

MNS Care Plc

# Mabbs Hall Care Home

## Inspection report

45 High Street  
Mildenhall  
Suffolk  
IP28 7EA

Tel: 01638712222

Date of inspection visit:  
13 March 2019

Date of publication:  
17 April 2019

### 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Mabbs Hall provides accommodation for older people, some of whom may have nursing needs or live with dementia. The service can accommodate up to 29 people. On the day of our inspection visit there were 27 people resided.

People's experience of using this service:

- People at this service were well cared for by dedicated staff.
- People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.
- People's feedback was consistently positive about the care, support and staff. One person told us, "They are caring and friendly. If you have got a problem you can go and talk to anyone." A relative told us, "We are very happy, my relative is settled, everyone is welcoming, they are well looked after."
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The newly registered manager was making positive changes within the service.
- These changes would benefit people living at the service because they linked directly to enhancing the skills of staff. Face to face training had just been completed in relation to supporting people living with dementia and end of life care from the local hospice was being rolled out. The clinical competencies of the nurses were being updated and a variety of courses had been sourced and booked.
- The environment had received a cosmetic freshen up with lighter paint being applied to communal areas. All stair wells were now safe with an audit being completed of the environment to ensure it was safe for people living with dementia.
- We fed back to the registered manager areas for further development. How people spent their day in relation to meaningful activities needed further development. People needed to be consulted and truly involved in identifying their aspirations and developing a quality of life. People needed to be consulted and processes put in place in relation to people sharing double rooms. This should be a positive choice, based upon people's relationships.

Rating at last inspection: We rated Mabbs Hall as good and published our report on 29 November 2016.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good.

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

## 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?

Requires Improvement ●

The service was not always 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.

# Mabbs Hall Care Home

## Detailed findings

### Background to this inspection

#### 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Membership of the team consisted of one inspector and an expert by experience. They are a person that has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had a relative who used a similar service.

#### Service and service type:

Mabbs Hall is a care home with nursing. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

#### What we did:

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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 also spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with seven people and three relatives. We spent time observing staff interacting with people, especially at lunchtime. We also 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 spoke with seven staff and the registered manager. We looked at documentation relating to three people who used the service and information relating to the management of the service. We reviewed medicine administration records and observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- ☐ People consistently told us they felt safe at the service. One person told us, "I do feel safe here." A relative told us, "I can sleep at night, I feel I can go away because I feel [my relative] is very safe".

Assessing risk, safety monitoring and management

- ☐ Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Well known assessment tools such as MUST (Malnutrition Universal Screening Tool) and Waterlow (A pressure ulcer risk assessment tool) were used.
- ☐ Where people needed equipment to transfer this was provided based upon their assessed needs and staff were seen to follow that assessment. Falls risk assessment tools were used and plans in place for those at risk.
- ☐ The environment had been assessed to ensure it was safe for people living with dementia. Alterations had been made to stairwells to make them safe and only accessible to people able to use them safely.

Staffing and recruitment

- ☐ All people and staff spoken with said there were sufficient staff on duty. Our observations on the day found sufficient staff available to meet people's needs promptly. People did not wait long to be attended to. One person told us, "They are very good, but you have to take your turn, they say we just have to see someone else and we'll be with you."
- ☐ Staff supervised the communal areas at all times. One relative told us, "They always seem to be busy, dashing about here, there and everywhere. There seems to be enough staff though."
- ☐ Rosters clearly showed that sufficient staff were employed and allocated to meet people's needs.
- ☐ The service had a recruitment policy and process in place. Two nurses were in the process of being recruited and had been interviewed. We fed back that, historically, not all staff had been recruited so robustly. The registered manager agreed to ensure, on one record we found, that they would explore reasons for leaving previous employment that involved vulnerable people.

Using medicines safely

- ☐ Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were secure and records were appropriate.
- ☐ Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines. One person told us, "I get my medication all right." Another person explained how they had their blood sugar levels appropriately monitored and nursing staff ensured they received the appropriate amount of insulin.

#### Preventing and controlling infection

- ☐ The service was clean throughout and did not have an odour. A relative who visited very regularly said, "It does not smell and it's always clean."
- ☐ There were cleaning staff employed, they had appropriate equipment and cleaning schedules were in place.
- ☐ There were appropriately placed sluices on each floor that were clean. The kitchen had a food rating of 5\*.

