

Mavern Care Limited

# Mavern House 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

### About the service

Mavern House is a Nursing home providing personal and nursing care to 47 people, aged 65 and over, at the time of the inspection. Care was provided in one adapted building across two floors. One area of the building specialised in providing care for people living with dementia. The service can support up to 50 people.

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

There were systems in place to identify and protect people from abuse. Staff were knowledgeable about identifying and reporting signs of abuse. Medicines were managed safely. Personal and environmental risks were assessed and mitigated as much as possible. People were cared for by staff who had been recruited safely and received ongoing training relevant to their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain good nutrition and hydration. People's rooms were personalised, and the building was adapted to meet people's needs. The service worked effectively with other health and social care professionals.

People were treated kindly and with respect. People told us staff were caring and knew them well. People were supported to express their views and choices about their care and were supported to be as independent as possible.

Care was personalised to individuals and staff knew people they cared for well. People had detailed end of life care plans in place and staff told us they felt supported to deliver effective end of life care.

The service was well led, the management team were supportive of staff and modelled person-centred values. The registered manager was knowledgeable about their regulatory responsibilities and kept up to date with best practice guidance.

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

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 3 July 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mavern House Nursing Home

## **Detailed findings**

## Background to this inspection

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#### The inspection

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

#### Inspection team

This inspection was completed by two inspectors and one specialist advisor. Specialist advisors (SPA) are health care professionals offer particular professional knowledge and expertise to inspections when needed. The SPA that joined this inspection specialised in care of older people and people living with dementia.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to this inspection, we reviewed information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is

required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

During the inspection, we spoke with ten people who use the service and four relatives about their experience of care provided. We spoke with 13 staff members, this included care staff, activities staff, registered nurses, maintenance staff, the clinical deputy manager, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 reviewed a range of records, including nine care plans, three staff files and several other documents relating to the management of the service.

After the inspection

After the inspection, we reviewed additional evidence sent to us by the service, this included meeting minutes, observations, audits and evidence of reflective practice. We also received further feedback from relatives and health care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse, the service had a clear system for reporting concerns as well as a whistleblowing policy for staff. Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.
- Staff completed safeguarding training which was regularly updated. Staff we spoke with were knowledgeable about recognising and reporting suspected abuse.
- Staff told us they were confident any concerns they raised would be acted on appropriately.

Assessing risk, safety monitoring and management

- People had individual risk assessments in their care plan. Risks assessed included malnutrition, choking, pressure damage and oral health.
- Where risks were identified, there was clear guidance in place supporting staff to manage risks to people.
- The service regularly reviewed risks to the environment, where concerns were identified, these were acted on promptly.
- Assistive equipment was regularly checked and serviced in line with manufacture guidance.

Staffing and recruitment

At our last inspection, we found staffing was not sufficient to provide support to people in a timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Staff told us staffing was consistent and there was always enough staff to perform care tasks in a safe manner.
- People told us there was enough staff in place to support them when they needed. One person told us, "They always come quickly if I press the buzzer"
- The service used a dependency tool to calculate how many staff were needed on each shift, this took into account the amount of support individual people needed as well as the layout of the building and other variables.
- The registered manager regularly reviewed call bell audits, where response times were slower than expected, this was investigated and responded to appropriately.
- The service completed safe recruitment checks to ensure the character of staff they employed. This

included references and a check with the Disclosure and Barring Service (DBS). The DBS checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

#### Using medicines safely

- Medicines were received, stored and disposed of in line with best practice guidance.
- Medicines were administered and recorded safely.
- Where people had medicine prescribed 'as required', there were detailed PRN protocols in place to support staff to know when to offer medication and what to do if the person required further support.

#### Preventing and controlling infection

- The service was clean, tidy and free from bad odours.
- People told us the service was always kept clean, one person told us the service was always "Spotlessly clean."
- The service regularly audited infection control, this included regular observation of staff practices including use of PPE (personal protective equipment) and hand washing.
- Staff were knowledgeable about infection control principles and how this impacted people's care.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager and clinical deputy manager.
- Accidents and Incidents were reflected as a team in order to identify learning outcomes and service improvement.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had assessments in place that considered their physical support needs alongside emotional, spiritual and social needs.
- Assessments included nationally recognised tools to assess people's needs in line with up to date guidance.
- People's oral health was assessed and used to form oral health care plans.
- The service held a multi-disciplinary meeting weekly, this included a discussion of people's changing needs and how to support people accordingly.

