Maycroft Care Home Limited

# Maycroft Care Home

## Inspection report

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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

Maycroft Care Home is a care home that provides accommodation and personal care to up to 25 older people, some of whom are living with dementia. It is not registered to provide nursing care. There were 23 people living at the home at the time of this visit. There are internal and external communal areas, including a lounge and separate dining area, a garden and court yard for people and their visitors to use. The home is made up of two floors which can be accessed by stairs or a lift. All bedrooms have a hand wash basin. There are two communal bathrooms and a wet room for people to use.

This unannounced inspection took place on 18 February 2016.

There was a registered manager in place during this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Where people had been assessed as lacking capacity to make day-to-day decisions, decisions were made in their best interest. Applications had been made to the local authorising agencies to lawfully restrict people's liberty where appropriate. Staff demonstrated to us that they respected people's choices about how they wished to be supported. Staff were able to demonstrate a sufficient understanding of MCA and DoLS to ensure that people would not have their freedom restricted in an unlawful manner.

Plans were put in place to minimise people's identified risks, to assist people to live as independent and safe a life as possible. Arrangements were in place to ensure that people were supported with their prescribed medicines safely. People's medicines were managed and stored appropriately. People's nutritional and hydration needs were met. Records were in place for staff to monitor people's assessed risks, care and support needs.

When needed, people were referred and assisted to access a range of external health care professionals. People were supported to maintain their health and well-being. Staff supported people with their interests and to maintain their links with the local community to promote social inclusion. People's friends and families were encouraged to visit the home and staff made them feel very welcome.

People were supported by staff in a caring and respectful manner. People's care and support plans gave guidance to staff on any individual assistance a person may have required. How they wished to be supported and what was important to them.

Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions, competency checks and appraisals. This

was to ensure that staff were competent and confident to deliver people's support and care.

Staff understood their responsibility to report any poor care practice or suspicions of harm. There were pre-employment safety checks in place to ensure that all new staff were deemed suitable and safe to work with the people they supported. There was a sufficient number of staff to provide people with safe support and care.

The registered manager sought feedback about the quality of the home provided from people, and their relatives as they were able to raise any suggestions or concerns that they had with the registered manager and staff and they felt listened to.

Staff meetings took place and staff were encouraged to raise any concerns or suggestions that they may have had. Quality monitoring processes to identify areas of improvement required within the home were in place and formally documented any action required.

## 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 with their medicines as prescribed. Medicines were stored safely.

Systems were in place to support people to be cared for in a safe way. Staff were aware of their responsibility to report any concerns about poor care and suspicions of harm.

People's care and support needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were deemed suitable to look after the people they supported.

### Is the service effective?

Good

The service was effective.

Staff were aware of the key requirements of the MCA and DoLS to ensure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to support people to meet their needs.

Supervisions, competency checks and appraisals of staff were carried out to make sure that staff provided effective care and support to people.

People's health, nutritional and hydration needs were met.

### Is the service caring?

Good

The service was caring.

Staff were caring and respectful in the way that they supported and engaged with people.

Staff respected people's privacy and dignity.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain

their independence.

## Is the service responsive?

Good

The service was responsive.

Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

People's care and support needs were planned and evaluated to ensure they met their current needs.

People knew how to raise a complaint should they wish to do so. There was a system in place to receive and manage people's compliments, suggestions or complaints.

## Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process. Any improvements required were documented and were actioned or being worked upon.

People and their relatives were able to feedback on the quality of the home provided and feel listened to.

# Maycroft 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 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 18 February 2016, and was unannounced. The inspection was completed by one inspector.

Before our inspection we looked at all the information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. We also received feedback on the home from a representative of the local authority contracts monitoring team.

We spoke with four people who lived in the home and three relatives. We also spoke with the registered manager, head of care, cook, maintenance, a senior care worker and an administrator. Throughout this inspection we observed how the staff interacted with people who lived in the home and who had limited communication skills.

We looked at two people's care records, the systems for monitoring staff training and two staff recruitment files. We looked at other documentation such as quality monitoring, staff questionnaires, accidents and incidents, maintenance and safety records. We saw records of compliments and complaints, and medication administration records.

Good

# Is the service safe?

## Our findings

People and relatives said that they or their family member felt safe in the home. This was because of the care that was provided and how staff treated the people they supported. One relative told us, "I have never heard or seen staff speaking to people or treating people in a way that was not kind." Another relative said that it was a, "Much safer," environment for their family member to be in as staff could meet their care and support needs.