#### Learning lessons when things go wrong

- ☐ Management were keen to develop and learn from events. They welcomed any support from external agencies with advice.
- ☐ There was a low incidence of falls and pressure ulcers, but these were monitored and actions taken such as the introduction of movement sensors at night.
- ☐ Accidents were appropriately recorded and actions taken to prevent similar occurrences.

# 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

Good: ☐ 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's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records. People's diverse needs were recorded and responded to.
- ☐ Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed. Two relatives confirmed they were involved in the assessment process.

Staff support: induction, training, skills and experience

- ☐ Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff said that they had received a good induction that included training and shadow shifts.
- ☐ Nursing staff confirmed they had access to clinical updates to meet the nursing needs of people resident e.g. nutrition, tissue viability and verification of death and had access to clinical supervision.
- ☐ Staff had received appropriate training to support people using the service and more specialist training in matters such as dementia, end of life and mental capacity. One relative told us, "They seem to know what they are doing. I have no worries."
- ☐ Staff also told us they were supported by the management team and received one to one sessions to discuss any work-related issues. Staff welcomed team meetings and one staff member said, "We are getting more training coming through now. The face to face training is better."

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

- ☐ People received home cooked food that constituted a balanced diet. One person when asked about being given a choice said, "The food, we do well, we have everything, there are lots of different choices."
- ☐ The meal time experience was relaxed with people being offered choices of where they wished to eat their meal and what to drink. A variety of drinks and snacks were available throughout the day. One person said, "I enjoyed my dinner, its usually good."
- ☐ Advice was sought from appropriate health professionals in relation to nutrition. The chef had updated information to hand on special diets required. The chef was knowledgeable about how to modify diets and was seeking feedback at the meal time. There were sufficient staff to support people to eat with dignity.

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

- ☐ The service was purpose built a number of years ago. Most rooms are single. There are two double rooms. There are two lounge areas and a separate dining area for people to congregate and share.
- ☐ There are accessible gardens for people to enjoy outside space and fresh air.



- The registered manager was making changes to refresh the decor and had plans to improve signage and make the environment friendlier to navigate around for those people living with dementia.
- There were appropriate facilities to meet people's needs such as accessible bathing and sluice rooms.

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

- People were routinely registered with healthcare professionals. A GP visited regularly or when required to ensure access to treatment and medicine. There was a good relationship between the service and healthcare professionals and this was confirmed by a visiting healthcare professional. One person told us, "I've had the doctor in because of my arms, he gave me various creams for them, and it does help me."
- People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments. One person had hospital transport arranged on the day of our visit to attend a hospital appointment. A relative told us they were kept well informed about health changes and said, "They have told me today that if [my relatives] cold gets worse they will get the doctor in." Another relative said, "If there are any changes to [my relatives] medication, they let me know."
- Appropriate information would be shared in a timely way, because people had records such as 'This is me – hospital passport'. These were completed and available to take if a hospital admission was required.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible. One relative said, "If [my relative] doesn't want to get up, they let them stay in bed. My relative has quirky ways and staff know them well."
- The registered manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted.

# 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

Good: ☐ 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 that staff were kind and caring. We observed some lovely practice by staff who emotionally supported people with compassion. One person told us, "The carers are alright, nice, they are polite." Another person said, "I've got used to being cared for, they are very efficient. I have showers and baths, I'm washed and shaved. The carers are alright, they are friendly."
- ☐ Our observations showed people displayed signs of well-being. One relative told us that their relative had all their care needs regularly met and they were happy with the care provided.
- ☐ Staff knew people very well.

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

- ☐ People and their representatives were regularly asked for their views on their care and their plans. Regular meetings with relatives were in place. A relative said, "I feel involved in [my relatives] care, very much. We haven't had a review meeting for a while but if I ever feel something has changed, I tell them, and they listen."
- ☐ Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were polite, courteous and engaged with people. People were treated respectfully and were involved in every decision possible. One person told us, "The carers are good to me, very helpful and patient. Two come up at a time. You can have a shower or bath whenever you want."

