Super Care Limited

Miramar Nursing Home

Inspection report

20 Trusthorpe Road
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Mablethorpe
Lincolnshire
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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Miramar Nursing Home on 25 August 2016. This was an unannounced inspection. The service provides care and support for up to 28 people. When we undertook our inspection there were 25 people living at the home.

People living at the home were of mixed ages. Some people required more assistance either because of physical illnesses or because they were experiencing difficulties coping with everyday tasks, due to mental health issues.

There was no registered manager in post. The manager was in the process of submitting their application to CQC. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. At the time of our inspection there was no one subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

Staff had taken care in finding out what people wanted from their lives and had supported them in their choices. They had used family and friends as guides to obtain information.

People had a choice of meals, snacks and drinks. Meals could be taken in dining rooms, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights were protected.

Is the service caring?

Good

The service was caring.

People were relaxed in the company of staff and told us staff were approachable.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with them.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

There was no registered manager in post and the provider had not submitted their provider information return to us.

Miramar 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 25 August 2016 and was unannounced.

The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We also spoke to health and social care professionals before our site visit.

During our inspection, we spoke with five people who lived at the service, two members of the care staff, a trained nurse, a member of the domestic and laundry staff, a cook, the administrator and the manager. We also observed how care and support was provided to people.

We looked at four people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, minutes of meetings and audit reports the manager had completed about the services provided.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. They told us they felt settled within the home and valued the structure and routine of the day. One person said, "Staff support us." Another person said, "Very much". Coded push keypads were used at the home for the main stair way. Staff assessed people's capability in using the codes and being safe when using the stairs. People we spoke with told us they did not have the code, but we did observe people using the lift to the upper floor. This was recorded in their care plans. Only staff had access codes to the very top of the building, known as the tower, as this was used for storage only, which we observed was the case. This kept people feeling safe and secure.

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the manager would take the right action to safeguard people. This ensured people could be safe living in the home.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health and social care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. We saw the accident audits for April 2016, May 2016 and June 2016. We saw this in the staff meeting minutes for April 2016 when health and safety issues had been discussed.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people had a history of using in appropriate language to others and of self-harming themselves. How people's behaviour started, the signs for staff to observe and how to manage each situation were recorded in the individual care plans. People were assessed concerning their capabilities to take journeys to the local shops. When the people felt able to do so staff had a system of observation in place to ensure they were confident and could recognise hazards. This increased their independence.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, those who needed help because they did not like loud noises. A plan identified to staff what they should do if utilities and other equipment failed. Staff were aware of how to access this document.

We were invited into four people's bedrooms to see how they had been decorated. People told us of their involvement in the layout of the bedrooms. They told us they were happy with how their rooms were kept clean. Staff had taken into consideration when writing the care plans of environment risks for some people, especially those with mobility needs. This included ensuring rooms were free of trip hazards from trailing wires and ensuring furniture was in a good state of repair.

People could lock their bedroom doors if they wished. We saw several people had their keys with them

throughout the day. We identified to the manager that one person did not have a suitable way of carrying their key. They put steps in place to ensure a more suitable method of the person wearing their key was put in place.

People told us their needs were being met and there was sufficient staff available each day. However, one person said, "Varies a bit, usually fairly good."

Staff told us that the staffing levels were normally good. One staff member said, "Generally we are able to accommodate people's needs." Other staff members told us that as people's needs increased because of people's personal needs changing, such as help with bathing, more staff were required sometimes. Staff told us that if there were short term staff shortages that all staff pulled together and would assist with the personal care and treatment of people who needed it.

On display in the main reception was a programme of tasks which staff were to complete each day. This included fixed times for meals, when to complete documents and when to attend to people's specific needs. The list was prescriptive and appeared to have been written for the benefit of staff, although we observed several people reading the document. Staff told us it was there for guidance only, to help give structure to people who required it and remind staff of that, but that people's personal needs came first.

The manager told us how the staffing level had been calculated, which depended on people's needs and daily requirements. These had been discussed with the commissioners of services. The manager told us they were aware of the need to review the staffing levels as several of the people using the service had become older so required more help with tasks such as bathing and mobility. They were currently reviewing each person's needs alongside the current staffing levels. Health and social care professionals told us there were always staff available to speak with them and discuss people's needs. Contingency plans were in place for short term staff absences such as sickness and holidays.

