

Mavern Care Limited

# Mavern House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Mavern House Nursing Home is a residential care home registered for 51 people. At the time of our inspection 45 people were living at the service. The provider had reduced the number of rooms available as some rooms used to be for two people to share. Now all the rooms were single occupancy. This meant there were 47 rooms available. Accommodation was provided over two floors which were accessed by a lift. There were communal lounges, dining areas and a conservatory which looked out onto landscaped gardens.

People's experience of using this service:

People were not always supported by sufficient numbers of staff. This impacted on the amount of time they waited for assistance and support. Analysis of call bell data was not effective in making improvements to the time people had to sometimes wait for assistance.

Whilst people enjoyed the food at the service, there was not always enough staff for them to have the support they needed at mealtimes. People were sat watching other people eat whilst they waited for help and support.

We have made one recommendation about supporting people to eat at mealtimes.

People were sometimes spoken about in an undignified way. Some interactions we observed compromised people's dignity. However, all the feedback from people about the staff was positive. People told us staff were kind and caring.

People were supported by staff who had been recruited safely and had the skills needed to provide effective care. Staff received support and training from the organisation and enjoyed working at the service.

Risks had been identified and assessed. Risk assessments were reviewed regularly. People had individual care plans which provided guidance for staff to follow. The provider was transferring to an electronic system of care planning which they said would improve their current care plan system.

People received their medicines as prescribed and medicines were managed safely. People could see healthcare professionals when needed and supported to live healthy lives.

People were able to follow their interests and access the local community if they wanted to. Staff did not record activities consistently, this meant for some people there was not an accurate record of what they had done during the day.

Complaints were recorded and investigated. People, relatives and staff told us the service was well-led.

The registered manager was a visible presence and knew people and their relatives well. People's feedback was encouraged and used to make improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Rating at last inspection: At our last inspection in October 2016 (published December 2016) we rated this service as good overall. We rated Safe, Effective, Caring and Well-led as good and the key question Responsive requiring improvement.

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Enforcement: We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for staffing. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return as per our inspection schedules. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Mavern House Nursing Home

## **Detailed findings**

## Background to this inspection

### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

This inspection was carried out by three inspectors.

### Service and service type:

Mavern House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection:

This inspection was unannounced and carried out on the 17, 18 and 24 April 2019.

### What we did:

Before our inspection we looked at information we held about the service. This included notifications received from the provider which they are required to send us by law. Before the inspection the provider completed a Provider Information Return. This is a form that asked the provider to give key information about the service, what the service does well and improvements they plan to make.

During our visit we talked with nine people, four relatives, the owner/managing director, registered manager, deputy manager and 11 members of staff. We also spoke with one visiting healthcare professional. We looked at seven care plans, six recruitment files, monitoring records for six people, medicines administration records, audits, accident and incident forms and other records relating to the management of the service.

Following our site visit we contacted three relatives for feedback about the service and three healthcare professionals. We also requested additional information from the registered manager which they sent us.

