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Mulroy's Seaview 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 14 and 15 February 2017. The first day of the inspection was unannounced. This meant that the registered provider and staff did not know we would be visiting. The second day of inspection was announced. The service was last inspected in February 2016 and was meeting the regulations we inspected at that time.

Mulroy's Seaview is a converted property on the seafront at Redcar. The service is situated near to the town centre with a wide range of facilities. The service provides personal and nursing care to a maximum of 27 people who have a mental health condition and some of whom also have a physical disability. At the time of our inspection 27 people were using the service.

There was a registered manager in place. 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.

People told us they felt safe at the service. Risk to people using the service were assessed and plans put in place to reduce the chances of them occurring. Regular checks of the premises and equipment were made to ensure they were safe to use. Plans were in place to support people in emergency situations. There were procedures to safeguard people from the types of abuse that could potentially occur in care settings. People's medicines were managed safely. There were enough staff deployed to keep people safe. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

People told us staff were effective at supporting them and received the training they needed to do so. Staff received training in a wide range of areas and spoke positively about the training they received. Staff were supported through regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were protected. People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

People spoke positively about the support they received, describing staff as kind and caring. People told us staff supported them to maintain their dignity, and treated them with respect and promoted their independence, especially by encouragement and prompts. Throughout the inspection we saw numerous examples of kind and caring support. People were supported to access advocacy services where needed.

People told us they were involved in planning their own care and that staff took time to talk with them about what they wanted. Support was based on people's assessed needs and preferences and was person-centred. People were supported to access activities they enjoyed. There was a complaints policy in place and people we spoke with said they knew how to complain if needed.

People spoke positively about the registered manager, who was a visible presence around the service. Staff

said they were supported by the registered manager and deputy managers and said the service was well-led. Feedback from people using the service was sought through an annual questionnaire and monthly meetings. The registered manager and deputy manager carried out a number of quality assurance checks to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

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.

Risks to people were assessed and minimised.

People were supported by staff who had been appropriately recruited and inducted.

Safeguarding procedures were in place to help protect people from abuse.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training to ensure that they could support people appropriately.

Staff understood and applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet and access external professionals.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and with dignity and respect.

Staff encouraged people to be as independent as possible.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

Care was based on people's assessed needs and preferences.

People were supported to access activities they enjoyed.

The service had clear complaint procedures and people said they knew how to use them.

Is the service well-led?

Good

The service was well-led.

Staff felt supported and included in the service. People spoke positively about the registered manager.

Audits were used to monitor and improve standards.

Feedback was sought and acted on.

The registered manager submitted required notifications to CQC.

Mulroy's Seaview 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 inspection took place on 14 and 15 February 2017. The first day of the inspection was unannounced. This meant that the registered provider and staff did not know we would be visiting. The second day of inspection was announced. The inspection team consisted of one 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

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This 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 contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Mulroy's Seaview Nursing Home. We received positive feedback about the service.

During the inspection we spoke with six people who used the service and four external professionals. We looked at three care plans, medicine administration records (MARs), quality audits and handover sheets. We spoke with eight members of staff, including the registered manager, deputy managers, nursing, care and

domestic staff. We looked at four staff files, including recruitment records.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person we spoke with said, "I feel 100% safe. The staff make me feel safe. I can trust them." Another person told us, "Staff make me feel safe".

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Before people started using the service an assessment of their support needs was carried out, covering areas such as mobility, cognition, nutrition and any diagnosed conditions they had. Where a risk was identified a care plan was produced to reduce the risk to the person. For example, one person was identified as being at high risk of falls. They had a care plan in place setting out the equipment and procedures to be used to help keep them safe. Another person was at risk of choking and their care plan set out how the risk could be reduced through a specialised diet. Recognised tools such as the Waterlow scale were used to help identify risk. Waterlow gives an estimated risk for the development of a pressure sore. Risk assessments were regularly reviewed to ensure they reflected people's current levels of risk.

