

# The Royal British Legion Mais House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Mais House provides accommodation, personal and nursing care for up to 54 older people living with a range of physical health problems, such as Parkinson's disease, diabetes, strokes and cancer. There were also people who were now living with early stages of dementia and those who were receiving end of life care. There were 39 people living at the home at the time of our inspection.

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

People who lived at Mais House received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to safely support people. People told us, "I feel safe and cared for," and "Its lovely here, the food is very nice and staff caring." Care plans and risk assessments had been completed which meant peoples' safety and well-being were protected.

People were supported by enough suitably qualified staff to meet their needs. Safe recruitment practices had been followed before staff started working at the service. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent. The home was clean, well-maintained, and comfortable. The provider ensured that when things went wrong, accidents were recorded, and lessons were learned.

Managers and leaders created a transparent and honest culture for people and staff that was focused on ensuring everyone had the support they needed. The management were committed and enthusiastic about providing support and training for staff to enable them to provide people with the best support possible. The management team consistently reviewed the service through their governance systems and identified ways to improve things for people. People, their relatives and staff were given regular opportunities to be involved in how the service was run by being provided with regular opportunities to feedback on aspects of the service.

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

### Rating at last inspection.

The last rating for this service was Good (published 24 October 2018)

### Why we inspected

This inspection was prompted by a review of the information we held about this service and the age of the last rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mais House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Mais House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by 1 inspector.

#### Service and service type

Mais House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mais House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We reviewed documentation, inspected the safety of the premises, and carried out observations in communal areas. We spoke and met with 15 people who used the service about their experiences of the care and support they received. We spoke with 11 members of staff including the registered manager, and care staff, and three visitors.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was undertaken in the communal areas of Mais House.

We looked at a range of records. This included the care records for 7 people, medicine records and 4 staff files in relation to recruitment. Policies and procedures, environmental safety and information relating to the governance of the service were also reviewed. We also spoke with 1 relative over the telephone and 4 healthcare professionals during the inspection process.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People we spoke with, told us that they felt safe with all the staff who supported them. One person said, "I feel safe here, staff have supported me really well." Another said, "It's never easy accepting help, but they (staff) do it and do it well."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local safeguarding authority.
- Information was available for people and for staff regarding adult safeguarding and how to raise concerns. One person said, "We have opportunities to speak with the manager and we are encouraged to speak out if we have a problem." A staff member told us, "We have training and staff meetings to discuss safeguarding and we have folders to refer to if we are unsure."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were safely managed and staff were provided with guidance to promote independence and mitigate the risk of harm. People told us they felt safe living in Mais House and that staff provided their care safely. One person said, "They are very supportive, I hope to be going home soon." Another person told us, "Staff talk to me about my care needs, any appointments I need, are organised by the staff. I don't have to worry at all." Another person said, "I think they know what I need, no grumbles."
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. This meant the provider could be confident that risks were mitigated.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.

#### Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed based on people's care needs and reviewed regularly.
  - Staff deployment had ensured people's needs were met in a timely manner and in a way, that met their preferences. Call bells were answered promptly, and staff monitored those who cannot use a call bell on a regular basis.
  - People told us staff were available when they needed them. They said they did not have to wait when they needed care or support, which was confirmed by our observations. Comments from people included, "I ring and they respond, never have to wait really," and "I have never had any concerns about staffing levels."
  - Staff were recruited safely which had ensured that only suitable staff were employed to work at the service. Pre-employment checks included those undertaken with the applicant's previous employer in care and the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Using medicines safely

- Medicines were stored, administered, and disposed of safely. Medicines were ordered in a timely way. The clinical fridges and the clinical room temperatures were checked daily to ensure they kept medicines at the correct/safe temperature.
- Protocols for 'as required' (PRN) medicines such as pain relief, described the circumstances that it may be required. We saw that people had received pain relief when requested, and this was recorded with reflection of the effectiveness of the medicine.
- Staff who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely. This included senior care staff as well as registered nurses. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Regular medicines audits were used to identify and address any shortfalls in practice.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes



The service was supporting unrestricted visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

#### Learning lessons when things go wrong

- Systems were in place to identify when things went wrong. Incidents were recorded and analysed to determine the cause and identify changes that would prevent a re-occurrence. Safeguardings and complaints were discussed at staff meetings and used as reflective thinking exercise as to what had gone wrong and how to improve to prevent it happening again.
- The management team consistently assessed staff practice and identified ways staff could improve the care and support they provided.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us that the staff culture was inclusive and friendly and that all staff engaged with them positively. People's comments included "Can't fault anything, the staff are excellent," "If I have to live in a care home, I think im in the right one," and "I have a good time, but it is time for me to leave, go home."
- People's relatives told us they thought the staff were "amazing" and there was a friendly atmosphere and they were always welcomed into the home.
- The registered manager shared some of the achievements Mais House had accomplished during the last two years. One of these was the creation of Butterfly suite for people at the end of their life, so that families could stay with their loved one and be comfortable and self-contained.
- The management team were open and transparent and welcomed feedback from people. The feedback was used to improve the home.

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

- Statutory notifications were submitted appropriately by the provider to CQC.
- The registered manager understood their responsibilities around duty of candour. People and visitors told us they found the staff to be open and honest. One person said, "If I ask a question about my care, they answer me honestly, I had occasion to question a change in my medicine and they apologised they hadn't told me."

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

- The management team regularly undertook audits of the quality of the service. Each aspect of people's experience of the home was regularly assessed to ensure people received safe, consistent care. The checks included audits about medication, the environment, people's care plans and the health and safety of the home. Any issues identified through these audit processes were added to the service improvement plan with a time scale and responsible staff member to action.
- There were some shortfalls found during the inspection that the audits had identified. For example, it was found some care plans needed to be updated to reflect their changed needs. It had been identified but not progressed. There were inconsistencies in people's records which were addressed immediately and risk was mitigated.
- People and staff were positive about the registered manager and the management team. One person told

us, "The manager is very kind, always pops in to say hello." Another said, "I know the manager and if I had a problem, I would ask to see her."

- Staff were positive about working at Mais House and it was evident they were proud of the work they did. They told us, "I really enjoy my work here, we work as a team and the residents are special," "Really supportive team, the support is good, we can learn and if we want to do courses, we can," and "The manager is approachable, and we respect her."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings with people were held to discuss the running of the home and receive feedback on their experience of living at the home. We saw that where people had made suggestions, these had been acted on by staff.
- People and their relatives were sent surveys to feedback on the care and support provided by staff. The registered manager had made a written response to all the comments raised and a copy of this was available for people and their relatives to read.
- Staff meetings regularly took place. During staff meetings, the registered manager discussed best practice with staff and fed back to staff comments and suggestions people had made. All staff met at 10 am daily to discuss what was going on at the home, peoples' health, admissions to the home and any planned events or excursions.
- People's relatives told us that staff were responsive when they raised concerns or asked for changes to be made. One relative told us, "I can discuss anything with staff and they always act quickly."

Continuous learning and improving care

- Families were complimentary about the management and care staff, and talked about the importance of good communication.
- Audits had been implemented to monitor the care people received and the service overall. Accidents and incidents were analysed to identify any possible patterns or trends. These were shared with staff at meetings.
- Staff were supported by the organisation to gain qualifications, and to complete the training requirements. Registered nurses were supported their registration requirements with the Nursing and Midwifery Council (NMC).
- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen, increase in staffing levels and from the staff we spoke with. The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.

Working in partnership with others

- Health professionals were positive about working with staff at the home. One professional told us, "Always professional and knowledgeable about their residents."
- Feedback from the local authority was positive. Comments included, "Staff know people well and they work alongside us so as to get the best safe outcomes."