

Muscliff Medical Limited

# Muscliff Nursing Home

## Inspection report

Muscliff Nursing Home  
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23 March 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

We inspected the service on 22 and 23 March 2016. Muscliff Nursing Home is a care home with nursing. The home is registered to accommodate up to 40 people. On the day of our inspection there were 40 people living at the home.

The home had a registered manager who was available during our 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 who used the service, and their relatives, told us that they felt safe and well looked after. Staff met people's needs effectively and people told us that they were all kind and caring. Staff told us that they enjoyed working at the home and they were very knowledgeable about people's needs, preferences and life experiences. Staff respected people's privacy and dignity.

Staff had a good understanding of what constituted abuse and told us that they would be confident to recognise and report it.

We looked at how the home was being staffed. We saw there were enough staff to provide safe care and social activities. People we spoke with were satisfied with staffing levels.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the home.

Staff managed medicines safely. They gave them as prescribed and entered, stored and disposed of them correctly. People were able to manage their own medicines if they were able to do so safely. People said staff gave them their medicines when they needed them.

People were well-supported with their health needs and the provider sought information and advice swiftly where needed.

People told us they were offered a choice of meals. They said the meals were good and they were offered snacks and drinks, day and night.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's care records were mostly comprehensive and detailed people's preferences. Records were regularly updated to reflect people's changing needs. People and their families were involved in the

planning of people's care.

People's risks were considered, managed and reviewed to keep people safe. All the people we spoke with told us they felt safe at Muscliff Nursing Home. Where possible, people had choice and control over their lives and were supported to engage in activities within the home.

People participated in a range of daily activities in the home which were meaningful and promoted their independence.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked their opinion via surveys.

## 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.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support for their roles and were competent in meeting people's needs.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

Care was personalised and reflected individual needs.

Activities were in place to stimulate and engage people.

There was a system in place to effectively deal with complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home.

People who lived in the home, their relatives and staff were encouraged to give their opinions on how the home was supporting them. People told us staff were approachable and willing to listen.

# Muscliff 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 22 and 23 of March 2016 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist advisor.

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 the PIR and other information we held about the home as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with ten people who used the service about the care and support they received. We spoke with the registered manager, seven staff, the chef, a GP, physiotherapist and six visitors to the home. We looked at seven care records, four staff training and recruitment files and other records relevant to the running of the service. This included policies and procedures. We also looked at the provider's quality assurance systems.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person told us "I do feel safe here, all the doors are locked and the staff are vigilant. You will see they always ask who people are when they visit and who they have come to see, then they have to sign in. It is not just that kind of security; it is that the staff keep me safe physically. When I came here I was a different person, so unwell, the staff have really helped and I am much more fit now, which again keeps me safe. I am very grateful". Another person said, "Safe, I do feel safe here, more than when I was at home, the building, the staff, the way they make sure I get what I need when I need it, this is a very safe place to be". A third person agreed, "I am safe here, it has a homely feel but the staff make sure I am looked after properly and get the care I need, yes I am as safe as I could be anywhere".

A visitor told us that they felt people were kept safe at the service. They told us, "My mother was in another care home before she came to live here. I wish I had found this home first. She is very safe living here." Staff were able to describe different signs of abuse and could tell us how they would report concerns. People told us that they felt able to share concerns that they had. One person said, "You can talk to the carers or call for [the registered manager]". Another person told us that they had previously raised a concern and felt the registered manager and staff had responded quickly and appropriately.

We spoke with four staff who all had good knowledge of Safeguarding. Each one told us they had received training and knew where the provider's policy was. The staff were clear about when they would refer an incident or situation and that they were confident the manager would listen to them and investigate the findings thoroughly.

We looked at how risks to people were managed and found that risk assessments were in place. Staff were able to describe how they would manage the potential risks to people and we saw that this was done without putting unnecessary restrictions on their independence. We saw that where risks to people increased, due to health concerns such as weight loss, staff responded and managed these risks appropriately.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. There was a call system in place which alerted staff when people had pressed it for assistance. People knew how to use the call bell and it was placed within easy reach of people when they were in their bedrooms. Throughout our visit we saw that staff responded to people's requests for assistance in a prompt manner. Staff told us they thought there was enough staff during their shifts to safely meet people's needs. Staffing levels had been assessed so there was enough staff available at the times people needed them. We saw staff were present in communal areas and they took time to engage and talk with people. Duty rotas confirmed enough staff on duty to meet the needs of people living in the home.

We spoke with three people who told us their medicines were administered on time. One person told us, "The nurses know their stuff and they always check who we are and if we are happy to take our medicines". We observed staff administering medicines to people in a patient manner, and asked for the person's

consent. The nurses did not hurry the medicines rounds and we found the Medicines Administration Records (MAR) were up to date and complete. We noted the provider used 'as and when necessary protocols' in addition to pain assessment charts.