Regular checks of the premises and equipment were made to ensure they were safe to use. These included checks of fire exits, external doors, water temperatures, firefighting equipment and emergency lights. Required test and maintenance certificates were in place in areas including hoists, fire alarms and gas safety. An electrical safety certificate was overdue but maintenance staff explained that the servicing company had changed and a retest was arranged within weeks. Accidents and incidents were monitored by the registered manager and deputy managers to see if any improvements to the service could be made to help keep people safe. For example, one person had suffered a fall in April 2016. This lead to a meeting with other professionals involved in their care and the installation of a crash mat next to their bed to help keep them safe.

Plans were in place to support people in emergency situations. The registered manager carried out an annual fire risk assessment, which had most recently been done in January 2017. Fire drills and evacuations were carried out to help staff practice for emergencies. People we spoke with confirmed fire drills took place and told us where they would meet in case of an emergency. Each person using the service had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. There was also a business continuity plan in place. This contained guidance to staff on providing continuity of care in emergency situations that disrupted the service, such floods, severe weather or loss of utilities.

Procedures were in place to safeguard people from the types of abuse that could potentially occur in care settings. Staff received safeguarding training, had a good working knowledge of safeguarding issues and said they would be confident to raise any concerns they had. The registered manager said, "We have a zero tolerance policy on anything like that. It can be a wrong word or a wrong attitude and we come down on it like a ton of bricks. These people (using the service) are VIPs and they deserve the best." A member of staff we spoke with said, "I would be happy to raise any concerns and I've had safeguarding training." Staff also said they would not hesitate to whistleblow. Whistleblowing is when a member of staff tells someone they

have concerns about the service they work for. One member of staff told us, "I have no problem in whistleblowing. Everyone here is someone's grandma, mum or brother. I wouldn't let it happen to my own family and won't let it happen here." Where issues had been raised we saw that these had been investigated and referred to the relevant local safeguarding department.

People's medicines were managed safely. One person at the service managed their own medicines. This had been risk assessed, in discussion with the person's GP, to ensure it could be done safely. Everyone else at the service had their medicines managed by staff. One person's medicines were given covertly. Covert medication is the administration of medicines in disguised form, usually in food and drink. This had been appropriately approved by the person's GP at a best interest meeting.

Staff had access to a medicines policy containing guidance on record keeping, administration and the management of 'as and when required' (PRN) medicines. Medicines were managed and administered by nursing staff, who received the training needed to do this.

Each person at the service had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and is used to record when the medicines have been administered. Each person's MAR contained their date of birth and photograph to help reduce the risk of medicine being given to the wrong person. We reviewed four people's MARs and saw they contained no omissions in recording. MARs also contained PRN protocols when people were prescribed 'as and when required' medicines, to provide guidance to staff on when these might be needed.

Medicines were safely and securely stored in a locked cupboard inside the nurses' office. Additional stocks were stored in a secure room in the basement. Regular temperature checks of storage areas were made to ensure they were within appropriate ranges. Stocks of people's medicines were regularly reviewed to ensure they had access to them when needed, and any surplus or unneeded supplies were appropriately disposed of.

There were enough staff deployed to keep people safe. People told us there were enough staff at the service. One person told us, "Yes, enough staff. They are very friendly and I get to talk to them one to one." Another person said, "Always enough staff. I get help when I need it." Staffing levels varied day to day as sometimes additional staff were deployed to help people access activities or appointments. Minimum staffing levels between 9am and 9pm were one nurse, one senior care assistant and five care assistants. Between 9pm and 9am minimum staffing levels were one nurse and two care assistants. Rotas we looked at confirmed those staffing levels. The registered manager and a deputy manager were also qualified nurses and provided care and support to people when needed in addition to their managerial roles. Sickness and holiday leave were covered by staff picking up extra shifts, and staff told us this system worked.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants for positions were required to complete an application form setting out their care experience and employment history, and we saw that any gaps in employment were explored. References were sought, identify checked and Disclosure and Barring Service (DBS) checks carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with children and adults. Applicants for nursing positions had their registration with the Nursing and Midwifery Council (NMC) checked before they were employed. The NMC is the professional regulatory body for nurses and maintains a register of nurses and midwives allowed to practise in the UK, including any restrictions that have been placed on the individual's practice.