Staff said that they had undertaken safeguarding training and refresher training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify the different types of abuse and report any suspicions of harm or poor care practice. Staff told us what action they would take in protecting people and reporting such incidents. They were aware that they could also report any concerns to external agencies such as the local authority. This showed us that there were protocols in place to reduce people's risk of harm.

People had individual risk assessments undertaken in relation to identified support and health care needs. These included but were not limited to being at risk during moving and handling, of falling, of developing pressure sore areas, prescribed medicines and malnutrition. These risk assessments and records provided guidance and prompts to staff on how to monitor and support people safely.

Our observations showed that people were supported by staff to take their prescribed medication safely, in an unhurried and patient manner. Relatives told us that they had no concerns about the management of their family members prescribed medicines. One relative said, "Staff have managed to persuade [family member] to take their medication, which was something that I struggled with." Medicines when not being administered was stored securely and at the appropriate temperature. We were told that all staff who administered medicines had received appropriate training. Records confirmed this. Staff also said that they had their competency assessed by a more senior staff member. Stocks of medicines were audited on a regular basis to ensure that they were accurate. We saw that there were clear instructions for staff in respect of how and when medicines were to be administered safely, including those to be given 'when required.' This meant that there were systems in place to manage people's prescribed medicines safely.

Staff said and records confirmed that pre-employment safety checks were carried out prior to them starting work at the home and providing care. Checks included references from previous employment. A criminal record check that had been undertaken with the disclosure and barring service, proof of current address, photographic identification, and any gaps in employment history had been explained. These checks were in place to make sure that staff were of a good character and that they were suitable to work with people living at the home.

During our inspection we saw that there were sufficient staff on duty to meet people's assessed needs. People's current dependency requirements were assessed and this determined how much care and support from staff would be needed. The registered manager told us how this information then calculated the safe number of staff needed to work each shift. Staff rotas were written to make sure that there were enough staff

on duty with the right skills and knowledge. We saw that during the night shift there was an assigned on-call staff member who lived locally who was available to administer any 'as required' medication. They were also available to support night staff in case of an emergency. Relatives told us that staff made time to sit and chat with their family members and they had no concerns about staffing levels within the home. One relative said that, "Staff work as a team." Our observations showed that people's requests for assistance were responded to quickly and that staff whilst they were busy people were not hurried.

People had individual personal evacuation plans in place in case of an emergency. This showed us that there were plans in place to assist people to be evacuated safely in the event of a foreseeable emergency for example a fire.

We looked at the inspection checks and certificates for safety assessments on the home's utility systems and fire safety checks. These showed us that the management made checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work.

Good

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provided 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 checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records we looked at confirmed that people's capacity to make day-to-day decisions had been assessed and documented. This included decisions to be made in a person's 'best interest.' The registered manager told us that where people had been assessed as lacking the mental capacity to make day-to-day decisions, decisions were made in their best interest. Applications had been made to the local authorising agencies to lawfully restrict people of their liberty where appropriate. On the day of our visit we looked at a random sample of applications. We saw that applications that had been authorised were in date and conditions followed.

Staff demonstrated to us that they respected people's choice about how they wished to be assisted. Records showed that staff had received training in MCA and DoLS. On speaking to staff we noted that their knowledge about MCA 2005 and DoLS was variable. The registered manager talked us through the methods they were going to use to make sure that this training was embedded. This was because they had already identified this as an area requiring improvement. One staff member said, "Check if a person can make choices on day to day decisions. Decisions are to be made in a person's best interest when they don't have capacity." This meant that staff demonstrated to us a sufficient understanding of the importance of respecting people's decisions and 'best interest' decisions.

People told us that they were happy with the food served in the home. One person said, "The food is good and you can adapt the menu if you like." Another person told us, "There is plenty to eat and drink." We saw that people were offered a choice of meals and alternative dishes were available and special requests catered for. The cook talked us through any special dietary needs and how this would be catered for, this included food prepared for people with a specific health care condition or people who required their food to be in a softened form due to identified risks. A relative said, "The quality of food is balanced meals and desserts. Made on site [in the home]. There are always two dishes available for choice. Always fruit and vegetables available. [Family member] has put of weight since being in the home. They are a healthier weight." Another relative told us, "People are supported at mealtimes at their own pace [by staff]. [Family member] is very well fed - food is good."