Safe recruitment procedures were in place to make sure staff were suitable and safe to work with the people living at Muscliff Nursing Home. These included prospective staff completing an application form, detailing their employment history and qualifications. Checks on staff character to ensure they were suitable for the role. Obtaining a Disclosure and Baring Service (DBS) checking references and ensuring an interview was held. We spoke with staff who confirmed DBS checks and references had been taken up before they started working at the home.



## Is the service effective?

### Our findings

People and their relatives felt that staff had the skills and experience needed to support people properly. One person told us, "I think the staff are well trained and know what they are doing". Staff we spoke with told us that they received a comprehensive induction and training. One member of staff told us, "I think I have had everything going but when I have asked to do other things, Matron is really keen and encouraging, it's brilliant for training here". There were also opportunities to attend a number of specialised courses available including a five day dementia training course. We saw that staff had completed training including dementia awareness, diet and person-centred approaches. Practical training was also offered for moving and handling. The manager kept a monitoring system which listed the dates that staff had completed training and when it was due to be refreshed.

We spoke with two student nurses who were completing a placement at the home. One student told us that the home was a "wonderful place to work" and, "Nursing homes can have a poor name for supporting students but this home is absolutely exceptional. I love working here; I have got to do things that colleagues in hospitals have not even started with. I have a brilliant programme and two mentors. This makes sure I always have someone I can ask. They also make sure that each shift I am doing something that stretches my knowledge and confidence. I would love to come back here to work when I am qualified". The second student told us "This is a fantastic home, the staff are brilliant, I have been so welcome here but also there is a fantastic mentorship programme, I feel totally supported and encouraged. My mentors are absolutely the tops".

We spoke with staff and asked them about staff supervisions and annual appraisals. They told us they had regular quarterly supervision. One member of staff told us, "supervision is my time, and I can talk about everything I want to. Things that might be on my mind, for example if someone dies, I can talk that through. Mind you I can talk about that at any time to make sure I am okay. Supervision really helps us work together because we can look at situations that are difficult and might grow if we don't deal with them, for example, if some staff do not agree about something". We saw evidence of these meetings in the four staff files we looked at.

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.

We found that the provider was working within the principles of the MCA and 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 looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding

consent. One member of staff was able to describe the MCA and how people should be assessed in a decision specific manner.

Care records included a section containing documents relating to consent and the MCA. This included copies of mental capacity assessments as well as other consent forms. We found mental capacity assessments and other consent forms had been completed appropriately in accordance with legal requirements.

People told us they had enough to eat and drink. One person said, "The food's quite good actually." Another person told us, "The food is good and if you would like something that isn't on the menu you only have to ask".

People had a choice where they ate their meal, for example, in the dining room or their bedroom. People told us that the food was good. The dining room tables were nicely set with table cloths, napkins and condiments. People were offered a choice of drinks with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food.

People's needs in relation to nutrition and hydration were assessed by the service. This included details of their conditions and the level of support they required during mealtimes. People's weights were recorded monthly and we saw if people lost weight they were promptly referred to a GP and or Speech and Language Therapist (SALT).

We spoke with the chef who confirmed they had information on people's dietary requirements. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. They also talked us through the different types of diet and consistency people with dysphagia, (a difficulty swallowing) required and they understood the importance of Speech and Language Therapist (SALT) recommendations and how to transfer this guidance to food that people liked.

When people lived with dysphagia the care plans included a clear care plan on what staff should do to help keep the person safe during eating. However while this was detailed there was no information about how staff should respond if the person was choking or they thought they were aspirating. This was an area for improvement.

The home was free from trip hazards and the rear garden was readily accessible to people living in the home. The service has a proactive approach in adopting best practise guidance. The manager showed us the home's 'sensory room'. They explained that this had been designed in accordance with best practice guidance in dementia care. The manager told us that there were further plans in place to create an 'indoor garden' and 'memory lane' in the conservatory of the home.

People were supported to maintain good health and to access health care facilities. Staff and the manager told us that people were registered with a GP who they visited as and when needed. People were also supported with regular dental, chiropody and optical appointments. We spoke with a visiting GP who told us that they had no concerns about the home. They explained that the home made appropriate referrals and staff followed their guidance.

## Is the service caring?

### Our findings

All of the people and relatives we spoke with told us about how caring staff were. One person told us "The staff are really great, look I will show you". They demonstrated this by asking the staff for a piece of cake. The staff member responded positively and went to the kitchen returning with a selection of small attractive cakes and biscuits. The person told us, "You see all I have to do is ask and all the staff are the same, they all want to help and do it with a smile but it is a bit naughty to ask for cakes but they just do not judge". When the staff member returned they interacted kindly with the person saying, "Don't forget to let me know which you like best so I can make sure I save the ones you like best for you". A relative told us "The staff here are so kind and caring, nothing is too much trouble for them and they do it in a really smiley way, what I mean is they smile properly so that you know they really mean it and they are always smiling, such lovely people". Another relative told us, "[Person] is always beautifully turned out; her clothes and jewellery always match, like today. Her appearance has always been important and the staff they protect this side of her personality".