We looked at two personnel files of staff. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. There were no current staff vacancies.

People told us they received their medicines and understood why they had been prescribed them. One person said, "I always get them regular at the same time of the day." Another person said, "Been on them too long." We clarified with them that they did not require information about their medicines as they knew what they were and why they had been prescribed. They went on to describe the medicines they took each day, which was confirmed within the medicine administration records. This had been explained by GPs' and staff within the home. This was recorded in people's care plans. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. There was good stock control. Records about people's medicines were accurately completed. Medicines audits we saw were completed. We saw the last audit from June 2016, but no actions were required.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff informed each person what each medicine was for and how important it was to take it. They stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and

how it affected people's conditions.

Good

Is the service effective?

Our findings

People we spoke with told us they thought the staff were trained and able to meet their needs.

A member of staff who had been recently recruited told us the process which had taken place for their employment to commence and the induction programme that had taken place. This followed the provider's policy for induction of new staff. This included assessments to test their skills in such tasks as communicating with people. Details of the induction process were in the staff training files. The manager told us that the provider was embracing the principles of the care certificate for all staff. This would give everyone a new base line of information and training and ensure all staff had received a common induction process.

Staff said they had completed training in topics such as manual handling and infection control. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Staff had also completed training in particular topics such as epilepsy, heart disease and challenging behaviour. This ensured the staff had the relevant training to meet people's specific needs at this time.

Staff told us the provider was encouraging them to expand their knowledge by setting up courses on specific topics. This included how to supervise staff and nutritional meals for people with certain medical problems.

Staff told us a system was in place for formal supervision sessions. They told us that they could approach the manager at any time for advice and would receive help. The records showed when supervision sessions had taken place, which was in line with the provider's policy. There was a supervision planner on display showing when the next formal sessions were due. All staff had received at least two formal supervisions since January 2016.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements in the DoLS. No applications had been submitted to the local authority. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Staff had recorded the times best interest meetings had been held and assessments completed to test the people's mental capacity and ability.

People told us that they liked the food. One person said, "Enough to eat and drink." The daily tasks list showed times people would be offered drinks and biscuits, outside of mealtimes. We observed the mid-afternoon drinks were given with ice lollies, instead no biscuits as it was a hot day. People told this this happened if the weather was hot.

Staff knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as when a person required a special diet and where they liked to have their meals. The head cook also kept a dietary profile on people in the kitchen area. This included people's likes and dislikes, foods to avoid and the type of diet required. This ensured people received what they liked and what they needed to remain healthy. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs.

Menus were available and on display in a dining room. This also asked people to see the cook before a certain time of day if they did not like the menu choices. We observed one person doing this and staff reading the menu to people who could not easily read. People told us they were not always included in the menu choices. One person said, "Just see what turns up, it's usually very good."

We observed the lunchtime meal. People could use two dining rooms. We observed staff sitting with people who needed help to eat and drink. They spoke kindly to them, maintaining eye contact and informing them what was on the plate or bowl. Staff did not hurry people. Staff took meals to people who preferred to eat in their rooms or sitting rooms. They ensured each person was sitting comfortably and had all the utensils and condiments they required. Different plates, bowls and cutlery were used for people. People could have extra portions if they wished.

We observed staff attending to the needs of people throughout the day. For example, one person was being encouraged to take some fresh air as they had been in their room for some time. We heard staff speaking with relatives about home visits and appointments, after obtaining people's permission. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made. All events and comments we saw staff record in the care plans.

People told us staff treated them with dignity and respect at all times. One person said, "The staff always knock on my door before coming in." Another person said, "When I have a bath staff close the door and curtains."

We observed staff knocking on doors prior to being given permission to enter a person's room. They asked each person's permission prior to commencing any treatment and respected if they wanted pain relief medication prior to commencement of treatment.

