

MNS Care Plc

# Mabbs Hall Care Home

## Inspection report

45 High Street  
Mildenhall  
Suffolk  
IP28 7EA

Tel: 01638712222

Date of inspection visit:  
08 November 2016

Date of publication:  
29 November 2016

### 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 was carried out on 8 November 2016 and was unannounced. At their last inspection on 28 August 2014, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet the standards.

Mabbs Hall Care Home is registered to provide accommodation for up to 29 people. The home provides support with personal care and nursing care for older people, some of whom live with dementia. At the time of the inspection there were 28 people living there as one of the double rooms was occupied by one person.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People received care that met their needs from staff who knew them well. Staff were seem to be attentive and kind and worked in a respectful way that promoted people`s dignity. People had care plans in place that gave clear guidance to staff and there were reviewed regularly. People were involved in the planning and review of their care.

People's medicines were managed safely and any individual risks to their welfare were assessed. We observed staff were aware of these risks. Staff knew how to recognise and report any concerns of abuse and people told us they felt safe.

People were supported by sufficient numbers of trained staff who had been recruited safely. Staff felt they were well supported.

People had access to a range of healthy foods and their health was monitored appropriately. People's consent to care was sought and the service worked in accordance with the Mental Capacity Act 2005.

The feedback about the registered manager and leadership at the home was positive. There were quality assurance systems in place that were effective and addressed any shortfalls in the home.

## 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 supported by staff who knew how to respond to concerns of abuse.

Individual risks were assessed and managed.

People were supported by sufficient staff who had undergone a robust recruitment process.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported.

People's consent was sought and the home worked in accordance of the principles of the Mental Capacity Act 2005.

People enjoyed their food and their health was monitored.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and attentive staff.

Privacy and dignity was promoted.

People were involved in planning and reviewing their care.

### Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs and had clear care plans and guidance in place for staff.

People enjoyed the activities on offer.

Complaints were investigated and responded to appropriately.

**Is the service well-led?**

**Good** ●

- The service was well led.
- People, relatives and staff were positive about the management of the home.
- There were effective quality systems in place.
- The ethos of the home was to put people first.

# Mabbs Hall Care Home

## **Detailed findings**

### Background to this inspection

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

Before the inspection reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. 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.

The inspection was unannounced and carried out by one inspector and an expert by experience. An expert by experience is someone who has used, or has a relative that has used this type of service.

During the inspection we spoke with eight people who used the services, three relatives and one visitor, four staff members and the registered manager. We received information from service commissioners. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "It's very nice." Relatives also told us that they had no concerns about people's safety and welfare.

People were supported by staff who knew how to respond to concerns of abuse. Staff were able to describe what form abuse may take and knew how to report any worries internally and to external agencies, such as the local authority or the CQC. We noted that the registered manager investigated any concerns, including when people were found to have unexplained bruising, to satisfy themselves that people were safe. Where needed, they reported concerns appropriately to the CQC and the local authority.

Individual risks were assessed and managed. We saw that people had a range of assessments and plans in place to help mitigate any risks, while promoting their independence. We saw that staff worked in accordance with these assessments and plans. For example, when staff were assisting people to mobilise, they made sure they used the correct equipment and followed the guidance in people's care plans. Accidents and incidents were recorded and shared with the provider monthly for their review. This helped to ensure that all remedial actions had been completed. We discussed with the registered manager the need to have a system in place to help them promptly identify any themes or trends. They said they would be introducing a system to do this.

People were supported by sufficient staff who had undergone a robust recruitment process. We saw that all staff had been through a thorough interview process, had an application form to cover all past employment and had the appropriate pre-employment checks such as verified references and a criminal records check. The registered manager told us that they often recruited Health and Social Care students who had completed a work placement with the home. They said, "I find this works well, we know them, they know us and what is expected."

People were supported by enough staff to meet their needs. One person said that if they needed anything, they only had to ask and staff would ensure that they got what they needed. Relatives told us they also felt there was enough staff. Staff also told us that they felt there were enough of them to meet people's needs. One staff member said, "We get time to sit and chat with them." Another staff member said, "There's enough staff, we work well too as a team." We saw throughout the inspection that people had their needs met in a timely way and call bells were answered promptly. We also noted that people were not rushed when supported, staff took their time chatting to them.

