Maristow Nursing Home Limited

Maristow Nursing Home

Inspection report

16 Bourne Avenue
Salisbury
Wiltshire
SP1 1LT

Website: www.maristowhouse.co.uk

Date of inspection visit:
30 June 2016
04 July 2016

Date of publication:
30 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Maristow Nursing Home provides accommodation and nursing or personal care for up to 17 older people. At the time of our inspection 16 people were living at Maristow. The home was last inspected in May 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 30 June 2016 and was unannounced. We returned on 4 July 2016 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

Medicines were stored and administered safely and staff kept an accurate record of medicines they had supported people to take. We found that action was needed to provide clearer instruction to all staff about when they should support people to take 'as required' medicines. This information was not recorded, but staff we spoke with had a good understanding of people's needs and when they needed certain medicines. Although current staff were aware of this, there was a risk that this information would not be passed on to new or temporary staff. The registered manager said they would take action to address this discrepancy.

Risks people faced were well managed and people received the support they needed. Staff knew what action to take to keep people safe; however, we found some areas where this had not been fully recorded in people's care records. The registered manager had taken action to address these shortfalls by the second day of the inspection.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments included, "The staff are very kind" and "I am well looked after". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. Relatives also told us they though people were well cared for, with one person commenting, "The staff are excellent and provide very good care".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Comments included ''I feel safe. They (staff) provide the care I need" and "I feel safe living here. I would speak to staff if I had any problems". One person gave us a thumbs up sign when we asked whether they were well treated and felt safe. We observed people interacting with staff in a confident way and people appeared comfortable in the presence of staff. The relatives we spoke with also said they thought people were safe living at Maristow.

Staff understood the needs of the people they were providing care for. People's needs were set out in care

plans they had been involved in developing. Staff followed these plans, which helped to ensure people received care in the way they preferred.

Staff were appropriately trained and had the right skills to provide the care people needed. They received a thorough induction when they started working for the home and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure. A relative told us, "I have no concerns about the home but I'm sure (the registered manager) would sort any problems out very quickly".

The provider regularly assessed and monitored the quality of care provided at Maristow. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Staff supported people in a safe way. However, some instructions for staff on actions they should take to safely manage medicines and manage risks people faced were not completed.

People said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people did not have capacity to consent.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised people's independence.

Staff provided care in a way that maintained people's dignity and upheld their human rights. People's privacy was protected and

they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their care and support. People and their representatives were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work. This was supported by what we observed.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Good

The service was well-led.

There was a strong management team who promoted the values of the service, which were focused on providing personalised care and creating a family atmosphere. Staff had clear reporting lines through to senior management level.

Systems were in place to review incidents and audit performance to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Maristow 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 checked 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 30 June 2016 and was unannounced. We returned on 4 July 2016 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we spoke with the registered manager, deputy manager, five people who use the service, a visitor, four care staff and a director. We received feedback from a GP who has regular contact with the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of.

Where people were prescribed 'as required' medicines, there were not always clear protocols in place, setting out when staff should support people to take these medicines. For example, one person was prescribed a sedative, but there was no information about how staff administering the medicine should make a decision to offer this medication to the person. Another person was prescribed a high strength pain relief, but there was no information about how they communicated pain or when they should be supported to take the medication. Despite this lack of information, staff responsible for administering the medicine were able to describe people's specific needs consistently to us and were able to describe the actions they would take before administering sedatives to people. The medicine administration records showed that the sedatives were not used regularly for people. This demonstrated that although some information was not clear in the protocols, staff were not routinely administering the sedatives people had been prescribed. We discussed this with the registered manager and deputy manager, who agreed to add more information to the protocols.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. Assessments included, for example, information about how to support people to minimise the risk of falls, maintain suitable nutrition and to minimise the risk of developing pressure ulcers. People had been involved throughout the process to assess and plan management of risks. Although assessments had been completed for most identified risks, we saw that there were some gaps in the records in one person's file. The person had diabetes and there had been an incident in which they experienced high levels of sugar in their blood. The person's risk assessments did not contain any information about their diabetes or the support staff should provide to manage the risks. Despite the lack of information in the risk assessments, staff were able to provide consistent answers about the support they provided to the person and how diabetes affected them. Records of the incident indicated it was well managed and staff took appropriate action to keep the person safe. The registered manager said she would take action to ensure the gaps in records were filled.

People told us they felt safe living at Maristow. Comments included ''I feel safe. They (staff) provide the care I need" and "I feel safe living here. I would speak to staff if I had any problems". One person gave us a thumbs up sign when we asked whether they were well treated and felt safe. We observed people interacting with staff in a confident way and people appeared comfortable in the presence of staff. The relatives we spoke with also said they thought people were safe living at Maristow.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed

this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Details of the safeguarding procedures and who staff could report any concerns to were displayed in the staff area. The registered manager had worked with the safeguarding team where any concerns had been raised and had taken action where necessary.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records of five staff employed within the previous year. All five had been thoroughly checked, in line with the home's procedures, before starting work. Staff confirmed these checks had been completed before they were able to start work in the service.

Sufficient staff were available to support people. People and their relatives told us there were enough staff available to provide support for them when they needed it. Comments included, "There are always enough staff available and they provide very good care". Staff told us they were able to provide the support people needed, with comments including, "Staffing levels are sufficient to provide the care people need" and "There are enough staff on each shift. The manager takes action to cover any sickness". Throughout the inspection we observed staff responding promptly to people's request for support. Staff regularly visited people who were in their room to check whether they needed any care and support.