People told us staff obtained the advice of other health and social care professionals when required. One person said, "I would be taken to a GP." In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people's behaviours had changed and when they required health checks such as blood tests because of medicine they were required to take. Staff had recorded when people had seen the optician and dentist. Several people had hospital appointments

which they had attended. Staff had recorded outcomes of those visits. Staff told us they had a good rapport with other health professionals and felt supported by them when they required assistance. This was confirmed by the health and social care professionals we spoke with before the inspection.

Good

Is the service caring?

Our findings

People told us they liked the staff and felt well cared for by the staff. Staff were described to us as "caring" and "kind". One person said, "Staff always speak to me in a caring way."

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "I like my room, sometimes I spend all day here and sometimes go downstairs, but whatever I do staff respect my wishes."

People were given choices throughout the day if they wanted to remain in their rooms or bed or where they would like to sit. Some people joined in happily and readily in communal areas. Others declined, but staff respected their choices on what they wanted to do.

All the staff approached people in a kindly manner. They were patient and sensitive to people's needs. For example, one person was worried about the time of an appointment. They were reassured and went away smiling. Another person required assistance to use a wheelchair. They relied on staff to push them around, so did not move as freely around the building as others. Staff were observed doing this and asked the person where they would like to be and ensured they had a newspaper to read.

Several people liked to smoke. There was a designated smoking area for people to use. If people forgot this and started to smoke in other areas of the home, staff were observed gently reminding people of the smoking policy. They also informed them that some people did not like to breath in smoke and people often apologised to those people.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made.

People told us they could have visitors whenever they wished. One person told us how they had lost touch with their family and had no visitors. We saw in the care plan when staff had assisted them with personal choices such as having their haircut and accessing the local community with staff. People who had family contact told us staff would telephone their family members when they wanted to speak with them.

All members of staff were involved in conversations with people. Each staff member always acknowledged people when walking around the building. They greeted each person with a smile and a comment about the day, about a person's well-being or engaging in lengthier conversations. Conversations were overheard about the weather, television programmes and the garden.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care could be supported by staff. We did not see any details on display about the local advocacy service, but staff told us this could be obtained for people. Advocates are people who are

independent of the service and who support people to make and communicate their wishes. There were no local advocates being used by people at the time of our inspection.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet and local multi-agency groups.

Good

Is the service responsive?

Our findings

The people we spoke with gave us positive views about the response times of staff to their needs. They told us staff responded to their needs quickly. One person told us they were happy for staff to make arrangements on their behalf and how staff supported them. People told us staff responded quickly when they used their call bell, day and night. We saw the call bell system in use by observing the call bell panels. These were responded too quickly.

People told us staff had talked with them about their specific needs, but could not describe in depth what form of support this had been. They told us they were not always aware staff kept notes about them. One person could not recall seeing their care plan. we confirmed that this was because people did not always have the capacity to read and understand their care plans. However, the care plans had been discussed with the person's relative and advocate, where this had occurred was in their care plans. People who had been involved in the care plan process told us they were always involved, but if they could not read their notes staff would do this for them.

People told us that staff knew them well and how their beliefs could influence their decisions to receive care and support. Staff knew how to meet people's preferences with suggestions for additional ideas and support. This means people had a sense of wellbeing and quality of life. Staff had used local resources at health centres, plus the internet to ensure messages were received by people about health and social care matters.

People told us that staff took time each day to discuss their care and treatment. As well as the opportunity to speak with other health professionals. This was recorded in each care plan. For example being able to see a social worker when they required one. People told us medical help from GPs and community nurses were accessed quickly and efficiently by staff. This was also confirmed by the health professionals we spoke with before our inspection. Social care professionals we had contact with before the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions and did so.

Staff received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. There was also a handover book in use and a communication diary. Staff told us these were used as reminders to what had been said and useful if they had been on holiday.

We were informed that all staff took part in social activities with people. Staff kept separate records of events in the care plans and an activities diary. The activities records stated people's general interests, past employment and preferred social activities. For example a love of classical music and gardening. One person said, "Always taken out." Other people told us about trips to a local seaside town. Some people told us they would not go out without support from staff, which staff confirmed and on those occasions extra staff were called in. However, this sometimes hindered the spontaneity of people's wishes being fulfilled.