People's medicines were managed safely. We observed the nurses completing a medicines round and noted that they did so safely. We reviewed records and saw that these were completed consistently. We also checked the storage facilities, checked if quantities of medicines held matched records and processes in place to help ensure safe practice was adhered to. For example, we found that hand written entries were countersigned and there was a sample staff signature list where signatures could be easily matched to the staff name. Medicines that were prescribed on an as needed basis had a plan directing staff how and when they had to give these to people, and there were instructions in place advising staff how people liked to take

their medicines.

Where a person may at times have needed their medicines covertly, there was a plan in place that demonstrated the correct process was followed and the person's relative, GP and pharmacist had been consulted. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

## Is the service effective?

### Our findings

People were supported by staff who were trained and supported to carry out their roles effectively. One relative said, "They [staff] are brilliant."

We saw that staff had received training that included medicines, safeguarding people from abuse, the Mental Capacity Act 2005, moving and handling, dementia care and first aid. We also saw that new staff were working thorough the care certificate. The care certificate is an induction which is nationally recognised to help ensure care workers have the appropriate knowledge for their role.

Staff told us that they received enough training and felt well equipped for their role. One staff member said, "You get loads of training." Another staff member told us, "[Registered manager] keeps us informed about what's coming up." Staff also told us that they felt well supported by managers. They said they had regular one to one supervision and also an annual appraisal. One staff member said, "I feel really supported by [registered manager], and the nurses." We saw that these were completed regularly and covered a range of subjects to help support staff with further development and share good practice.

People's consent was sought and the home worked in accordance of the principles of the Mental Capacity Act 2005. 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 so that they can 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. We found that service was working in accordance with the MCA and DoLS guidance.

People had received the appropriate capacity assessments, and where needed, best interest decisions were recorded. We also saw that the appropriate applications had been submitted in relation to DoLS and while these were pending, the least restrictive options were practised in limiting people's freedom. For example, medicines were only administered covertly when absolutely necessary and people were supported to go out with supervision if it wasn't safe for them to go alone. Staff had a clear understanding of their role in relation to MCA and DoLS. They told us that just because someone may be unable to make a complex decision independently, this did not mean they were unable to make day to day decisions. One staff member said, "You want people to be independent as long as possible, if you take away their choices, you make them dependent, you should always support and encourage someone to make their decisions, until they are no longer able." Staff told us that they showed people food choices, activities and clothes to help them choose day to day items.

People told us that they enjoyed their food. One person said, "It's good." We saw that people had their likes, dislikes and dietary needs shared with kitchen staff who, when asked, we found were familiar with these. We noted that the chef went round asking people what they wanted for lunch and also after lunch, went round



again asking people if they enjoyed their meal. Menus were displayed and two sample plates were shown to people at lunchtime to help them decide what they wanted. One person told us that they didn't have much of an appetite but told us that the chef had ordered in some food they fancied and discussed when they would cook it. We saw that drinks were always available and half way through the morning, biscuits, cakes and food for those who needed a soft diet was offered. Staff encouraged people to have a snack or a drink. Where people were at risk of not eating or drinking enough, a record was kept of their intake and this, along with their weight, was regularly monitored. We also saw that people had fortified foods and drinks, and also supplement drinks. People had also been referred to the relevant health care professional in relation to this as needed.

People had access to health and social care professionals. We saw from records that the GP visited regularly and also a multidisciplinary team for those who needed support with their mental health or dementia. There was also a visiting hairdresser.

## Is the service caring?

### Our findings

People told us that staff were kind and attentive. One person said the staff were, "Very warm and friendly." Relatives also told us that staff were caring. One relative said, "Everybody is so friendly and helpful. When you visit it's like going into a big family."

We noted that all interactions we observed were positive and warm. Staff responded to open arms of people with a hug and placed reassuring arms around people who needed it. Staff spoke with people as they passed them in corridors rather than just rushing past them. Staff told us that they cared very much about the people they supported.

Privacy and dignity was promoted. We saw that staff were respectful and closed doors when supporting people. This included when assisting someone to sit up in bed. We noted that staff spoke discreetly to people when assisting them to use the toilet and when discussing people's needs. We also found that all documentation was stored securely to promote confidentiality.