Good

Is the service effective?

Our findings

People told us staff were effective at supporting them and received the training they needed to do so. One person we spoke with said, "The way they look after me tells me they are well trained." Another person told us, "I feel the staff are confident. For example, if a resident 'kicks off' (has behaviours that can challenge) they can bring him down which shows they are well-trained."

Staff received mandatory training in a wide range of areas, including moving and handling, first aid, food hygiene, safeguarding, infection control, health and safety and break away training. Mandatory training is training the registered provider thinks is necessary to support people safely. Training was regularly refreshed to ensure it reflected current best practice. Records confirmed that staff training was either completed or planned. Nursing staff were supported to maintain their professional registration and to keep up to date with good practice information from the Nursing and Midwifery Council (NMC). On the first day of our inspection some staff were completing first aid and moving and handling training.

Staff spoke positively about the training they received and said they would be confident to request more if they felt they needed it. One member of staff said, "We have mandatory training. There's plenty of it. I'm going to raise a training request in my next supervision and I'm sure I'll get it." Another member of staff told us, "The training is fantastic, and we get it regularly." The same member of staff also said nursing staff assisted other care staff with any care-related questions they had.

Newly recruited staff completed an induction process before supporting people without supervision. This included an introduction to the registered provider's policies and procedures, working under the supervision of more experienced staff for a period of time and regular meetings with the registered manager to discuss the new staff member's progress.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Minutes of these meetings showed they were used to discuss staff knowledge and practice, the needs of people living at the service and any additional training the member of staff thought they needed. Staff told us they found these meeting useful and would be confident to raise any support needs they had during them. One member of staff we spoke with said, "We get support at supervisions."

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).

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. At the time of our inspection 11 people were subject to DoLS authorisations. Some people at the service were subject to other legal restrictions on their ability to make decisions for themselves, such as Community Treatment Orders (CTOs). Clear records of these were kept, and staff were able to tell us who was subject to such authorisations. Staff at the service helped people to understand any restrictions that were in place. For example, one person we spoke with told us, "I can go anywhere as long as I'm with someone, I understand this needs to happen as I am on a CTO." Where people had capacity to consent they signed their care plans to consent to their care.

Staff had a good working knowledge of the principles of the MCA, and these were discussed in supervision meetings. Nursing staff helped other care staff to keep up to date with the latest best practice in mental health care for people who do not always have capacity to make decisions for themselves. One member of staff we spoke with said, "We get mental health training. The nurses get more, and they break it down for us."

People were supported to maintain a healthy diet. When people started using the service their nutritional needs and preferences were assessed and recorded. The cook was knowledgeable about any specialist diets people had, such as diabetic and soft food diets, and were aware of any food allergies. These were recorded in the kitchen for other staff to consult. People were regularly weighed to monitor their nutritional health, and where required additional monitoring was undertaken by staff such as daily recording of people's food and fluid intake. Regular food hygiene checks were made in the kitchen, including food temperatures and cleanliness. The kitchen was inspected by the local environmental health department in February 2016 and awarded a maximum score of five out of five. The service had an apprentice working in the kitchen, and during the inspection we spoke with their college apprenticeship assessor. The assessor told us they were impressed with the kitchen, saying kitchen staff, "consulted with residents and adapts to change (in people's diet). I've always found the staff very helpful and have observed a high standard of cleanliness in the kitchen".

There was a daily menu for people to choose from but people could ask for items not on the menu and this was provided. The cook said, "We have more than enough food. [The registered provider] had always said get them (people using the service) whatever they want. They can have it if they ask for it." People spoke positively about food at the service. One person told us the food was "Very good. If you don't like what's on the menu they make you something different." Another person said, "There's always two choices. Food is excellent. Sunday lunch is brilliant." Another person said, "Sunday dinner is lovely and the curry is good. We always have a choice."