One person told us they liked jigsaw puzzles and weren't quite sure if any were available. We found some in a cupboard and pointed this out to staff. Others described how they liked playing dominoes, quizzes and cards. On taking part in quizzes one person said, "Hadn't done any recently." Another person said, "Quite happy reading paper."

We saw photographs on display of people visiting the beach and holding pets which staff had brought in for them to see. There were pictures of a visit to a local animal sanctuary where the home had adopted a donkey, which people told us they visited. People told us about a local church service which happened in the home each Friday. Photographs were also in an album which we were shown. There was a lot of laughter when people looked at the photographs with us and they told us which events they had taken part in.

A pool table was erected in the afternoon and a member of staff had a number of games with people. There was a lot of laughter between people at that time. Other people were observed completing some art work and reading books and newspapers. Some watched the television, but others appeared to have little to do except walk around the home or sit looking out of a window all day. Staff members told us it was difficult to get people to engage at times. Staff members talked to each person to ask them whether they were happy in what they were doing.

People are actively encouraged to give their views and raise compliments, concerns or complaints. People's feedback was valued and concerns discussed in an open and transparent way. People told us they were happy to make a complaint if necessary and felt their views would be respected. One person said, "Staff are good at listening." Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. However, this was high up on a board and difficult to read. The complaints log detailed the formal complaints the manager had dealt with since our last visit. It recorded the details of the investigations and the outcomes for the complainant. Lessons learnt from the cases had been passed to staff at their meetings in 2015 and 2016.

Requires Improvement

Is the service well-led?

Our findings

There had not been a registered manager in post since September 2015. There was now a manager in post, but it is a condition of the provider's registration that the service should have a registered manager. The manager was in the process of submitting their application to CQC to become the registered manager. People told us they could express their views to the manager and felt their opinions were valued in the running of the home.

No surveys had been sent to people since our last inspection, to test whether people's needs were being met and the quality of the services provided were acceptable to people. People did not appear to know when meetings took place. Only one person thought a community meeting took place and told us this was infrequent, but they would attend. However, we saw minutes of meetings which had taken place with people. The last one had been in July 2016, but had been infrequent up until that point. A number of topics such as staffing levels and activities had been discussed. People had been given opportunity at the end of the meeting to ask questions and the responses recorded.

Staff told us they worked well as a team and felt supported by the manager. One staff member said, "I love it here." Another staff member said, "I just love coming to work. I feel very well looked after as a staff member."

Staff told us staff meetings were held. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of the staff meetings for February 2016 and April 2016. The meetings had a variety of topics which staff had discussed, such as sick leave, infection control methods and health and safety. This ensured staff were kept up to date with events. Staff told us they felt included in the running of the home and their opinions were valued. The minutes of meetings showed staff were given time to express their views, with explanations given, if possible, or suggestions for moving forward.

The manager was seen walking around the home. They knew the names of all the people, relatives and visitors. They gave support to staff when asked and checked on people's needs.

There was sufficient evidence to show the manager had completed audits to test the quality of the service. These included a fire risk check, care plans and infection control. Where actions were required these had been clearly identified and signed when completed. Any changes of practice required by staff were highlighted in staff meetings, in the communication book and shift handovers so staff were aware if lessons had to be learnt. The manager also completed a daily quality assurance checklist through observation. Where actions needed addressing these were recorded and showed what action had taken place. For example, to telephone a person's relative when a person was anxious and asking staff to help someone choose some nail polish.

Parts of the home were looking tired in the décor and there were items of furniture which were showing signs of long term wear and tear. Attempts had been made to make it more homely in some areas with

ornaments and flowers. We saw the maintenance programme for 2016 and 2017. This gave details of checks which had been completed such as for legionella and remedial work to part of the electrical installations. Also of work completed such as new fittings for the passenger lift and servicing of laundry equipment. Items purchased included new flooring for seven bedrooms and easy chairs in the games room. The manager recognised that there were several communal areas which required refurbishment and these were on the maintenance programme.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. However, the provider had failed to return their provider information return to us prior to the inspection which would show us how they were monitoring the quality of the services being provided.