Hallmark Care Homes (Brighton) Ltd

Maycroft Manor

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This was a comprehensive inspection which took place on 11 September 2018 and was unannounced. We previously inspected Maycroft Manor on 14 and 15 December 2015 and the service was rated as good. At this inspection we found areas of practice that need improvement, and the service is now rated as requires improvement. Maycroft Manor is a 'care home' that provides personal and nursing care for up to 105 people, on the day of inspection there were 98 people living at the service. 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 is a large purpose-built premises, with private bedrooms, shared communal areas and bathrooms. Some people living at the service were living with dementia, frailty or chronic health conditions.

Medicines were not managed safely, improvements were required in relation to recording and stock control. This was an area of practice that requires improvement.

The service had quality assurance systems and processes in place to assess, monitor and drive improvements in the quality of care people received. However, systems of audit for managing medicines were not robust. This was an area of practice that needs improvement.

The service had 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.

Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. The provider ensured staff were suitable to work at the service before they started. We observed people's needs being responded to in a timely manner. The service was clean and infection control procedures followed.

People's needs and choices were assessed prior to people moving into the service, and they were supported to have maximum choice and control of their lives. Staff continued to support people in the least restrictive way possible. People continued to enjoy a balanced diet and remained supported to access healthcare services as and when needed.

Care continued to be personalised to meet the needs of individuals including their care, social and wellbeing needs. The provider ensured there were systems in place to deal with concerns and complaints. End of life care was considered at the service and people's wishes were documented in their care plans.

We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. People's independence continued to be promoted, staff supported people in a dignified manner and people's privacy continued to be respected.

People, staff and relatives remained engaged and involved in the service provided. The culture of the home continued to be positive and respected people's equality, diversity and human rights.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Medicines were not managed or given to people safely, improvements were required in relation to recording and stock control.

Staff understood their responsibilities in relation to protecting people from harm and abuse. Potential risks were identified, appropriately assessed and planned for. The service was clean and infection control protocols were followed.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their

independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them. People's end of life care was discussed and planned and their wishes had been respected.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had systems in place to monitor the quality of the service, drive improvement and ensure that they aware of and up to date with legislation and developments within the sector. However, audits of medicines had failed to identify and rectify issues in a timely manner.

People spoke highly of management. Systems were in place to obtain the views of people and continually improve the quality of care, which empowered people to feel part of the organisation and involved in the running of the service.

The ethos, valued and vision of the organisation were embedded into practice. Staff were happy in their roles and felt well supported.

Maycroft Manor

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 11 September 2018 and was unannounced. Two inspectors, a medicines inspector and an expert by experience visited the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience had experience of caring for older people and people with dementia. A medicines inspector attended, as we had received information of concern in relation to the management of medicines.

Before the inspection we reviewed information relating to the service including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the care quality, compliance and governance director, a regional clinical specialist, a registered nurse, four members of care staff, the activities co-ordinator, a member of housekeeping staff, a maintenance worker and the assistant chef. We spoke with five people, seven visiting relatives and friends, and a visiting healthcare professional to gain their views and experiences of the service.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including seven people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I've felt very safe here. I do feel I can go to speak to someone if I did not feel safe". A relative said, "[My relative] has been safe and secure and is free to move around. We know she feels safe herself". Another relative added, "It seems completely safe here, they seem to have thought of everything". However, despite the positive feedback, we identified areas of practice that required improvement.

We looked at the management of medicines. Medicines were stored appropriately and securely and in line with legal requirements. One person told us, "I do get my medication when I expect it and they check I take them". A relative said, "I am more than happy with the medication control [my relative] is getting and the staff sorted out a problem with the GP and her medication". Another relative added, "No problem with [my relative's] medication and re-supply". However, we saw that medicines were not managed safely and there were concerns in relation to people receiving their medicines, stock control and recording.

Maycroft Manor used an electronic medicines management system (eMAR). On the day of our inspection, we accessed the system and ran a series of reports to review the period 1 August 2018 to 11 September 2018. We also looked at paper records available to us, including care plans that detailed people's medicines needs. We found that during this period, more than 20 people had gone without medicines on several occasions due to a lack of stock. Medicines that had been missed included those which were used to support the treatment of dementia. One person who was living with Parkinson's disease had not received their medicines to support their condition for eight days. We saw that the recorded stock for some medicines did not match with the actual amount of medicine held at the service, and some medicine in stock had not been recorded onto the medicines management system. We could not be assured that the systems used to order and monitor stocks of medicines were safe and robust.

We looked at people's individual medicine needs and saw that errors had been made when giving people their medicines. For example, one person living with Parkinson's disease required their medicine at a specific time, however this had been recorded as given several hours late. Another person's Medication Administration Record (MAR) showed that a person had been given their medicine the night before, however this medicine was still in its blister pack and had not been given to them. We saw a pattern recorded of people missing their medicines, as they had been refused, or they were asleep. However, we could not see that these issues had been referred to the GP, to look at different methods of prescribing or scheduling to meet people's needs.