People and their relatives told us they were involved in planning and reviewing their care. One relative said, "I always get plenty of information, they ring me with updates." We saw people's care plans included their feedback from reviews. They also included people's likes and dislikes, preferences, spiritual needs and a 'this is me' document should the person need to go into hospital. This detailed what was important to people. We found that there was also an 'All about me' folder in people's bedrooms so that staff could easily talk about things that interested people and be knowledgeable about their life.

## Is the service responsive?

### Our findings

People and their relatives told us that they felt their needs were met. One relative said, "I really can't fault the staff, they done all they can to make [relative] comfortable." They went on to say that they had asked for their relative's bed to be moved by the window as they enjoyed the outdoors. The relative told us, "They responded very quickly." Staff told us that they felt the care they were able to deliver was person centred and they were proud of that. One staff member said, "It's not just about the care we give but sitting with people and spending time with them."

People had their individual care plans which included information and guidance for staff to be able to support them safely and appropriately. There were plans in place for each of their assessed needs, and for any medical conditions, there was NHS guidance attached for additional reference. We saw that daily notes, repositioning charts and other records relating to care delivery and people's welfare were completed consistently. We saw that staff supported people in accordance with those plans and knew people well. For example, in relation to communication, mealtimes and moving around.

People told us, and we saw, that they enjoyed the activities on offer. On the day of our inspection there was a singer performing at the service. This was well enjoyed by the people who attended, and those who didn't want to be in the same room, listened from the dining room and staff popped in to them and had a dance. There was an activity board displayed in the house and this was varied and covered mornings, afternoons and evenings. We saw that staff had received training in relation to providing activities and this was also discussed at meetings. We noted that a staff member had suggested flower arranging activity and this had been added to the schedule. Staff told us that spent time with those who were unable to or did not want to come out their rooms. One staff member said, "We have games that we can take to their rooms and play with them, monopoly, chess, some people like their nails painted, some just like a chat." We also noted that the activity staff hours had recently changed to suit the needs of the people who lived at the service.

Complaints were investigated and responded to appropriately. People and their relatives who we spoke with told us they had not needed to make a complaint. One relative said, "Any little thing, you can go to [registered manager] or one of the nurses and it's sorted straight away." We noted that where a complaint had been received, the registered manager had completed a thorough investigation and provided an apology and response to the complainant. There was also a suggestion box available if people, relatives or staff wished to raise something discreetly. This helped to ensure that any queries, complaints or concerns would be identified and addressed promptly.

## Is the service well-led?

### Our findings

People and relatives were positive about the registered manager and management of the home. A relative told us, "[Registered manager] is very approachable and always around." Staff were also positive about the management and leadership in the home. One staff member said, "[Registered manager] is approachable and she listens." Another staff member told us, "[Their] door is always open." A third staff member said, "[Registered manager] is brilliant, if you go to her she listens, from day one I felt comfortable here."

There were effective quality systems in place. We saw that the registered manager carried out a daily walk round and this included checking the environment, speaking with people and staff. This record was then sent to the operations director by midday every day. Staff told us that the registered manager used this check to offer guidance and support and give any instructions if something needed to be completed. Staff also told us that the registered manager attended handovers to share any lessons learned, updates and feedback to them.

Other quality systems included a monthly home audit. This looked at all areas of the home which included care plans, medicines, staff files and cleanliness of the home. Where any shortfalls were found, an action plan was developed. The action plan also included any required actions given from the operations director following their regular visits. The registered manager told us it was positive having all actions together to help ensure nothing was missed and to monitor progress. We saw that actions were signed off when completed. For example, in relation to adding information to care plans or implementing changes to the activity programme.

The ethos of the home was to put people first. The staff shared the views of the registered manager so they worked to a common goal. This was to make sure people were happy and well cared for. One staff member said, "Even if it's someone else's resident [as allocated], it doesn't matter, if they need something, we do it." They went on to say that this included key worker responsibilities such as ensuring care plans had up to date assessments and plans. Another staff member told us, "What I really like about the registered manager and the provider is that the residents are not just a number, they are really good at that. They want to go that extra mile to make sure people are happy."

Everyone we spoke with, people living at the service and their relatives told us that they were happy with the service. The registered manager and staff were proud of the service they offered. The registered manager spoke highly of their staff team and attributed the good care to them. Staff told us that they were fortunate to work in a place where people came first and they felt valued and part of a family. This atmosphere was mirrored by relatives who told us they were happy they chose Mabbs Hall Care Home for their relatives. One relative said, "It's very good."