People were supported to access external professionals to maintain and promote their health. People's care plans contained evidence of the involvement of professionals such as the falls team, physiotherapists, GPs and district nurses. During the course of the inspection we spoke with four external professionals, all of whom gave positive feedback about the service. One professional we spoke with said, "We get everything we need and they (staff) are brilliant to work with. Whatever our care plans say, staff follow so that really helps us. No complaints at all." Another professional told us, "The level of detail we are provided with is absolutely amazing. We get all of their observations and appointments, which is really helpful. It's so rare to get this level of detail, in fact I've never know it." This meant people were supported to access external healthcare services to maintain and promote their health.

Good

Is the service caring?

Our findings

People spoke positively about the support they received, describing staff as kind and caring. One person we spoke with told us, "All the staff are lovely. Always kind." Another person mentioned one member of staff and said, "[Named staff member] bends over backwards to help staff and residents."

People told us staff supported them to maintain their dignity and treated them with respect. One person we spoke with said, "When they need to discuss something with me they always do it in private." Another told us, "Staff always knock before they enter my room." Another person said, "I rarely lock my door but I could if I wanted to." A fourth person we spoke with said, "Staff discuss things privately and always knock on my door." Throughout the inspection we saw staff behaving in the way people described, by knocking on their doors and waiting for a response before entering and discussed private matters away from communal areas where they might be overheard. We saw that one person spilled some food at the beginning of lunch, and staff quickly and discreetly supported them to leave the dining room to get changed to help maintain their dignity. Staff referred to people by their preferred names and spoke to people in a friendly but professional way.

People told us staff promoted their independence, especially by using encouragement and prompts. One person we spoke with said, "They encourage me to get involved in the activities. Occasionally I feel low and tend to stay in my room. They encourage me to come out." Another person said, "I try to look after myself." During our visit we saw staff encouraging people to try tasks for themselves but making it clear they were always there to help. For example, we saw one person who had mobility difficulties walking upstairs with staff walking a safe distance behind them in case they needed support.

Throughout the inspection we saw numerous examples of kind and caring support. For example, we saw staff supporting a person to move down a corridor. They did this at the person's own pace and were having a friendly and relaxed conversation with them as they did. In another example, we saw staff taking an item of clothing back to a person in their room. The member of staff had a brief conversation with the person, but said they would go and get them both a cup of tea and come back. We saw numerous friendly interactions between people and staff during the day, often involving jokes and laughter. The service had two dogs and a cat, which people treated as their own. We spoke with one person who helped looked after the cat. They explained that the cat liked to spend time in their room if there were people if didn't recognise in the building. This meant staff helped to create a homely and caring atmosphere for people using the service.

One person we spoke with said, "Care couldn't be any better. 10 out of 10." Another person told us, "The care is very good." An external professional we spoke with said, "Staff are so caring and know the people so well. They've made a real connection with people."

We asked people what they enjoyed about living at the service. One person we spoke with said, "I couldn't go in a nicer place than this. The location is brilliant, and I enjoy nice walks on the front. I get nice food and my room is always clean and tidy". Another person said, "The home is perfect, has a million dollar view, staff who do everything they can to please you, can't ask for more." Another told us, "I can do what I please."

Another said, "They are helping me get better, they give good care." A fifth person said, "I have my freedom but still get looked after."

At the time of our inspection four people were using an advocate. Advocates help to ensure that people's views and preferences are heard. People's care records contained evidence of the involvement of their advocates in planning their care.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their own care and that staff took time to talk with them about what they wanted. One person we spoke with told us, "Yes, they listen." People gave us specific examples of staff knowing their likes and dislikes, such as their favourite drinks or hobbies.

Support was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

Where a support need was identified a care plan was drawn up based on how the person wanted to be supported. For example, one person who was living with a dementia and could not always communicate verbally had a support plan with detail of non-verbal cues staff could use to identify what the person wanted. Another person had a support plan with lots of detail on how staff could support them through relapses in their mental health. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences.