The Service had encountered a number of difficulties over the preceding months in relation to obtaining medications as a result of working practices of both the GP and pharmacy. This had been identified by the service and via external audit conducted by a pharmacist. However, we could not be assured that people were kept safe in relation to the management of their medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified this as an area of practice that requires improvement.

Staff continued to have a good understanding of safeguarding and there were systems and process in place to keep people safe. Staff received safeguarding training and knew the potential signs of abuse. They understood the correct safeguarding procedures should they suspect people were at risk of harm.

Risks for people continued to be managed safely. Risk assessments were person centred and addressed people's individual needs. This guidance for staff ensured that the person's risks were managed safely. Risk assessments including those for the premises were reviewed regularly to ensure people living at the service were receiving safe and appropriate care, in line with their needs. People had up to date Personal Emergency Evacuation Plans (PEEP's) in place which ensured they would be safe exiting the building in an emergency.

The provider continued to ensure staff were suitable to work at the service before they started. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. There continued to be sufficient numbers of staff to meet people's needs. We observed people's needs being responded to in a timely manner. One person told us, "There seems to be enough staff, I do get help quite quickly if I need it". Another person said, "Yes, there are enough staff here and I have been pleasantly surprised". A relative added, "I think there are enough staff, as you can always find someone to speak to, if you need to".

Lessons were learned when things went wrong and accidents and incidents continued to be managed safely. The registered manager ensured accidents were monitored and audited to identify trends and actions for improvement.

The service remained clean and hygienic. One person told us, "The place is clean and they do my room daily". A relative said, "The home is kept clean and they respond to any requests to clean up". Staff had training in infection prevention and control and the service had two dedicated infection control champions. Further information was readily available in relation to cleaning products and cleaning processes.

Good

Is the service effective?

Our findings

People told us they continued to receive effective care and their individual needs were met. One person told us, "I do think the staff are well trained. They do get on with what they need to". A relative said, "Staff seem well trained. They have a good measure of my [relative's] cognitive capabilities". Another relative added, "Staff seem very efficient and they always have time to talk to you and to residents".

Staff continued to undertake assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Documentation confirmed people continued to be involved where possible in the formation of an initial care plan.

The provider continued to meet peoples' nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people remained complimentary about the meals served. One person told us, "So far, I've been quite happy with the meals". Another person said, "The food's good". A relative added, "The meals are excellent. They get a choice of two dishes and will be given an alternative if they want it and don't like the choice".

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 provider continued to be working within the principles of the MCA. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood when an application should be made and the process of submitting one.

Staff continued to receive effective training in looking after people, remained supported and had a good understanding of equality and diversity, which was reinforced through training. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

Staff continued to liaise effectively with other organisations to ensure people received support from specialised healthcare professionals when required. One person told us, "If I need any medical care or assistance, I get it". A relative said, "The home is good at recognising a change in [my relative's] medical condition and acting upon it". People's individual needs remained met by the adaptation of the premises.

There were adapted bathrooms, toilets, handrails, lifts and slopes to ensure people had access to all areas of the service.

Good

Is the service caring?

Our findings

People continued to be supported with kindness and compassion. They told us caring relationships had been sustained with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "Staff seem very nice, very kind". Another person said, "The staff are very nice". A relative added, "Staff are very good with residents and will always do what's asked of them".

Staff continued to demonstrate a strong commitment to providing compassionate care. From talking with people and staff, it was clear they continued to have a good understanding of how best to support them. One person told us, "I rate the care staff very high". A relative said, "Staff seem like family to [my relative], they are so friendly. We know she is happy with all the staff here, her quality of life is even better than at home". We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. For example, staff knew how to communicate effectively with a person who was unable to verbally communicate their needs. They were aware of certain facial expressions and actions, which determined how the person was feeling and what they needed.

Staff continued to support and encourage people to be as independent as possible. One person told us, "Staff do involve me in decisions and I do feel I have some independence". Another person said, "I am able to move about, with help". Staff told us they remained committed to encouraging people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "We encourage people to help themselves, for example around washing and getting dressed". Staff continued to uphold people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "I'm given my privacy, they knock on my door before coming in". A relative said, "Dignity is exercised. They are good with [my relative] when showering her".

Staff provided people with choice and control and people remained empowered to make their own decisions. People told us they that they were free to do what they wanted to do throughout the day. One person told us, "The staff are very nice and lovely. They have time to chat and I feel I can choose what I do". Another person said, "I feel I am able to move around as I wish. Staff are gentle when they attend to me". A relative added, "[My relative] is given choice about how and where she spends her time".

People remained encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wished. One relative told us, "We are made to feel so welcome here. We can have a meal with her without notice".

