

Hallmark Care Homes (Brighton) Ltd

Maycroft Manor

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Maycroft Manor is a care home registered to provide nursing and residential care and accommodation for 105 people with various health conditions, including dementia and sensory impairment. There were 97 people living at the service on the day of our inspection. Maycroft Manor is a large purpose built care home located in Brighton, East Sussex.

People's experience of using this service:

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff. One person told us, "You can only say great things here, they are wonderful. I have nothing to complain about".

People enjoyed an independent lifestyle and told us their choices and needs were met. They enjoyed the food, drink and activities that took place daily. One person told us, "You can't complain about the food". A relative added, "When I'm older I want to live here. They are amazing. They really understand my [relative's] dementia and what makes her happy".

People felt the service was well presented and welcoming to them and their visitors. A relative told us, "We're always made welcome and there is always so much going on. We sit in the bistro or in [my relative's] room or the lounge".

People told us they thought the service was well managed and they enjoyed living there. One person told us, "I'll tell you how good it is, I came for six weeks and wanted to stay forever".

Staff had received training considered essential by the provider. It was clear from observing the care delivered and the feedback people and staff gave us, that they knew the best way to care for people in line with their needs and preferences. A member of staff told us, "Our training is good, and we've had a lot of training around dementia".

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person centred way and that the provider learned from any mistakes. Our own observations and the feedback we received supported this. People received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. A member of staff said, "I love working here. The residents are great and so are my colleagues. We are there for the residents and each other".

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published 30 October 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good. If we receive any concerning information we may inspect sooner.

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 safe and had improved to good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led and had improved to good.

Details are in our Well-Led findings below.

Good ●

Maycroft Manor

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of two inspectors', a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for older people.

Service and service type:

Maycroft Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was registered with the Care Quality Commission. Registered managers 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 was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

What we did:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed nine people's electronic care records.

We also spoke with seven people living at the service and four visitors. We also spoke with 13 members of staff, including the registered manager, a regional manager, the clinical lead, a registered nurse, a lifestyles co-ordinator, the chef, an administrator, four care staff and two ancillary staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Maycroft Manor continued to use an electronic medicines management system (eMAR). Since the previous inspection, a designated member of staff with responsibility for medication management had been appointed. This had a positive impact in improving quality and safety. This has been achieved through regular medication audits being carried out, and taking prompt action to address any problems, errors and issues identified. Preventative actions were also implemented to reduce risk of recurrence. Medicine stocks were checked and reconciled to ensure that the records matched the actual stock at the start of the medication cycle. Stock audits during the month identified the risk of shortages and enable steps to be taken to replenish supplies and address other issues.
- Registered nurses and senior care staff were trained in the administration of medicines. A member of staff described how they completed the electronic medicine administration records. We saw these were accurate. We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. A relative told us, "[My relative] is safe here, we're not worried when we leave her".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Staffing and recruitment

- We observed care delivery in all areas of the service. The deployment of staff met people's needs and kept

them safe.

- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- Feedback from people and staff was they felt the service had enough staff and our own observations supported this. One person told us, "You only have to ask, they come quickly".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. For example, some people were at risk of choking. Their care plans contained comprehensive and specific details for staff on how to manage the risks involved with their intake of food and drink.
- The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Preventing and controlling infection

- The service and its equipment were clean and well maintained.
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, contacting relevant health professionals after any specific incidents.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider met peoples' nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "The food is nourishing, and I have as much as I want".
- The chef told us that specialist and culturally appropriate diets were available and showed us examples of these meals prepared. A relative said, "There's so much choice and they encourage [my relative] to eat and drink as much as she can".
- Snacks were placed around the service for people to help themselves to and drinks were always available.
- People told us they were supported to eat how they wished in the service. One person told us, "They will make me a small plate if I need it".

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

- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people and relatives were involved in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs.

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism. One member of staff told us, "I'm quite new here and the induction and training has really helped me".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

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

- People's individual needs around their mobility were met by the adaptation of the premises.
- Hand rails were fitted throughout. Slopes and passenger lifts allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets.
- Dementia friendly and clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

Supporting people to live healthier lives, access healthcare services and support

- People told us they received effective care and their individual needs were met. One person told us, "I couldn't have wished to be treated any better".
- Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. A relative told us, "They take [my relative] to all her appointments".