Staff we spoke with were knowledgeable about people's support needs and could describe in detail how they preferred to be supported. Throughout the inspection we saw staff regularly updating each other on any support delivered to people and then recording this in people's care records. This helped ensure staff had the latest information on how people wished to be supported.

People were supported to access activities they enjoyed. The service did not have an activities co-ordinator but additional staff were deployed on days when people wanted support with activities. For example, the rota showed that one week a member of staff worked an extra shift in order to take people from the service to a local club. Minutes of house meetings for people using the service showed that suggestions for activities were discussed.

We asked people about the activities they took part in with staff, and examples they gave us included painting, drawing, jigsaws, bingo, trips to town, looking after the service pets, arts and crafts, trips to a local club, walks and board games. Board games and reading material were evident throughout the service and people were observed enjoying watching television in the communal lounges.

People spoke positively about the activities on offer at the service. One person we spoke with said, "This afternoon I am going for a walk with staff. Tonight I'm going for a meal in a local pub with staff." Another person told us, "[Staff member] is lovely. They take me line dancing and to church sometimes." We asked people if they were supported to pursue interests they had before moving into Mulroy's Seaview, and they said they were. One person we spoke with said they enjoyed watching a local football team and had been supported to access this with a relative. Another person said they had previously enjoyed baking and told us they were sure staff would help them to do this again if they asked to.

There was a complaints policy in place. This set out how complaints would be investigated, including the

timescales for doing so. The policy was located in the reception area of the service, and people we spoke with said they knew how to complain if needed. Since our last inspection in February 2016 no complaints had been received.

Good

Is the service well-led?

Our findings

The service had a registered manager, who was also the registered provider. People spoke positively about the registered manager, and they were a visible presence around the service. One person we spoke with said, "He looks after the house and everyone. He talks to us and listens." Another person told us, "He is very hands on."

Staff spoke positively about the culture and values of the service. One member of staff told us, "We try to accommodate everyone we can as much as possible and to meet every need." Another member of staff said, "The main priority is the welfare of the service users."

Staff said they were supported by the registered manager and deputy managers and said the service was well-led. Staff told us, "[The registered provider] goes the extra mile" and, "I feel supported by the managers. I have a really good relationship with them." Staff confirmed that staff meetings took place regularly and said these were useful for raising and discussing any support needs they had.

Feedback from people using who used the service was sought through an annual questionnaire and monthly meetings. The most recent questionnaire was completed in December 2016. A deputy manager had produced an analysis of the results, and this showed an increase in people rating the service as good or excellent since the 2015 questionnaire. Where people made specific suggestions for improvement plans were in place to act on them. For example, some people had requested an improvement to the rear courtyard of the premises and a plan was in place to replace seating and plants.

Records of monthly meetings showed they were well attended by people who used the service, and people were encouraged to raise any issues they had. The six people we spoke with all said they felt they could be involved in how the service was run if they wanted to be. One person told us, "We have monthly meetings. We discuss menus, care, laundry or anything you want." A 'management response' was produced after every meeting, setting out how suggestions and feedback would be acted on. For example, at the December 2016 meeting some people had suggested menu changes. The management response was to produce a food questionnaire so everyone could be involved in planning the menu. This meant procedures were in place to seek and act on people's feedback.

The registered manager and deputy managers carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were carried out of medicines, the kitchen, care plans, infection control and health and safety. Where issues were identified action was taken to address them. Issues requiring urgent action led to an 'urgent action sheet' being produced. For example, a care plan audit in April 2016 identified that one person's nutritional support information needed updating. An 'urgent action sheet' was issued requiring an update that same day and records confirmed that it had been completed. The registered manager also carried out audits in his capacity as registered provider, including regular checks of staffing levels, the premises, accidents and incidents and complaints. This meant

systems were in place to monitor and improve standards at the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.