from home. The residents' home; not an institution."

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included tissue viability nurses, physiotherapists, commissioners and the local authority safeguarding team. The professionals we contacted did not express any concerns at the time of our inspection.

People benefitted from the registered manager having established links with the local community. They were proactive in fostering links with community groups and organisations and these were impacting positively on people's lives. For example, with the local school and church. The local community had been invited to several events at the home which included barbeques and fetes. People were currently involved in collecting and sorting items for a jumble sale.

The registered manager and provider promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example following a significant incident at the home, the registered manager had worked in partnership with other authorities and had implemented systems to reduce the risk of the incident happening again. Areas for improvement were identified and shared with staff and additional training had taken place.

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated

the home had a culture of continuous improvement in the quality of care provided.

In accordance with their legal responsibilities, the provider had conspicuously displayed their previous inspection rating both in the home and on their website. They had also informed us of significant events which had occurred in the home.