Respecting and promoting people's privacy, dignity and independence

- ☐ People and their families completed life histories and this enabled staff to develop meaningful relationships and have respect for people as individuals. Daily notes made by care staff showed clear respectful recording of care given.
- ☐ People were enabled to be as independent as possible. A very elderly frail person told us, "They give me a flannel to wash my face and they wash me [elsewhere]." Staff transferred people to dining chairs and arm chairs throughout the day to maintain their posture and dignity.
- ☐ Relatives confirmed to us that people's privacy and dignity was always maintained. Our observations were that staff were mindful in their actions and how they spoke with people. People consistently said staff ensured their privacy with knocking on doors, and closing doors before care. One person told us, "They always knock and half the time they don't have to. I can't grumble."

# Is the service responsive?

## Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People were enabled to follow a variety of interests and activities. Some people were supported to the local shop, outside entertainers visited, students visited and a local nursery visited last Christmas. However, this was not necessarily of people's choosing.
- ☐ People were not engaged with meaningful activities of their choice. There was a day centre on site that could be better accessed and utilised, but also people in their rooms had insufficient stimulation and meaning to their day. One person told us, "I get bored, I smoke, and they let me do that, sometimes staff talk to me and I have seen the dog". Another said, "I'm bored stiff, I don't like the telly, they don't do nothing." Another said, "I go to the lounge, I don't do anything there."
- ☐ Not all people received personalised care that met their preference. People did not have control and choice of whom they shared a room with. There were two shared rooms and people did not make a positive choice to share and did not know the person before sharing. One person told us that the person they shared with could not communicate with them. They said, "I do sometimes wish I had a room on my own".
- ☐ The registered manager had set actions in place to introduce a variety of activities based upon people's choices, but as yet this had not come to fruition, nor was embedded.
- ☐ People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs. Relatives said that they were kept informed of changes and were consulted regularly.
- ☐ Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

End of life care and support

- ☐ All aspects of people's lives were planned and this included end of life care planning for some people. People's wishes were appropriately recorded and families were involved as appropriate with regards resuscitation. One plan that we examined set out the exact music a person wanted and the type of flowers they had chosen.
- ☐ The local hospice was present on the day of our inspection visit and was delivering training to staff on end of life care for people. The hospice had planned training for nurses to verify death. This would mean no delay at such a sensitive time to await other medical staff to pronounce death.

Improving care quality in response to complaints or concerns

- ☐ There were known systems and procedures in place. These were known to people and their visitors. The procedure was displayed.
- ☐ People and relatives said that they felt able to speak to the registered manager at any time. Staff were aware of resolving concerns at a lower level if possible.

- ☐ We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place. One person told us, "I've made a couple of complaints and they have listened."

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ Care and support provided did meet peoples assessed needs. People benefitted from good nursing and personal care. There were plans to further address the social needs of people. The registered manager had already recognised this need for development and had set plans in motion.
- ☐ People and relatives spoke warmly and highly of the new registered manager and changes underway. One person said, "The manager, she is very nice, very pleasant". A relative said, "The new manager is lovely, you feel she is listening to you, very bubbly, I think she will be good. The décor is brightening up."
- ☐ Staff were full of praise for the changes and developments made in relation to training and the environment. Staff told us that they were fully behind the planned developments and the manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ Staff were well supported in their role, supervision of care and ancillary staff was in place along with clinical supervision for nurses. There were regular staff meetings held and staff were aware of how they contributed to the performance of the service.
- ☐ Governance systems were embedded into the running of the service. There was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a sustained quality service maintained over time.
- ☐ MNS Care plc had quality management systems in place. Audits and action plans were shared as required. This included regular visits from MNS Care plc representatives who had oversight of the quality of care being provided.
- ☐ Continuous learning was improving outcomes for people. The service was taking part in a pilot project through West Suffolk Hospital using the Rockwood frailty score. This was to enhance the primary medical care of older frail people living at the service.
- ☐ The service had looked to improve end of life care for people. They had accessed training and development from a local hospice to develop best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ The registered manager had started to develop better links with the local community, other healthcare professionals and the local GP service.
- ☐ The service regularly sought the views of people through care plan reviews, meetings and through regular

surveys. A relative told us. "They have relative meetings and I have been to them. If any issues are raised they are dealt with. If I felt something was wrong, I would be able to say so."