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. A relative told us, "They always contact me with and concerns or changes to my [relative's] health".

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

The 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.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff provided people with choice and control in the way their care was delivered.
- Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. One person told us, "I've got the care, comfort, company and a good choice of things to do".
- People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day. One person told us, "They seem to know what we want, and everything is done with a smile".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Ensuring people are well treated and supported; equality and diversity

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.
- People were attended to in a timely manner and were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. One person told us, "They are lovely, they couldn't be more caring, they can anticipate what I want".
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service at any time and could stay as long as they wanted. A relative told us, "It's a joy to visit here, the environment is beautiful, and we're always made welcome".
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.

- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service.
- Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They help me with my personal care needs, it is done with dignity and respect".
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming. For example, one person told us how they wanted their clothes washed in a specific way and this was respected by staff.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "We go through the care plan roughly every six months".
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. Furthermore, care plans were electronic, which enabled staff to access and update information on people's care quickly and effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that the service responded well to their care and recreational needs. A relative told us, "There is always so much happening and they encourage everybody to get involved, it's fun".
- We saw a varied range of activities on offer which included, music, arts and crafts, quizzes, exercise, trips out to the local community and visits from external entertainers.
- Themed events also took place, such as a fashion show, a casino night and a day celebrating Greek food and culture. The service also had a cinema room which showed daily films, a spa, a bistro, a shop and a hairdressing salon. One person told us "We can have our hair and nails done each week, it's all included. If you want to have a pedicure, you can".
- We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited, so that people could observe their faith.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. Staff ensured that where required people's communication needs were assessed and met.

End of life care and support

- Peoples' end of life care was discussed and planned, and their wishes were respected. People could remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, about their end of life care, had been respected.
- Specific training and support was given to staff in order to care for people at the end of their life.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us, "I feel I can complain, I do, and I have done".

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

At the last inspection, the provider's audits of medicines had not routinely picked up issues in relation to medicines management. For example, stock levels, missed medicines, errors and omissions in recording and people receiving their medicines late had not been identified and acted upon in a timely way. At this inspection, improvements had been made.

- The provider had implemented a rolling cycle of clinical audit which ensured each person's medicines, care plans and 'when required' medicine protocols were reviewed on a monthly basis, maintaining them accurate and up-to-date. A supernumerary member of staff had been recruited to assist checking the receipt of the medication delivery prior to the start of the monthly medication cycle. This means that any missing items can be obtained in time to ensure that people do not go without their medication.
- The provider undertook a range of other quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, infection control, complaints, care plans and falls. The results of which were analysed to determine trends and introduce preventative measures. The electronic auditing system looked for patterns and trends and action plans were developed to drive improvement.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "They are amazing here [registered manager] is just so approachable and lovely".
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this, and a

relative told us, "The staff and manager are brilliant. There have been one or two issues, but it always gets sorted. I'm here every day and the level of care can't be faulted". The registered manager added, "I'm very proud of the care we give, especially around lifestyles, where we have managed to encourage people to come out of their rooms. The care team are amazing. You sit back and watch them and they know what everyone wants. We involve all the residents and their families".

- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training. A member of staff told us, "I've never seen any discrimination, I'd report it immediately if I did".
- There was also a clear written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.

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

- People and staff were actively involved in developing the service. For example, staff had involved people in designing, planting, decorating and maintaining the gardens at the service. Other people had influenced new food choices and activities. One person told us how the chef had used one of their recipes.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. A relative told us, "We have the opportunity to provide feedback and discuss the home".
- Meetings, events and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We all work well together as a team, nobody gets singled out to do more than others. The manager is great, he listens to us and does what he says he's going to do".
- Up to date sector specific information was made available for staff including details of specific conditions, such as dementia, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.
- Local churches, schools and charitable organisations visited the service and the staff also held events to raise money for local charities.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