Peoples' equality and diversity remained respected and staff adapted their approach to meet peoples' individualised needs and preferences. Detailed individual person-centred care plans had been sustained, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual beliefs. A relative told us, "Staff do know the residents' needs well". Another relative

said, "The care [my relative] is getting, suits her absolutely".

Good

Is the service responsive?

Our findings

People told us they remained listened to and the service responded to their needs and any concerns. One person told us, "Staff are kind and nice and respond to my calls for help". A relative said, "When [my relative] moved in, we did ask to have his room re-arranged and they responded to the request". A further relative added, "Communication from the home is excellent. The slightest concern and they will be in touch, contact is also made when I am overseas".

People's needs continued to be assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Care plans were being transferred to an electronic system, and both paper and electronic files contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. One relative told us, "I have been involved in [my relative's] care plan make-up and have had meetings about it". Another relative said, "I did a monthly review on my [relative]". Staff continued to know people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They remained confident that any issues raised would be addressed. One person told us, "I've absolutely nothing to complain about, but I would if needed". A relative said, "We've never had any reason to complain. When there is a problem, they deal with it immediately". The procedure for raising and investigating complaints remained available for people, and staff told us they would be happy to support people to make a complaint if required.

A varied range of activities had been sustained and people told us that they enjoyed the activities. One person told us, "I did enjoy the singing today". A relative said, "There is an activities programme, seems a variety. [My relative] watched a film yesterday and there was a visiting opera singer". A further relative added, "The activities programme is extensive and is a good mix and they try and cater for all residents". Staff continued to ensure that people who remained in their rooms and who might be at risk of social isolation were included in activities and received social interaction. One person told us, "I like my own company, so I don't get involved in anything". We saw that staff set aside time to sit with people on a one to one basis in their rooms. People were supported to live in a way that was personalised to them. For example, around how the dressed, who they socialised with and how they entertained themselves throughout the day. The service had its own cinema, salon, spa and bistro for use by people and these were popular pastimes. People were also given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plan. One person told us, "There are visits from religious ministers".

Peoples' end of life care was discussed and planned and their wishes had been respected if they had refused to discuss this. People were able to remain at the service and were supported until the end of their lives.

Observations and documentation showed that peoples' wishes regarding their care at the end of their life, had been respected.

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the care delivered and felt the service remained well-led. Staff commented they continued to feel supported and could approach managers with any concerns or questions. One person told us, "The home is well run and everyone is very friendly. I like the manager". Another person said, "I'm quite happy with my life here, this place is good for me". A relative added, "The best thing is we all feel [my relatives'] are safe here and it's taken all the stress away. We have peace of mind because they are here and are well looked after". A further relative told us, "The best thing for [my relative] is that she is well looked after and we can visit anytime". However, despite the positive feedback, we found areas of practice that needed improvement.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included, health and safety, infection control and care planning. However, the provider's audits of medicines had not routinely picked up all the issues that we identified at this inspection in relation to medicines management. For example, stock levels, missed medicines, errors and omissions in recording and people receiving their medicines late had not been identified and acted upon in a timely way. The provider was aware of the issues with the medicines system and had produced an action plan. This action plan included further training identified for staff and a change in staffing structure to manage medication. Additionally, the provider had liaised with both the pharmacy and local clinical commissioning group (CCG) in order to obtain further support and guidance. However, audits of medicines were not robust and this has been identified as an area of practice that needs improvement.

People and staff continued to be involved in developing the service. Systems and processes remained in place to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided. One relative told us, "There is a survey coming out". Another relative said, "There are meetings for relatives and we can make our feelings known". Staff had also liaised regularly with the Local Authority, Clinical Commissioning Group (CCG), the Dementia In-reach Team, a local hospice and other charity and religious groups, in order to share information and learning around local issues and best practice in care delivery.

The service continued to have a positive culture and staff morale remained good. One person told us, "The manager is very friendly and sorts matters out immediately". Another person said, "The best thing is I like the people who live here and those who work here". A relative added, "It's all the staff who make this place special. Absolutely no regrets having [my relative] here". A further relative said, "Staff seem to work well together and they seem to communicate well as a team".

Staff remained well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management, including any issues in relation to equality, diversity and human rights. A member of staff told us, "I really do enjoy working here, the management is good to us". The service continued to have a strong emphasis on team work and communication sharing. One member of staff told us, "I like the team here, we

support each other and get good training, especially around dementia". Another member of staff said, "The building is lovely, I like my team and we are very well supported. We're like a big family".

Staff remained knowledgeable about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. Staff had a good understanding of Equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice for both people and staff living and working at the service.

The registered manager continued to inform the CQC of significant events in a timely way and remained aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(1)(2)(g) People were placed at risk as the provider had not ensured the proper and safe management of medicines.