

Maesbrook Care Home Ltd

Maesbrook Nursing Home

Inspection report

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Date of inspection visit:
21 September 2016

Date of publication:
10 October 2016

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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 21 September 2016 and was announced.

Maesbrook Nursing Home provides nursing and personal care for up to 45 people. At this inspection they were providing care and support for 43 people.

A registered manager was in post and present at this inspection. 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 were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. People received help with their medicines from staff who were trained to safely support them. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's rights were maintained by staff members who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered. People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

The provider undertook regular quality checks in order to drive improvements. The provider engaged

people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

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.

People were protected from the risks of abuse by a staff team who knew how to recognise signs of abuse and knew what to do if they had concerns.

People had individual assessments of risks associated with their care. The provider followed safe recruitment checks. Incidents and accidents were investigated in order to minimise reoccurrence.

Is the service effective?

Good ●

The service was effective.

People were supported by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance.

People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People had positive and friendly relationships with the staff who supported them. People had their privacy and dignity protected when assisted by staff. People were provided with information relating to their care in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in their assessments of care. People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

People had regular contact with the registered manager and found them approachable. The provider had systems in place to monitor the quality of support given and to make changes when

needed. People felt involved in the service provided and felt their views mattered.

Maesbrook Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 September 2016 and was unannounced.

The inspection team consisted of two inspectors 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.

Before the inspection, the 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 reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

We spoke with nine people, three relatives, two care staff members, one nurse, one domestic support, one chef the registered manager and deputy manager. We looked at the care and support plans for two people, records of quality checks, resident and relatives surveys, accident and incidents records and medicine administration.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. All those we spoke with told us they felt safe and protected by the staff that supported them. Staff members told us they had received training in how to recognise and respond to any abusive behaviours. One staff member told us, "If I was worried about anything at all I would be straight in the office or on the phone to social services." Staff members knew the procedures to follow if they suspected abuse including how to report concerns. We saw information was displayed informing staff how to report concerns. We saw the registered manager had made notifications to the local authority in order to keep people safe.

People told us they felt safe when receiving services from the provider. One person told us, "They (staff) keep me safe especially at night. I require a bit of extra assistance and they keep popping in to see if I am alright. I trust them with my life." Another person told us, "I know I am safe in their hands." We saw people had individual assessment of risk including mobility, skin integrity, diet and nutrition. Where needed the provider had taken action to reduce the possibility of harm caused. For example, trailing cables likely to cause a trip hazard had been removed. We saw one staff member identify a potential risk from a piece of equipment. This was reported to the maintenance team who corrected the situation immediately. We saw people being assisted by staff members who knew the individual risks to people and what to do to minimise the potential for harm. For example we saw staff promoting the use of mobility aids with people to assist them to move around safely.

Any incidents or accidents were reported and recorded. These were then scrutinised by the registered manager to identify any patterns or actions that needed to be completed to prevent reoccurrence. For example, one person had recently had a fall which did not cause an injury. A staff member met with the person and together they went through what could be done to minimise the risk of falling again. This included wearing correct footwear and seeking assistance if they needed it. The registered manager recognised that in order for people to retain their independence they have to take personal responsibility to keep themselves safe as well as being supported by staff members.

People told us there were enough staff to meet their needs. One person told us, "There is always plenty of staff around." Another person said, "I just need to press my buzzer day or night and someone is here in a flash." At this inspection we saw that people were supported by enough staff to meet their needs. One person told us, "If I am just sitting here they (staff) will always come over and sit and have a chat or see what I am doing." We saw that staff members had opportunity throughout the day to chat and socialise with people.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicine when they needed it. One person said, "I take lots of tablets and they (staff) come the same time every day. We have a chat and they make sure I have taken everything I need." Others told us they received additional medicines for pain if they needed it which was provided without delay. Staff members received training in the safe administration of medicines and were assessed as competent before being allowed to assist people. Checks were regularly undertaken to ensure medicines were given as instructed. When errors were identified we saw these were investigated and action taken to minimise the risk of it happening again in the future. This included staff training if needed.

Is the service effective?

Our findings

People we spoke with felt that the staff assisting them had the right skills and training to support them. One person said, "They (staff) all know how to help me. I am sure they do a lot of training." Another person told us, "Staff here are very well trained indeed." Staff members told us they felt well trained and supported in order to do their job. One staff member said, "When I first started I worked alongside another more experienced colleague. They showed me the ropes and I had the chance to meet everyone and get to know them without any pressure." Another staff member told us they had a mentor who they could go to at any time for guidance and support. At the end of their induction they met with their mentor and were assessed as competent before they could support people on their own. Staff members told us they had a good introduction to their role when first starting at Maesbrook.