# Is the service safe?

## Our findings

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

RI: Some aspects of the service were not always safe. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- There were not always sufficient staff deployed to meet people's needs. Comments from people included, "Staff are not able to respond quick enough, it gets difficult around lunch time", "There is lots of waiting, it takes them [staff] a long time to come", "Staff don't have time to sit and chat", and "Sometimes the staff are rushing, they doesn't appear to be enough so you have to wait a while."
- Call bell monitoring demonstrated at times some people were waiting for over 20 minutes for their call bell to be answered. The analysis completed by the service did not adequately investigate all the reasons a person had to wait that long before staff support came. It also did not analyse if the staffing numbers and deployment of staff was appropriate. The owner and registered manager told us that people probably wouldn't have had to wait that long. This was because staff had probably visited the person and told them they would return but didn't switch the bell off. However, there was no evidence of this. We were also informed that staff may have left someone because they had recently provided care and knew that person wouldn't have needed anything. This was not an acceptable or safe assumption for staff to be making.
- We saw in March 2019 the analysis recorded for one person that they liked to ring their bell ahead of needing specific support. The care team were aware of this but need reminding not to allow the bell to go unanswered for longer than 10 minutes. We queried this message that was being given to staff that it was ok to leave someone for up to 10 minutes, instead of staff responding as quickly as they were able. The registered manager told us the current call bell data and analysis did need improving to accurately reflect what was happening.
- The service did not use a dependency tool to help calculate safe staffing numbers. The service was not able to demonstrate how they ensured staffing levels were sufficient to meet people's current needs. The registered manager told us staffing was provided based on their own observations and feedback from people and staff.
- We observed there were times people were waiting for care and support. One person was sitting distressed in their room. Their call bell was ringing, they told us they had been waiting for some time. We did not check how long the person had been waiting. The owner informed us following our inspection it was three minutes. We asked a member of staff to respond to this person which they did. However, they told us they needed to go to speak with a colleague first which was the service protocol. This further delayed the response for the person.
- We also observed there was not always enough staff available to support people at mealtimes. We observed people were at times waiting for up to an hour for assistance to eat their meal. This was because there were not sufficient staff deployed to help with mealtimes. For example, on one day there were five people who needed assistance with eating their meal and three staff available. On another day we observed two staff available to provide support for six people. The registered manager told us staff working long days often had their meal break when people were having lunch. They told us people's needs had increased more

recently with more people needing help, so they would review this practice.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment files included checks on their identity, character, and work history. Staff employment was subject to satisfactory disclosure and barring service (DBS) clearance. The DBS helps employers make safer recruitment decisions and to avoid unsuitable people working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- One allegations of abuse had not been referred to the local authority safeguarding team. We found one person had reported potential financial abuse to the registered manager. The incident was managed internally which included, speaking to staff and implementing a safer system for people to store their personal money. We discussed this with the registered manager who explained the person had not wanted this reported to the local authority. Whilst people may ask that safeguarding concerns are not reported to the local authority the provider has a duty to report all alleged abuse so that appropriate action can be taken.
- People and their relatives told us they felt people were safe at Mavern House. Comments included, "I certainly do feel safe here" and "It is quite lovely here, I feel safe."
- Staff had received training on safeguarding and knew how to report any concerns. Staff talked to us about different types of abuse and what signs to look out for. Staff also knew they could also contact the local authority safeguarding team and understood that they could whistle-blow. 'Whistle-blowing' is the term used when an employee passes on information concerning wrongdoing or poor practice.

Assessing risk, safety monitoring and management

- People's risks had been identified and plans put in place to reduce the risks. The risk management plans were reviewed regularly and updated when needed.
- Staff were trained in fire safety and systems to manage the risks of fire were monitored. The fire safety officer inspection had taken place in February 2019 and no areas for concern were found. Records showed that fire alarm bells were tested regularly.
- People were protected from the risks of unsafe water systems. This included legionella testing, disinfecting shower heads, and monitoring of water temperatures.

Preventing and controlling infection

- The service was clean and fresh in all areas. Cleaning schedules were followed to make sure all areas were thoroughly cleaned.
- Staff had received training on infection prevention and control training and food hygiene. We observed staff followed good hygiene practices. The service had an inspection by an environmental health officer from Wiltshire Council in February 2019. They had awarded the kitchen a '5' rating. This meant that the kitchen had very good hygiene standards.
- Records showed that infection prevention and control audits were completed according to a schedule that ensured different areas of the home were checked in different months. This included checks in the kitchen, laundry room and the home environment.
- Audits were also completed on staff hand hygiene and their use of personal protected equipment, such as gloves and aprons. This was to ensure that staff understood safe infection prevention and control processes.

Learning lessons when things go wrong

- Senior management met weekly to discuss topics such as accidents, incidents and what measures could be



taken to prevent re-occurrence.

- Accidents were also monitored monthly to identify any patterns or trends. Where identified action was taken to reduce risks. Learning was shared with staff through supervisions, staff meetings and reflective practice.