People were provided with a selection of hot and cold drinks throughout the day. Our observations during the meal time showed that people could choose where they wanted to eat their meals. During this

inspection we saw that the majority of people ate their lunch in the dining area, but some people had chosen to have their meals in the lounge. We noted that staff encouraged people to eat at their own pace. Where people needed some support we saw that adaptations, such as adapted cutlery were used. These assisted the person to eat their meal with limited support while maintaining their independence.

Tables in the dining room were dressed with table clothes, placemats, napkins and condiments to make the lunchtime a pleasant and social experience for people. To help people choose a menu option, visual prompts in the format of plated up food were available for people who required this additional assistance. This meant that people were encouraged to maintain their independence or be assisted by staff where appropriate.

Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team. This was until they were deemed confident and competent by the registered manager to provide effective and safe care and support to people. We noted that the training lead had introduced the Care Certificate induction for new staff members. This was confirmed by staff we spoke with. The Care Certificate is a nationally recognised qualification for new staff with care responsibilities.

Staff members told us they enjoyed their work and were well supported. One staff member said that the, "Staff team had gelled….. I love working here." Staff said they attended staff meetings and received formal supervision, competency checks and an annual appraisal of their work. Staff told us that these meetings were a 'two way process' which meant that they were able to use this time to discuss anything that they wished to. One staff member said, "I have seen positive changes under the new manager. Staff are working better as a team. Staff are able to make suggestions and feel listened to." Another staff member told us, "Staff are encouraged to give opinions at meetings." This demonstrated to us that staff were supported within their roles.

People and relatives were complimentary about the staff. One relative said, "Staff have always been great but under better management. The new manager is hands on." Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the record of staff training undertaken to date. Training and refresher training included, but was not limited to; equality and diversity, fire safety, first aid, infection prevention and control, MCA, DoLS, safeguarding adults, health and safety, medication – safe handling, diabetes, whistle-blowing and moving and handling. Staff told us that they felt that they had sufficient training and the quality of training was good. This meant that staff were supported to develop and maintain their knowledge and skills.

Records showed that staff involved and referred external health care professionals in a timely way if there were any concerns about the health of people living in the home. A relative told us that staff were, "Quick to get the GP involved if needed." Another relative confirmed to us that, "Staff are very proactive regarding [organising] visiting nurses and GP visits when needed."

Good

# Is the service caring?

## Our findings

People and relatives had very positive comments about the service provided. One person said, "Staff are kind. We are all happy here. We have made friends with other people since living in the home." One relative told us it was, "Fantastic. A very personal, small home…..staff speak to [family member] nicely. Staff chat with family member and have fun with him as he has a sense of humour. Feels like a home from home. " Another relative said the quality of the care provided was, "Nothing but brilliant… the home feels as though it has a warm atmosphere…. the registered manager does thoughtful things such as personalised Christmas presents for people – really knows the [people living in the home]." A third relative told us that, "All of the staff are brilliant. Staff have become part of the family. They also support the family of people living in the home."

Staff took time to support people when needed. We saw staff supporting people and that this was all done at the persons preferred pace and without rushing them.

Staff talked us through how they made sure people's privacy and dignity was respected and promoted when they were assisting them with their personal care. They confirmed that this support was given behind closed doors. A relative talked us through the positive differences made since their family member came to live at the home. They said, "[Family member] was now clean and hair cut regularly. Staff are incredibly respectful of personal care and keeping him clean." Another relative confirmed to us that staff were, "Kind and respectful," to their family member. A third relative said that their family member's personal care, "Is done with privacy and dignity." This demonstrated to us that staff treated the people they were assisting in a respectful and dignified manner.

Our observations throughout the inspection showed that staff respected people's privacy and dignity. Staff were polite and addressed people in a respectful manner and by the name they preferred. We noted that staff' asked people if they needed support with their personal care in a dignified way. People were cleanly dressed and appropriately for the temperature within the home.

Care records had been written in a way that promoted people's privacy, dignity and independence. Efforts had been made by staff to collect a social history and personal information about people living in the home. This also included their individual likes and dislikes, any preferences and their individual care and support needs. Care plan reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs. Relatives told us how they were involved in the setting up of these records and reviews. One relative said, "I have been involved in the [family members] care record and are involved in reviews [of the care record]." They went on to tell us how staff spoke to their family member about their interests as they had got to know the person they were assisting. Another relative confirmed to us that, "They were quite involved in the care plan – setting it up." This demonstrated to us that staff got to know and develop an understanding about the person they were supporting.