Good

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "I have problems walking, but the staff help me". We observed staff providing care in line with people's care plans and staff demonstrated a good understanding of people's needs and how to meet them. Relatives were positive about the skills of staff, with one person commenting, "The staff are excellent and doing everything they can".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded and the registered manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I feel well-supported to do my job effectively" and "We have regular supervision meetings. They are useful, we are able to ask questions and receive feedback about how to improve".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Staff were particularly positive about the induction they received when they started work at the home, telling us they were not under pressure to carry out any care until they were confident they were able to meet people's needs. Training was provided in a variety of formats, including on-line, classroom based and through observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the service. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the principles of the MCA. Applications to authorise restrictions for 12 people had been made by the service and were being processed by Wiltshire Council, the supervisory body. One DoLS application had been authorised by the supervisory body. Cases were kept under review and if people's capacity to make decisions changed then re-assessments were completed. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

The home had a planned menu and alternatives were available if people wanted them. Records

demonstrated meals were individualised, based on people's known likes and dislikes. Where people were not able to tell staff about their likes and dislikes, information was obtained by relatives and people who knew them well to get an understanding of what people may enjoy. We observed people being given good support to eat their meals where this was needed. Staff sat with people and explained what the food was. Staff took their time and ensured people were ready before offering more food. People were able to take their meal where they wanted to and there was a relaxed, social atmosphere in the lounge as people ate together. Relatives were able to eat with people. The registered manager told us she wanted to make visitors feel comfortable in the home, and food and drink was an important part of that. Visitors were encouraged to help themselves to drinks and snacks.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted. A visiting GP told us nurses working at the service had good knowledge of people's conditions and any changes in their needs. Nurses followed the advice and guidance of the GP and provided good information back to the GP to help plan people's care. The GP said staff in the service called them appropriately when people's condition deteriorated, to ensure people received prompt and effective treatment.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are very kind" and "I am well looked after". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. Relatives also told us they thought people were well cared for, with one person commenting, "The staff are excellent and provide very good care".

In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. We saw people chatting with staff in their rooms at various times during the visit. For example, we overheard a cleaner discussing the news with one person as they cleaned their bedroom and heard a member of care staff singing with a person in their bedroom. This helped to ensure people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way. During the inspection we observed staff supporting people in ways set out in their plans.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular individual meetings with staff to review how their care was going and whether any changes were needed. People were able to involve friends or family members in this process if they wanted to. Details of these reviews and any actions were recorded in people's care plans. People and their relatives told us staff consulted them about their care plans and their preferences. There were also regular 'residents and relatives meetings', which were used to receive feedback about the service and make decisions about activities in the home.

Staff received training to ensure they understood the values of the provider and how to respect people's privacy, dignity and rights. The registered manager told us she always reminded staff, "Residents don't live in a workplace, we work in their home. We try to create a family atmosphere. The resident always comes before the task". People told us staff put these values into practice and treated them with respect. Staff described how they would protect people's dignity by always providing personal care in private and not discussing personal details in front of other people. The GP we spoke with said they observed staff working in ways that treated people with dignity and maintained their privacy.

Good

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person described the knitting group they had established with staff and how they enjoyed knitting and chatting together. The service had a welfare officer, who was responsible for ensuring people had opportunities to take part in social and leisure activities they enjoyed. The registered manager told us they organised some traditional group activities, but also focused on working with people on a one to one basis, or in small groups as they felt they could be more responsive to people's individual needs. During the inspection we observed a music session, with a specialist provider of music to promote health and well-being. Five people were participating in the session very enthusiastically and appeared to be enjoying it. The registered manager told us the session was also provided to people on a one to one basis where people prefer it.

People had a care plan which was personal to them. The plans included information on maintaining their health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. The plans included a 'This is me' form, which is a document developed by the Alzheimer's Society and the Royal College of Nursing. This allows people and those who know them well to set out details of what is important to them and how they want care to be provided. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and their representatives and changes were made following people's feedback.

Staff told us they were very focused on putting person-centred care into practice in the home. Staff demonstrated a detailed understanding of people's personality and individual wishes. During the inspection we observed staff interacting with people in ways which demonstrated this understanding. This helped to ensure people received individualised support from staff who knew their needs.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included, "I would speak to staff if I had any problems. I'm confident they would sort it out". A relative told us, "I have no concerns about the home but I'm sure (the registered manager) would sort any problems out very quickly". The service had a complaints procedure, which was provided to people when they moved in and was displayed in the entrance hallway.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Maristow and they were available during the inspection. The registered manager was also one of the directors of the company. In addition to the registered manager, the management team included a clinical nurse manager, who deputised for the registered manager in her absence. The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. A particular focus of the work at Maristow was maintaining a family atmosphere in which people felt 'at home'. The registered manager said she wanted the service to care for people in the way they would expect a family member to be looked after.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had high expectations of them and the service they provided, but was supportive of them and created an open culture. A relative told us, "The matron is very good and has high standards. She wouldn't tolerate any staff who don't keep up to her standards".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers and directors gave them good support and direction. Comments from staff included, "The home is well managed. (The registered manager) is very much there for the care of residents. She wouldn't ask you to do anything she wouldn't do herself. They are very open to suggestions" and "(The registered manager) tries to instil person centred care. She's very hot on care to make sure nothing is overlooked".

There was a quality assurance process which involved a number of different audits and checks, covering all aspects of the service provided. Information from the reviews was discussed at a monthly management meeting, attended by directors and senior nursing and care staff. The outcome of these reviews was used to develop action plans to address any shortfalls and to promote best practice through the service. The plans were reviewed at the following meeting and amended if necessary to ensure action was completed and kept under review to ensure its effectiveness.

Satisfaction questionnaires were sent out each year asking people, their relatives and visiting professionals their views of the service. The results of the surveys were collated and discussed as part of the regular management meeting. Actions were included in the plan for the service and kept under review.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.