#### Using medicines safely

- People received their medicines as prescribed. Nursing staff took responsibility for storing, administering and disposing of medicines safely. Nurses were observed to check for competence to administer medicines annually.

- We observed medicines being administered and observed practice was safe. However, on two occasions the nurse was interrupted by other members of staff. We discussed this with the registered manager who recognised this could increase the risk of errors. They told us they regularly discussed with staff the need not to interrupt staff administering medicines.

- People's medicines administration records were completed in full with no gaps seen in recording. There were 'as required' protocols in place to give staff guidance on when to administer this type of medicine.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People did not always have the timely support they needed to be able to eat their meal. Some people needed to rely on staff to provide aspects of the dining experience that they may have been able to do independently if the resources and support were provided. People were offered a choice of three different fruit juices with their lunchtime meal. These were not always readily available at each table, so people were not able to help themselves. People waited for staff to bring the jugs of drink to them. On the second day of the inspection, we saw that there was only one menu in the dining room. This was only passed around to different people when one person asked a staff member what was on the menu. Whilst people had a copy of menus in their rooms they may have forgotten what was on the menu whilst in the dining room.
- The lunchtime service was not always well organised. On one day of our inspection we saw most people were seated and waiting in the dining room from before 12.30pm. However, the food was not brought to the dining room until 1.05pm. The last person to receive their meal had been sat in the dining room for one hour before they could start eating.
- We observed that people were not informed what the meal was when it was placed in front of them or for people that were assisted. We observed staff placed food into people's mouth without saying what they were about to eat.
- We saw that there was no consistency to the way meals were served. One person at one table would be given their meal and then another person on another table. This meant some people were watching other people eat whilst still waiting for their meal.
- We spoke to the registered manager and owner about our observations. They informed us this was not their observation of mealtimes and fell below their expected standards. We observed lunch over a period of three days and found it to be consistently requiring improvement. Following our site visit the owner informed us that during our inspection the kitchen staff had made a decision to trial a different method of service. This had been implemented without knowledge and discussion with the owner or registered manager. They have informed us since our inspection they have resumed their previous mealtime service.
- We recommend the service seeks advice and guidance from a reputable source, about how to best support people during mealtimes to take into account individual care and support needs.
- People were positive about the food available, comments included, "Food here is not too bad, there is plenty to eat", "Can't fault the food, there is too much sometimes" and "I get the food I need, and I have drinks here in my room."
- The service had identified staff called 'homemakers' who, as part of their role, made sure drinks and snacks were offered to people in-between meals. This included people who stayed in their rooms.
- We observed people eating with adapted dining aids. These included large handled cutlery, to help people with reduced dexterity to grip the cutlery and eat independently.

- Menus were reviewed regularly, and people were involved in choices of meals. People spoke positively about the help from kitchen staff. One person said, "The kitchen staff are kind, they will always get me alternatives." Another person said, "The cook stops at the supermarket for me when I ask and gets me what I want."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Nurses used nationally recognised assessment tools to assess people's needs in line with up to date guidance. The registered manager completed pre-admission assessments prior to people moving into the service.
- People's needs were continually assessed so that any changes could be identified. The registered manager told us people had a named nurse who reviewed care documentation monthly.
- People and relatives, we spoke with were happy with care they received. They told us it met their needs. One person told us, "It does feel like the staff know what they are doing."

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

- People could access healthcare professionals when needed. Staff referred people in a timely way and supported people to attend any appointments. One healthcare professional told us, "I have huge respect for the staff, especially in observing they always go that extra mile to meet individuals needs in repeated examples."
- Staff had developed a good link with local GP surgeries. An advanced nurse practitioner visited the service weekly to liaise with staff on people's health needs. This made sure any health issues were addressed early to prevent further ill health where possible. One relative told us, "Staff are very pro-active in calling the GP and they always let me know when they have visited. I find this very reassuring."
- Staff attended daily handovers to share information on people's needs, changes to needs and any monitoring information. We observed a handover and observed staff sharing information about the morning shift. All staff present took part and discussed people's needs.