Staff support: induction, training, skills and experience

- People were supported by staff who received regular training relevant to their role. Staff comments included; "Training is good, we get regular updates, video training as well as practical training, it's all done in house." and "If I was to go to [registered manager] and say I think my knowledge in this area isn't where should be, they will organise some training for you."
- New staff received an induction which included the principles of the Eden Alternative approach. The service based its care and support on the Eden's principles of person-centred care and care partnership
- Staff told us they were supported with regular supervisions. One staff member told us, "We have supervisions any time you want, you can request them on our HR app, you can go on and book a supervision or just request it. I've had them really regularly."

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

- People were supported to maintain adequate nutrition and hydration. We received feedback from relatives telling us the nutritional improvements their relatives had made at Mavern House. One relative told us, "Kitchen staff manage to cater to [person's] food likes beautifully, and she is very contented in that most important (for her) area of her life. I am really so grateful to them all for this alone. I understand [person] now weighs about 6 1/2 stone and now has a normal BMI."
- People told us they enjoyed the food, one person told us, "There is a choice of 2 meals and it's always well cooked."
- People had access to adapted equipment such as adapted cutlery and plates, this meant people were able to enjoy mealtimes as independently as possible.
- Where people required support from care staff, this was done respectfully.
- Risk assessments were in place for people at risk of malnutrition, dehydration or choking. Where required people were referred to relevant health care professionals for additional support and guidance.

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

- People could access health care professionals when needed. Staff referred people to health and social care professionals in a timely way and supported people to access services when required.
- Staff worked effectively with health care professionals that visited the home which ensured a team-based approach to people's care. One professional told us, "The care home is homely and the staff very approachable. I would have no hesitation in recommending the care home to my own relatives."
- The service supported people to access alternative therapies, such as reflexology, reiki and massage, if they wished.
- The service supported people to live healthy day to day lives, this included support to take regular exercise.

Adapting service, design, decoration to meet people's needs

- The service was well maintained and was adapted to be accessible to people of varying mobility needs.
- People's rooms were personalised. People were encouraged to choose the decoration as well as to bring in personal effects from home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff were trained in MCA and were knowledgeable about its key principles. Staff had good understanding of how MCA influenced their day to day care.
- Where people were deemed to lack capacity, there was evidence of a capacity assessment and best interest meetings. Details included reasoning for each decision and who was involved in the process.
- Where people were deprived of their liberty, application for DoLS had been completed in a timely manner. Where DoLS had been granted, conditions were met.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they liked the staff who cared for them. Comments included, "Kind, friendly and you can have a laugh with them," "Marvellous, can't do enough for you" and "The staff are lovely. They're so caring."
- Relatives told us they were confident their family members were well treated, comments included, "She couldn't be in a better place, it would be impossible to be in a better place, it's like a family" and "The staff are amazing, and nothing is too much trouble."
- People were supported to celebrate different cultures and religion. The registered manager told us how staff members of different cultures would bring food and hold group discussions about their culture.
- People from the LGBTQ+ community were supported to express their sexuality and sexual identity in ways that were meaningful to them.

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

- Staff supported people to be involved in their care planning, one person told us they were "Involved throughout" the care planning process.
- There were weekly community meetings known as the 'Mavern committee'. This was a group of people that lived at the service who met with staff weekly to discuss the service. Meetings were used to discuss trips, changes to the building and upcoming activities. Minutes of these meetings were circulated to all people at the service who were then invited to give further feedback. When discussing these meetings, one staff member told us, "It promotes independence and makes sure people have a voice, it's been really positive".

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that maintained their privacy and dignity. When people required support with personal care, this was done in a discreet manner. One staff member told us that they had learned hand signals to communicate between staff in a discreet way.
- Relatives told us their family members were consistently treated in a respectful and dignified manner, one relative told us "[Person] is treated with respect, love and care. The Mavern team were dedicated and committed to ensuring that the [people] whom they looked after were cared for with dignity."
- People were supported in a way that maximised their independence. Staff ensured people had access to appropriate equipment and professional support, this meant people were supported to carry out day to day tasks as independently as possible.

# Is the service responsive?

## Our findings

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

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

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

- People's care plans were personalised and laid out the specific ways in which people would like to be supported. This was updated on a regular basis or when people's needs, or preferences changed.
- Staff told us how people took the lead on their care, one staff member said, "[People] make their own decisions, so it's what they choose, when they choose and how they want it. We work together to meet their needs as best as possible. For example, we have people who like to go to church on a Saturday morning and we'll make sure they can attend the church as that's what they want."
- Relatives told us people's care was personalised and tailored to people who lived at the service. One relative told us, "[Person] is treated as an individual and her needs and demands are catered for according to her personality and desires."

