Maryland Carehome Ltd

Maryland Care Home

Inspection report

5-7 School Lane
Formby
Liverpool
Merseyside
L37 3LN

Tel: 01704873832

Date of inspection visit:
25 July 2016

Date of publication:
30 August 2016

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

This unannounced inspection took place on 25 July 2016.

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.

Maryland is a care home which provides personal care for up to a maximum of 30 people. The care home is situated in the centre of Formby with easy access to public transport and shops. The home has three lounges, a dining room and conservatory. There is limited car parking and the front door entrance provides disabled access.

During our inspection our observation and the home's rotas showed that staffing levels were consistent, however, some people living at the home, the staff and relatives told us they sometimes felt the home did not have enough staff on duty.

Processes relating to the safe administration of medications were in place within the home. We observed people being given their medications appropriately.

People and relatives we spoke with told us they felt safe living at the home.

Risk assessments were in place and personalised. These were reviewed on a regular basis for any change.

The staff we spoke with were aware of what constituted abuse and how to report an alleged incident.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people. Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building

Staff had regular supervision and appraisal.

People had a plan of care in place which was personalised and contained information such as their likes, dislikes and backgrounds. As well as other information relevant to their needs ensuring they got the care which was right for them.

The registered manager and the staff had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this.

Food was fresh and home cooked. Everyone we spoke with told us they enjoyed the food and got enough to

eat and drink.

A process was in place for managing complaints and the home's complaints procedure was available so people had access to this information.

People and relatives were complimentary about the registered manager and the provider.

Staff were aware of the home's whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas of practice and clear and transparent action plans when areas of improvement were identified by the audit process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People and staff told us that staffing levels were not always sufficient.

Medications were stored and administered safely by staff who had received the correct level of medication training as stated in the provider's policy.

People told us they felt safe living at the home.

Risk assessments and associated care plans were in place depending on each person's individual need.

Staff understood what abuse meant and had received training in adult safeguarding.

Is the service effective?

Good

The service was effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People got plenty to eat and drink, and we received positive comments about the food.

Staff were trained in accordance with the provider's policies and we saw supervisions were completed every six to eight weeks.

People received access to health professionals when they needed to and were supported to attend medical appointments.

Is the service caring?

Good

The service was caring.

We received positive comments about the caring nature of the staff.

People who lived at the home told us that the staff respected their privacy and treated them with respect.

We observed positive engagement and interaction between people living at the home, their families and the staff.

Is the service responsive?

Good

The service was responsive

Care plans were personalised and contained information about people's likes, dislikes and preferences.

There was a complaints procedure in place and it was accessible for people who lived at the home. People and their relatives told us that they knew how to complain.

There were some activities and people could choose what they did with their time.

Is the service well-led?

Good

The service was well-led.

People and staff told us they felt the home was run well, and they liked the manager and the provider.

There was regular auditing taking place of care files, medication, and other documentation relating to the running of the service.

There were quality assurance systems in place, and people were regularly asked for feedback to help improve the service.

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 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.

The inspection took place on 25 July 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in the care of older people. 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. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the intelligence the Care Quality Commission had received about the home.

During the inspection we spent time with four people who were living at the home and they shared their views of the home with us. We also sought feedback from a relative who was visiting the home at the time of our inspection. We spoke with five staff, including the registered manager, the chef and the provider.

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

Requires Improvement

Is the service safe?

Our findings

We looked at how staffing was managed in the home. We received mixed responses concerning staffing levels at the home. One person told us "Staff are a bit short in numbers from time to time." Another person said "Very short of staff." Also one person said "I would like to see some minor issues addressed, more consistent staffing levels." Staff we spoke with told us that the home was sometimes short of staff, despite the owners of the home helping out on shift when needed. One staff member said "It can sometimes be very hard for us. We have brought this up before (to the owners) it's more when staff phone in sick." A person who lived at the home told us "I would like a bath or shower every day, but understand the staff are busy so I can't." We highlighted this to the provider and registered manager at the time of inspection, as we were concerned that people were not able to choose when they had baths due to staffing levels. The registered manager told us that everyone could get a shower every day; however, baths were offered on a rota basis. Our observations showed that the home did not appear short staffed, call bells were answered promptly and people were assisted at lunchtime without having to wait. Another person we spoke with told us "There are enough staff on duty, there are very obliging."
We saw that the registered manager and provider work as part of the staff team. The registered manager informed us they do this to cover any staff sickness as an alternative to using agency staff.

We recommend the provider looks at their practices in relation to staffing and takes action accordingly.

Everyone we spoke with told us that they felt safe living at the home. Comments included "I feel safe, quite happy here." Someone else said "Yes I feel safe because of the lift." One family member who was visiting their relative at the time of our inspection said "No concerns at all regarding safety, [person who lives at the home] has their health and safety needs met."

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff to reference on safeguarding people, including whistle blowing.

The manager provided us with an overview of how medicines were managed within the home. Processes were established for receiving and monitoring stock, and the disposal of medicines. Medicines were held in two locked trolleys. The trolleys were stored in a locked room. Medicines were administered individually from the trolleys 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.

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.

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.

We reviewed three files relating to staff employed at the home. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid check is a requirement for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults.

During this inspection we identified that risks to people's safety were assessed as part of their care plan. Areas that were assessed included people's nutrition, pressure area care, behaviour and personal care. The staff were knowledgeable regarding people's individual risk and what actions to take to ensure people were safe. We saw that risk assessments were reviewed monthly or when there was a change in a persons need.

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home and the method of assistance required had been personalised to meet the needs of each person. There was a fire and emergency plan displayed in the hallway. Procedures were in place for responding to emergencies and in the event of a fire

We checked to see what safety checks were undertaken on the environment. We saw a range of assessments and service contracts, which included gas, fire safety, electric and legionella. We spot-checked the date of some of these certificates.