One staff member told us their role was not directly supporting people with their personal care but still felt well trained to support people when needed. As part of their role they were constantly in contact with people so requested training on how to safely support people as they moved around their home. This was provided and the staff member said, "We are all part of one big team and all have different skills. However, we are still here to help people so need to know how to do it properly."

People received care from a staff team who felt supported. Staff told us they have regular one-on-one sessions with a senior member of staff. Staff members told us they could use these sessions to discuss their work and any training they required. The staff we spoke with told us they could always seek support outside of these sessions from any of their colleagues. Staff members also told us they could see the registered manager or deputy at any time for guidance and advice.

We saw staff sharing information appropriately between people they supported and other staff members. We saw staff members passing information during a hand over between shifts where details relating to people's needs were discussed. We saw updates on people's health and welfare was discussed in order to meet people's needs. For example, one person was feeling tired so chose to return to their room. Staff suggested spending some time with them in their room listening to music together. We later saw this had been done. Information relating to people was communicated between those supporting them effectively.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. One person said, "You can do what you like and eat what you fancy here, there are no restrictions. You have what you want and do what you please." When people had difficulty in making their wishes known we saw staff had the skills to adapt how they communicated with people. We saw staff responding to people who could not verbally communicate. They were given time to make effective decisions which staff then confirmed with them to ensure they understood people's instructions.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision

making. We saw details of a best interest decision which had been made for someone involving moving to a different room. The decision was made for the person so that they did not feel socially isolated where they were previously. The best interest process was followed and a decision made.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made. They had systems in place to monitor the time scales for reviews or a repeat application if necessary to ensure people's rights were maintained.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

All those we spoke with were complimentary about the food and drink they were offered at Maesbrook. One person said, "The food is fantastic. It is better than any restaurant I have ever been to." Another told us, "If I want a snack later as I may feel a little peckish it's not a problem. I just let (staff) know and I can have what I want." Kitchen staff knew individual's food likes and dislikes and responded to changes in appetite and weight. One relative said, "[Kitchen staff member's name] will always make sure [relative's name] has had something to eat. If they haven't eaten much something else, they know they like, will be prepared. This encourages them to eat."

Kitchen staff we spoke with knew people's dietary requirement as well as personal preferences. We saw one person had specific tastes and a separate menu was prepared for this person.

People had access to healthcare services, including GP, opticians and chiropodist and were supported to maintain good health. One relative said, "If ever [relative's name] is feeling a little off colour they (staff) always ring the GP for advice." Another person told us that they had access to transport and staff supported them to attend any hospital visits they needed to ensure their medical needs were met. Information following medical visits was recorded and relayed to all staff members concerned. Throughout this inspection we saw staff members regularly checking on people's welfare in order to identify and respond to any changes in health.

Is the service caring?

Our findings

People we spoke with were complementary about those who supported them. They described staff as fantastic, lovely and wonderful. One person said, "They are all so very kind and always respectful. They are very good to me, always have been. I don't know what I would do without them." The staff we spoke with talked about those they supported with warmth, kindness and compassion. Throughout this inspection we saw many spontaneous interactions between people, care staff, maintenance, kitchen and domestic staff members. Staff members had time and opportunity to sit and talk with people or share a joke. We saw one staff member assisting someone to tidy their room. The staff member made this a social activity for the person by chatting with them and helping the person to put on music they liked whilst they tidied the room together.

We saw people were supported at times of upset and distress. One person told us, "They treat me so kindly. Sometimes I get a bit down in the dumps. They come and sit with me in my room for a chat. They make me feel better. They are always there when I need them." We saw one staff member walk over to one person and sit and ask if they were ok. They sat and talked for a while. This staff member later told us that the person seemed a little quiet and not themselves so just wanted to check everything was alright.

People were involved in making decisions about their own care and support. People told us they were asked about everyday decisions that affected them, such as where they wanted to take their meals or what activities they wanted to be included in. Throughout this inspection we saw staff members asking people what they wanted and waiting for an answer. One staff member told us they do not presume what a person may want as they may change their mind and want something different.

People were encouraged to be as independent as they could. We saw one person was encouraged to take part in cleaning their room and others were encouraged to do what they could with minimal assistance from staff members. One staff member told us, "Just because people are here does not mean we have to do everything for them. They still have their own abilities and we encourage this where possible."

People told us they were treated with respect and their dignity was maintained. We saw staff members knocking on doors and waiting for a reply before entering. On entering they told the person who they were and asked if it was alright to go in. People were given options on what they would like assistance with and how they wanted it. If staff members needed to leave the room for any reason an explanation was provided and a time for return given. People told us they felt that they were respected by staff and that they mattered to them.

Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so. We did see some instructions relating to people's needs were displayed in their individual rooms. The registered manager told us this was done with permission of the person but they were looking at reviewing this to ensure everyone's personal information remains confidential.

Is the service responsive?

Our findings

People were involved in creating care and support plans that reflected their individual needs and preferences. When it was appropriate the thoughts and views of family members or friends were obtained as part of the planning of someone's care. One staff member told us, "We work with the person to create a plan of their needs. They tell us what they want but sometimes we do need to point out extra bits they may need assistance with. We then discuss how it is best to meet their needs together."

The care and support plans we saw were individual to the person and contained information staff members needed to know in order to assist them. These included medical need as well as personal preferences and key life events. Staff member's we spoke with could tell us about those they supported, what they liked and disliked, what and who was important to them and how they liked to spend their time. People were supported by staff members who knew them as individuals and were knowledgeable about their personal needs.

People had their care and support plans regularly reviewed or adapted when their needs changed. One person said, "We are having a review meeting soon. We do them to make sure nothing has changed and that I am still happy. My relative always comes to these as well." We saw care and support plans were regularly reviewed and adapted to people's changing needs. For example when someone's appetite reduced, guidance was sought from the speech and language therapist and their recommendations included in the person's care plan.

People told us they were involved in a wide range of activities whilst living at Maesbrook. One person said, "There are lots of things to do here, just about whatever you like. We have entertainers, we do board games, jigsaws, quizzes, music and movement and film afternoons. You name it is goes on here." Another told us how one of the staff members taught them to crochet and now they do some every day. At the inspection the activities coordinator was on pre-arranged annual leave. However people were occupied and told us how much they liked the activities on offer which also included regular trips out for lunch, shopping or to the seaside. The registered manager told us how one person is supported to attend all home games of the local football team. We also saw details where the football team had made arrangement to come out to Maesbrook and take part in a social event there.

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. We saw relatives visiting throughout this inspection. Those visiting told us they were always warmly greeted and encouraged to take part in what was happening or to eat with those they were visiting. One relative told us, "I often come here and have a meal with [relative's name] it makes it a nice social occasion for both of us."

People and relatives felt comfortable to raise any concerns or complaints with staff or the manager. One person told us, "There is nothing to complain about at all but if I needed to I would." One relative told us they raised a concern with the management team and had been responded to appropriately. At this inspection we saw information was provided to people, relatives and visitors on how to raise a concern or

who to talk too if they had a complaint. The management team had systems in place to investigate and respond to complaints. We saw details of investigations and the outcome and explanations provided to the complainant.

Is the service well-led?

Our findings

People told us they were involved in decisions about their home and the services that were provided. One person said, "It's good to get together and talk about things together. This included what we like to do and also the menus. We can also plan events and birthdays together." The management team were well known by those we spoke with and their relatives. One relative told us, "[Registered manager's name] is always popping in and saying hello whenever we are here. We can also go and see them any time we want."

People and their families were regularly asked for their opinions about the service that they received. Regular resident and relatives meetings were held and people had access to minutes of these meetings should they wish to have them. We saw people were included in development in the home including opinions about replacement carpets, emergency planning and activities.

Regular surveys were sent out to people and their relatives to comment on the care provided at Maesbrook. The registered manager told us they used these to gain people perspectives on the care they received and to make any improvements suggested. We saw one comment for better information on activities including dates and times. We saw this had been acted on. At this inspection we saw a programme of activities displayed in prominent areas in the home including the information point in the reception area. This information point also included any significant events coming up and invited relatives and friends to be included if they wished. The management team had processes in place to gain the views of others and to make changes to improve the service delivered.

People we spoke with and relatives believed the registered manager and the provider were open and transparent and were able to openly discuss anything they wanted. Staff members were aware of any incidents or key events so that improvements could be made. One staff member told us a recent infection prevention and control check highlighted some improvements were needed. As a result staff were made aware of changes and a programme of work undertaken to make the improvements needed.

Staff members felt supported and part of a team with common values. One staff member said, "The fact is we are all one team working together with a common goal and that is to make sure people are happy, comfortable and have everything they need." All those we spoke with told us they were happy with the care they received. Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

Staff members were involved in regular staff meetings where they were able to discuss aspects relating to their work as part of a group. This included what is going well and any areas for improvements. Staff members told us they felt their opinions mattered to the management team and they felt empowered to make suggestions.

Maesbrook nursing home had a registered manager in place. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager had

appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. The registered manager also identified learning from other care establishments in order to make improvements at Maesbrook. For example following an incident at another care establishment the registered manager revised risk assessments and ensured measures were in place to minimise the risk of harm to people.