Meeting people's communication needs

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

- People's communication needs were documented clearly in their care plans. This was shared with other health care professionals when appropriate.
- The service provided communications in a range of formats depending on individual need. This included documents in large print and translated into people's first languages.
- The service had a hearing aid loop installed, the registered manager told us this was used for meetings and events. This meant that people who were hearing impaired were supported to partake in group meetings and activities.
- Staff spent time getting to know people in order to understand their communication styles and ensure they were able to have choice and control in their care. One relative told us, "[Staff] spend an awful long time to know what [person] means, it has taken up to 2 hours before and it ended up being a certain kind of cheese she wanted."

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

- People were supported to be involved in activities that were meaningful to them. The service had regularly scheduled activities as well as an informal activity session in the morning that was led by people's daily choices.
- Relatives told us that activities at Mavern house had a positive impact on their relative's well-being, one person told us, "[Person] has flourished since being at Mavern. He joins in with the activities and he looks so

well now."

- Staff supported people to maintain relationships with family members who were important to them. One family member told us, "Through the support of staff we were able to have more conversations with [person]".
- People were assisted to continue their pet ownership when they moved into Mavern House. People told us that this had been important in maintaining their emotional wellbeing. One person told us keeping their pet was a, "Godsend" and "He always cheers me up if I'm feeling down".

Improving care quality in response to complaints or concerns

- There was a clear complaints policy in place, this was given to people on admission to the service and was regularly discussed with people who used the service.
- The senior management had an open-door policy, this meant people, or their relatives were able to raise a concern at any time. We observed a sign in reception that indicated which member of senior management was available for people to talk to each day.
- Where the service had received complaints, these had been dealt with appropriately and in line with the complaints policy.

End of life care and support

- People had end of life care plans in place, these included information about people's wishes regarding medical treatment as well as people's social, religious and spiritual wishes. End of life care plans included where people would like to be and who they would like to be with them in their last moments.
- The service worked closely with the local hospice, GP and other health care professionals to support people with end of life care. This ensured that people had access to the care and treatment they needed in order to have a pain free and dignified death.
- We saw feedback from relatives that end of life care had been carried out in a sensitive and caring way. Comments included, 'found your home to have the highest levels of care and kindness. His life had become very difficult, but you made it easier for both him and my mother. You truly care for the family as well as your charges.'

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Relatives told us there was a positive culture in the home that stemmed from its core values. One relative told us, "There have been some changes, but it never changes as somebody new comes along that and they are almost clones. I think there is an ethos here that is enacted."
- The registered manager told us how use of a value-based approach, such as the Eden Alternative, meant that a person-centred culture was consistently maintained within the home. The registered manager told us "It's the culture and the consistency of the culture over time. It means that culture can be held and becomes independent of management or individual people."
- Staff members told us they felt supported by the registered manager and this helped them to perform their roles effectively. Comments included, "I feel supported here more than any job in my Life" and "[Registered manager] is very approachable and professional at the same time. If I send an email with concerns, she answers quite quickly."
- Staff told us the registered manager and clinical deputy manager implemented robust support systems and support groups for staff, this included support for people to maintain good mental health.
- The management team showed a commitment to person-centred care which was reflected in staff who worked in the service. One relative told us, "The management team are always very approachable and professional, they lead by example. They are all visible and take an active interest in all the elders, they know them all personally."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had good knowledge their responsibilities under the duty of candour. We saw evidence that the service communicated openly with people and relatives.

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

- There were quality assurance systems in place, regular audits included medication management, call bell response times and infection control. This ensured quality and safety of care was maintained in the home.
- There was an on-call system in place, this meant that staff had consistent access to managerial support.
- The registered manager had good knowledge of their regulatory requirements, CQC had received appropriate notification since the last inspection.

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

- People were regularly consulted regarding their day to day care. This was done informally through conversations with staff and management, as well as formally, in meetings and quality assurance surveys.
- Staff told us they felt listened too and their feedback and suggestions for service improvement were valued.
- The management team used feedback from people, relatives and staff to create an action plan in order to improve the service. Information from accidents and incidents and complaints were also used to form the action plan.

Working in partnership with others

- The service had good links with local health care professionals. The clinical deputy manager maintained regular communication with local GP's and other health care professionals. This meant people had consistent access to health and social care services.
- The Registered manager and clinical team worked with external professionals to improve systems within the home. For example, the clinical lead told us how they worked closely with nutritionists to reduce the need for premade nutritional supplements by making fresh and personalised fortified drinks and snacks.
- The registered manager was a member of relevant industry groups and registered manager networks. This meant they had access to up to date information regarding changing legislation and best practice guidance.