Staff support: induction, training, skills and experience

- People were being supported by staff who were trained and supported. Staff had received training covering a wide range of areas such as moving and handling, person centred care and understanding dementia. One member of staff said, "I have enough training for me to do my job." One relative told us, "The staff are very good at supporting people with dementia, they see the person behind the dementia."
- New staff received an induction which included the principles of the Eden Alternative approach. The service based it's care and support on the Eden's principles of person-centred care, care partnership and promoting well-being. During induction staff had the opportunity to have 'probation reviews' which enabled them to receive support needed when starting a new position. Once induction was completed, all staff had an annual appraisal. This enabled staff to identify any further training or support they may need and have feedback about their performance.
- In the staff feedback from their July and August 2018 survey and focus groups, one area for suggested improvement was staff supervision meetings.
- In response to this feedback, the owner made changes to their supervision policy, to provide better support to the staff team. This included providing three planned one-to-one meetings between the staff member and their senior, the deputy manager or registered manager. In addition to this, staff would also be offered informal and responsive supervisions. One member of staff told us, "I have supervision, if I need more I can ask for it."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where appropriate people's capacity had been assessed and best interest meetings held. Details of who was involved had been recorded and any decisions made were explained within the record.
- Staff had MCA training and worked within the principles of the MCA. Consent was gained before care and support was given, and this was recorded in people's daily notes.
- Where DoLS had been authorised, the service was meeting any conditions.

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

- Premises were regularly maintained and decorated to meet people's needs. People were able to personalise their own rooms and have personal belongings such as photos, pictures and small items of furniture.
- Some rooms on the ground floor had doors onto the garden which meant people could watch the home's animals from their rooms. One person told us they really enjoyed watching the ducks as they were "interesting and funny".
- There were quieter areas for people to enjoy a quieter environment and bright and large communal spaces.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: People were not always supported and treated with dignity and respect

Respecting and promoting people's privacy, dignity and independence

- We observed some incidents of staff using undignified communication. While in the middle of the dining room at lunch, one staff member referred to people who require support with their meal as "feeds". One person informed a staff member quietly that they would like to use the bathroom. The staff member repeated their request out-loud, so it could clearly be heard by others. This meant that the person's discrete request was being spoken about out-loud in the dining room.
- On another occasion, one staff member was trying to support a person to choose a drink. The staff member was interrupted three times by different staff members asking them questions. This took the attention away from the person. We also observed a member of staff supporting someone to eat whilst standing over the person. This was not dignified. The registered manager explained this may have been because this person was in a tall chair, but, we had seen staff earlier sitting to assist this person with drinks. We spoke to the owner and the registered manager about these findings who told us this was not their expected standard.
- People were supported to maintain important relationships. There were no restrictions on visiting, family members we spoke with all told us they could visit when they wished. We observed relatives were visiting people during our inspection. One relative told us, "Staff make me feel very welcome."
- We also observed staff encouraged people's families to maintain links with their relatives. One staff showed a relative some pictures of their family member that they had taken and offered to make some copies for the relative to keep. People were also able to speak to distant family members using electronic communication systems which staff would set up for people.
- We observed staff knocking on people's doors prior to going into their rooms. When staff were supporting people with personal care, they made sure the door was closed.
- Some people were supported to maintain independence where possible. One person told us, "The staff know me well, they understand I am independent and like to do my own things when I can."

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us the staff were kind and caring. Comments included, "I can't speak too highly of the staff, they treat me well", "Staff are lovely, we all have a laugh together", and "We have nice staff, they are very kind." One relative told us, "I cannot recommend the staff highly enough, everyone is great." Another relative said, "The staff are very, very kind, they are very loving towards [person]."
- People were supported by staff who knew their backgrounds and life history. The service aimed to gather as much information as possible about people and their lives. One person told us, "The staff know me well." One healthcare professional told us, "The care here is always appropriate, the staff know people really well."
- Staff told us they enjoyed providing care and support for people. Comments included, "I enjoy seeing people settle in here, they always blossom", "I love working here, I want to be here helping the elders" and "I feel honoured to work here in people's homes."