Good

Is the service effective?

Our findings

Staff told us they felt they had the right skills to enable them to support people effectively and told us they enjoyed their training. Training was a mixture of e-learning and practical workshops. We looked at the training matrix for the home and could see that staff had attended all of the home's mandatory training and certificates reflected this. The registered manager was monitoring when staff training expired and when refresher training needed to be booked. Staff told us they had an induction when they first started working at the home which involved them shadowing more experienced members of staff.

We asked the staff if they had regular supervision and appraisal. Staff told us they had regular supervision and there was a supervision schedule in place confirming this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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 were being met. All the staff team had received training in the principles associated with the MCA and DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. Records showed applications had been authorised, were being managed and were being kept under review.

Staff understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at the provision for planning and serving food. We ate lunch with the people who lived at the home and found it to be a pleasurable experience. The tables were laid out with tablecloths, napkins place cards, and salt and pepper. People told us they enjoyed the food, one person said "It's very good on the whole." One visitor told us "[Family member] finds the food a bit boring." We saw people were offered a choice of main course, and a choice of drink with their lunch. Staff were serving people and asking if they

required second helpings or more to drink. The chef told us, "People can always request something different if they want to." We heard someone ask if the chef served coleslaw, and we heard the staff member tell them, "I can ask him to make you some."

People's care records informed us they had regular input from professionals if they needed it, including the dentist, optician, chiropodist and GP. There was a document included in each person's care file which recorded the date when they been visited by a healthcare professional and the outcome of the visit.

Good

Is the service caring?

Our findings

Everyone gave us positive feedback about the staff and the way they were supported in the home. Comments included "Staff are very devoted to the people they care for." And "Staff are remarkably kind and patient." One person also said "Very good to me the staff, I chat and talk to them." One visitor told us "Staff are very, very pleasant, very nice to [family member]." Someone else said "I have made myself very independent here."

We observed interactions between staff and the people who lived at the home. We saw that staff treated people with respect and kindness. The atmosphere was calm and there was no one anxious or unsettled throughout the day. When people did need assistance, we saw that staff attended to them promptly.

We asked staff to give us examples of how they protect people's dignity and privacy. One staff member said, "We never discuss other residents in communal areas so we don't break their confidence." Also "We ask people if they would like help, instead of just presuming they do." Other comments included, "We close doors" other staff told us "We cover them up with something, towels or blankets." We heard staff addressing people by their preferred title throughout the day.

We did not see any confidential information displayed in any of the communal areas and staff spoke to people discreetly about personal things, such as taking medication or going to the toilet or asking them if they wanted help to go to their rooms. We saw that people's records and care plans were stored securely in a lockable room, which was occupied throughout the duration of our inspection.

Care plans showed that people and their families had been involved in their development. People told us they were happy with the care and support they received, although not many people could recall being involved in their care plans.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw the no one was accessing these services during our inspection.

Good

Is the service responsive?

Our findings

People told us they were supported to do things that are important to them. For example one person told us how they enjoyed going to church every day. They also said, "I go to the pub every evening and the staff will make me a brew and something to eat when I come back if I want it." Another person told us they enjoyed accessing the local village independently. They said, "We're ideally situated for Formby village - I have a little walk in the afternoons."

We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to view. People and relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. The procedure clearly explained what people had a right to expect when they raised a complaint and the timescales as to when they should expect their complaint to be responded to. Everyone in the home told us they knew how to complain, most people said they had never had a cause to complain. One person said "You'd have to be miserable to complain." Another person told us that had once complained to the provider about the home being cold and the provider had adjusted the heating for them.

Everyone had undergone an initial assessment process before being offered a place at the home. We saw that the initial assessment process captured the views preferences, wishes, aspirations of the person before they came into the home. For example one person suffered with depression and certain conversation topics could trigger this. This was well documented in the persons supported plan. Information such as what people did for a job, and what music they liked were also documented in their care plans. Staff were knowledgeable regarding people's care needs and how people wished to be supported. People told us they had no issues with regards to the gender of their care worker, however, we could see that this choice was documented in the persons care file. People's care plans were signed to show that they had contributed to the assessment and planning of their care. Care plans were reviewed every month for changes.

The home arranged activities. People told us about the activities and that they enjoyed them. We observed one person was having their nails painted during our inspection and other people were completing puzzles. One person told us, "The chiropodist comes every six weeks and the hairdresser visits every week. She has her own room." No one told us they every felt bored and one person told us they were not interested in activities.

We saw that meetings for people living at the home were taking place annually and the next one was planned for the next few weeks. The provider said told us that because they were always at the home and had a 'hands on approach' to management, people and their families would often spend time with them if they had anything to discuss.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been there for a number of years.

People we spoke with told us they were very happy with the way in which the home was run. One person told us, "Atmosphere is quite good, jolly." Another person said, "Very good overall atmosphere." Also, "Quite happy with the management."

Staff we spoke with said the registered manager was supportive and they would recommend the home to their families and friends. Staff had handovers between shifts so that they were aware of any changes since they were last working. The handovers were recorded. Staff told us the culture of the home was open and transparent and it was clear the manager and the owner of the home were 'hands on', led by example, were clearly proud and passionate about the home and cared about the staff and the people living there.

There were audits for the safety of the building, finances, care plans medication and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the manager. The registered manager did their own weekly audit of the building and regular care plan checks.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We looked at how the manager used feedback from people living at the home and their relatives to improve the service at Maryland. We saw that the manager had sent out multiple choice questionnaires. The results had been analysed. Nearly 100% of people said they liked living at the home. We saw that one person had stated that their room was 'average.'

The manager was aware of their responsibilities concerning reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. The provider was displaying their ratings as required by law from their previous inspection.