Staff talked us through how they encouraged people to make their own choices to promote and maintain people's autonomy. For example, what people would like to eat, where they would like to take their meals or

what they would like to wear. People said that they could ask for help from staff when needed and talked us through how they were encouraged by staff to make their own choices. A relative told us, "Staff support [family member] to choose his own clothes – always very dapper." This demonstrated to us that people were supported by staff to be involved in making their own decisions and that staff respected these choices.

People's friends and family were encouraged to visit the home at any time by the registered manager and staff. People and relative told us about the positive attitude of staff and the registered manager towards them when they or their family member visited. One person said, "Friends and family are made to feel welcome when visiting. When the weather is nice they go out into the garden." One relative told us, "I am always welcomed to visit, offered a cup of tea and visiting times not restricted." Another relative said, "Staff are always pleased to see me and I am always made to feel welcome."

Advocacy services information was available for people should they wish to use this information. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Good

# Is the service responsive?

## Our findings

People and relatives had positive opinions on the activities on offer at the home and the trips out to promote social inclusion and links with the community. One person said, "You can play bingo and do quizzes and have manicures… a hairdresser also visits." We also saw that the home had two cats and pet birds for people to interact with if they wished to do so. A relative told us, "Activities are very good, everyday there is something on." During the inspection we saw that activities were taking place. People were playing sudoku, reading newspapers, watching television or taking part in a quiz. We noted that these were a mix of individual activities and social group events.

To maintain their links with the local community to promote social inclusion we saw evidence that events were held within the home for people and their family/friends to attend. We also noted that there were trips out to the local community. These included but were not limited to; meals out with relatives at the local pub, over 60's club meetings, tea and cakes garden parties, and external musical entertainment.

Care and support plan were developed by staff in conjunction with the person, and/or their family. These provided guidance and prompt to staff on the care and support the person needed. The individual support that people received from staff depended on their assessed needs. Support included assistance with their prescribed medication, personal care assistance, attending health care appointments, and meal time support. Reviews were carried out regularly to ensure that people's current care and support needs were recorded as information for the staff that supported them.

We saw that the home had received compliments from relatives as feedback on the quality of the service provided to their family member. Relatives told us that that they knew how to raise a suggestion or complaint should they need to do so. A relative said that they had not had to raise a concern but they would be confident to that a suggestion or complaint would be listened to. Another relative told us, "The registered manager is very approachable, any suggestion or concern is put right." Staff said that they knew the process for reporting concerns or complaints. Records showed that the complaints received had been responded to in a timely manner and resolved to the complainant's satisfaction.

Good

# Is the service well-led?

## Our findings

There was a registered manager in place and they were supported by a head of care, care staff and non-care staff. People and relatives told us that they knew who to speak with and spoke positively about the registered manager and staff. One relative said, "The home has improved a lot under the new manager – now brilliant."

Quality monitoring systems were in place to monitor the quality of the service provided within the home. These checks included, but were not limited to; people's care plans, the monitoring of people's weight, night time visits and medication stock tallies. We also saw that there were audits carried out which followed the Care Quality Commission key lines of enquiries (inspection methodology). We also noted that the organisations operational manager also visited the home and a report from this visit included any areas of improvement. We saw that any improvements needed were either completed or being worked on and that these were documented in an action plan.

Accidents and incidents were also looked at as part of the quality monitoring of the service. Statistics from these incidents were reviewed to identify any 'key trends' or 'common themes' and formed part of the registered manager's quality monitoring protocol to improve the service. This meant that there was a robust system in place to monitor the on-going quality of the service provided.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC in a timely manner.

Staff told us that they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. One staff member said, "The registered manager upped the quality of the care and standards…staff have raised their game, [they- staff] have been given confidence that they can do it." Another staff member told us, "There have been positive changes under the new manager. Staff are working better as a team and are able to make suggestions." Records we looked and staff confirmed that staff meetings happened regularly. These meetings were also used as opportunities to update staff on the service.

The registered manager sought feedback about the quality of the service provided from staff by asking them to complete questionnaires. Questionnaires returned showed that the feedback was mostly positive. The registered manager told us that they were in the process of sending out questionnaires to people who lived in the home and their relatives. This was to formally receive feedback on the quality of the service provided. Evidence of these questionnaires were shown to us during this inspection. This meant that people, their families and staff would be given the opportunity to formally make suggestions and be listened to.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.