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

- People were able to attend regular meetings to share their views about the service and their care. One member of staff said, "People have a say in everything here, the food, décor and activities. We have regular community meetings."
- People had reviews of their care and support which was an opportunity for people and their relatives to discuss care provided.
- Details were available of advocacy support if people needed this service.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- At our last inspection in October 2016 we found that not all monitoring records had been completed consistently. The service had changed monitoring records to an electronic system with the aim of improving recording. We reviewed people's monitoring records and found that recording had improved. Staff had documented when they had provided food and fluids to people, completed well-being checks and re-positioned people at risk of pressure damage. Staff had hand held devices which they carried with them. This enabled them to record their actions at the time of delivery.

- People had their own care plan in place. We saw that these recorded information about people's likes and dislikes and preferences for their care and support. There was clear information in parts of the care plans. For example, one person's care plan recorded clearly that the person preferred to stay in bed longer in the morning and for staff to respect these wishes.

- We reviewed some care plans that were conflicting and lacking in detail. We discussed this with the registered manager who took immediate steps to update some care plans. It was hoped care planning would be more consistent once records were electronic.

- The service had prepared an action plan to migrate written records of care onto an electronic system. The registered manager had considered resources needed and the impact it might have on people whilst this process took place.

- People's information and communication needs had been identified and assessed. They were recorded in the care plans and shared with staff. For example, one person's communication care plan detailed how they would express their choices through verbal or facial expressions and gestures.

- The registered manager told us the service supported people with expressing their sexuality. They had recently given advice, guidance and support to a person who had told them they were bi-sexual. The registered manager told us staff had LGBT training within their equality and diversity training. We observed additional training on equality and diversity was booked for staff following our inspection.

- Activities were planned weekly, people had a copy of the plan in their rooms. Activities were organised by an 'Enrichment team'. We observed activities taking place during our inspection and were told by people and relatives there was "plenty going on". The registered manager told us that people were able to go swimming, shopping and out to visit local places of interest.

- People were able to engage in activities provided by external therapists such as reflexology. There was a communal kitchen area where people could take part in baking activities. The environment was rich with activity items and objects for people to use and enjoy.

- We were not able to consistently view people's individual records of activities to see what people had taken part in. Staff were not regularly recording when people had taken part in an activity. We raised this with the registered manager who told us they were aware of the shortfall and would remind staff to record people's activities.

- People's religious needs were met with visiting clergy. There was a main service in a communal area and

then individual visits to people who preferred this activity in their room.

- People enjoyed caring for and watching the home's animals. There was a pony, sheep, chickens and ducks living in the garden. The home also had two cats. We observed people watching the animals which clearly, they were fond of. One member of staff told us, "The pony has been here for two years now, he comes inside and gives a lot of enjoyment to the elders." One relative told us how they enjoyed taking their relative out into the garden to stroke the animals. They said, "[Relative] loves seeing the animals, they have even had a chicken on their lap."

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they wanted to. Most told us they would speak with the manager or a care worker if needed. All the people and relatives we spoke with told us they had no reason to complain.
- Any formal complaints received had been recorded and investigated by the registered manager.

End of life care and support

- People were able to share their end of life wishes with staff and ensure they were recorded. People could choose to stay at Mavern House Nursing Home until the end of their life. One healthcare professional told us, "The staff here are pro-active in getting people's end of life wishes, they look ahead and prepare well."
- Staff worked in partnership with local hospice professionals to make sure people had what they needed at the end of their life. Staff had received end of life care training and felt comfortable supporting people at the end of their lives.
- During our inspection people were receiving end of life care. Their care plans had been reviewed, healthcare professionals had been consulted and pain management medicines were in place. Relatives could be with their family member throughout the day and night if that was their wish. One healthcare professional told us, "The overwhelming feeling for us was the huge attention to detail and staff being responsive to [person]'s individual needs."
- Following any death at the service staff used reflective practice to discuss end of life care provided. This had been recorded and was used to support staff and identify any learning points.



# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- A range of audits and analysis tools were used by the management team to monitor the quality of the service. These included, analysis of infections, infection control, call bell response times, and people's feedback.
- We identified different areas where these quality monitoring systems did not identify where improvements were required. This included, the quality of the dining experience, as well as investigating why people on different dates waited more than 20 minutes for their call bell to be answered.
- We found that one notification of alleged abuse had not been notified to the Care Quality Commission. Services are legally required to submit notifications about events happening in the service. The registered manager told us first that they were unsure if it had been a reportable event as said it was suspected not actual abuse and the outcome had been inconclusive. The registered manager checked again and found that they had completed a notification but for some reason had not sent it. The registered manager told us this notification would now be made retrospectively.
- Staff were clear about their roles and responsibility and the staffing structure at the service. All the staff we spoke with felt comfortable approaching nursing staff for any help or guidance. One relative told us, "All the staff at Mavern know their position in the team and the reporting chain."
- The registered manager was well supported by the provider who was a presence at the home daily.

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

- The registered manager and provider had not identified the concerns we have found with regard to the mealtime experience. Staffing had not been organised to ensure there were enough staff on duty to support people to eat.
- People, staff and healthcare professionals thought the service was well-led. Comments about the registered manager included, "[Registered manager] is approachable and visible here", "We have a good manager, she has helped me grow and develop" and "I am always confident to approach the management, they always talk to us [staff]."
- There was an open and transparent culture at Mavern House. Staff told us they could tell management anything. One member of staff said, "I tell them [registered manager] my honest opinion, tell them what's what, they do listen."
- People were being supported by staff who enjoyed their jobs. Comments included, "People have good care here, we work hard", "Morale is good here, I enjoy working here, we are all like a family working together to

support each other" and "I love it here, there is a relaxed and homely vibe."

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

- The owner spoke about wanting to build a sense of community within each part of the home. To help develop this, they had trialled a 'community circle' meeting in middle meadow. The owner said, "Chairing the community circle was the best experience I'd had all year. We made the circle very general, got into a group and just talked about everyday life. The interactions and contributions were just fabulous." They explained that following the trial, they want to "roll it out".
- The owner also told us that they would like to get people involved in "community-based auditing". This would involve people being involved in the audits that were completed in the home. The owner explained that baseline audits had recently been completed, to help measure the impact of involving people in auditing. They said, "We are on the cusp and I think in a year's time, this would make a lot of difference."
- Surveys to gain feedback from people, relatives, staff and stakeholders were in place. Where areas for development were identified, these then formed a managerial action plan.
- Feedback was sought from stakeholders who worked with the home, in an annual survey. The most recent survey results evidenced positive feedback. This included all respondents rating that they 'agreed' and 'strong agreed' that people had their needs met in different aspects of their care.

Continuous learning and improving care

- Both management and staff actively worked to try new ideas, make improvements and develop the service. New initiatives were in the process of being piloted such as a 'men's shed' group which aims to provide peer support to men. A women's support group was also being discussed.
- The registered manager attended a locality group which was made up of healthcare professionals and other services. This enabled them to discuss good practice and share ideas to improve care.

Working in partnership with others

- The service worked in partnership with a range of people and organisations. They aimed to maintain good links with local churches, schools and services. Medicines were provided by a local pharmacist who also visited regularly to offer support and guidance.
- Research into the impact of spending time with children had taken place and had led to what was termed 'intergenerational experience's'. These included projects with nursery and primary school children from local schools. The activities in the projects had a focus on meeting the movement and sensory needs of people and children.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not always sufficient staff deployed to meet people's needs.
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	