Relatives said they were kept up to date with any changes regarding their family member. They told us they felt included with their family member's care and support needs. There was frequent contact between the home and relatives. One relative told us, "We are kept up to date and the communication is good. They also handle things well so we don't receive too many phone calls for trivial things.

The provider further promoted people's involvement in their care by having people present to sit on the interview panel during the recruitment process.

Staff spoke with people while they were providing support in ways that were respectful, warm and friendly. When we checked we saw in their records that staff addressed people by their chosen names. However staff also used a range of terms of endearment with people but they appeared to be used in a gentle and kind manner. There was a great deal of positive interaction between staff and people which involved a great deal of laughter and light-heartedness.

People's privacy and dignity was respected, staff supported people to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people's own rooms. Staff knocked on people's doors before entering their bedrooms and bedroom doors had keys, should people wish to use them. Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw visitors were able to come and go freely.

The home had a 'dignity tree' on display in the home where staff, people and others had added their comments to the tree about what dignity meant to them. The manager explained this was done to help promote dignity in the home.

People and their relatives were given support when making decisions about their preferences for end of life care. Two visitors whose relative had recently passed away told us that they were cared for in accordance

with their advanced wishes and that staff stayed with the person during their final hours.

The home held an accreditation with the National Gold Standards Framework Centre in End of Life Care. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling staff to provide a high standard of care for people nearing the end of life. The manager explained that people's advanced wishes were documented if people wished. We saw evidence that supported this.

When a person passed away the home organised a quiet room to be setup in memory of the person, where people staff and others could spend time and pay their respects. There was also a remembrance tree in the room which had the names of people who had passed away in the home.

# Is the service responsive?

## Our findings

Prior to moving in to Muscliff Nursing Home people's health and social care needs were assessed by a senior member of staff to ensure the service was suitable and able to meet their needs. Following the assessment process a care and support plan was developed with information from the assessment and the input of the person who had been assessed if this was possible. If appropriate family members were also part of the assessment and admission process.

We saw that care plans were reviewed monthly or more frequently if the person's needs changed. Daily records were completed by staff as a means of ensuring all the information about people who lived in Muscliff Nursing Home was up to date.

We looked at the care plans for four people and saw each care plan was centred on the assessed needs and included information of what was important to the person and how they wanted their care and support to be delivered. Preferred routines were documented and, wherever possible, personal histories were included to give guidance to staff about what people liked or disliked.

People and their relatives were involved in their care planning and knew they had a plan in place. One relative said, "I'm involved on a regular basis. I can always approach a member of staff."

Each person had a pre-admission assessment which detailed their needs and the type of support they required from staff. Care plans contained essential information about the person including their mobility, sensory and nutritional needs. Biographical information was included which detailed people's background and social history. These had been written with involvement from the person and their families where possible.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. There was a monthly events calendar available to people in the home. We saw that activities included bingo, entertainers, quizzes and rabbit racing. There was also live entertainment, such as singers who we observed one afternoon of our inspection. People told us that they enjoyed the activities provided.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People's bedrooms reflected their personality, preference and taste. For example, some bedrooms contained articles of furniture, pictures and ornaments from their previous home. People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and how they wished to spend their day.

A copy of the complaints policy was on display in the home. Most people, who were able to speak with us,

and their relatives, were aware of the complaints process. We saw that the provider had not received any recent complaints. The provider also kept copies of compliments received. One relative wrote, 'I just wanted to drop you a short line to express my delight with my father's care. I am grateful for your expertise in the running of the home and the exceptional team that work together to prioritise exemplary care. I have seen numerous care homes as part of my job and yours is outstanding.'

## Is the service well-led?

### Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC).

Everyone we spoke to told us that they thought the home was well managed. People told us that they knew the registered manager and said she was "always visible" if they wanted to speak to her. During our inspection we saw that people who lived in the home. People and their visitors knew the registered manager and were confident speaking to her.

Quality assurance audits were completed by senior staff who worked in the home. Medication audits were completed on a monthly basis. In addition we saw records of other audits that took place, such as a general manager's audit, monthly internal inspection audits and health and safety audits.

People told us they were encouraged to share their opinions in how the service was run. In the main foyer of the home was a suggestion box to enable people and others to leave feedback. Resident meetings were held and relatives were also invited to attend. We looked at the minutes from the last resident forum in February 2016. A variety of topics were discussed, including activities, themed days and a dementia café. People were invited to give feedback about the home.

The provider also completed an annual survey, the last of which took place in September 2015. We saw that the results were mainly positive and had been analysed with an action plan in place to improve lower scoring areas.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

There were also regular visits from the directors of the service who would their own checks and monitor the standards in the home.