

Clinida Care Limited

# Mamsey House

## 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

Mamsey House is a care home for 33 people. It provides accommodation with nursing and personal care and specialises in the care of older people. At the time of the inspection there were 28 people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good.

Risks of abuse to people were minimised because the provider followed a safe recruitment procedure and made sure all staff knew how to recognise and report any concerns. People felt safe at the home and with the staff who supported them. One person told us. "Staff are always kind."

People received effective care and support from staff who had the right skills and experience to effectively care for them. Staff felt they received good training which was appropriate to their role and people had confidence in the staffs' ability to safely support them.

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.

People were complimentary about the staff who supported them and said they were always kind and gentle when they helped them with personal care. One person said, "They help me have a bath. They are very respectful and always gentle with me." Another person commented, "They are so caring and gentle. Very, very good. I would give them 20 out of 10 if I could give them marks."

The service was responsive to people's needs and they were able to make choices about their day to day routines. One person said, "There are lots of us so some things aren't practical but on the whole I can do things when I want to."

People lived in a home where the provider and registered manager monitored standards, ensured on-going improvements and learnt from mistakes. The registered manager and provider sought people's views and acted on suggestions where possible.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service has improved to Good

### Is the service well-led?

Good ●

The service remains Good

# Mamsey House

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 17 January 2018 and was unannounced. It was carried out by an adult social care 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 11 people who lived at the home, four visitors and seven members of staff. A number of people were unable to fully share their experiences with us due to their frailty. We visited people who were being cared for in bed and found them to be warm and comfortable.

The registered manager was available throughout the day of the inspection.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, two staff files, medication administration records and records relating to health and safety checks and quality monitoring.

# Is the service safe?

## Our findings

People continued to receive safe care.

People were very relaxed and comfortable with the staff who supported them. One person told us, "Staff are always kind." Another person said, "I'm very safe. The staff, they are very concerned all the time. They will come and sit and talk with me if you are a bit worried."

Risk assessments were carried out to make sure people received their care safely. For example people who were being cared for in bed had risk assessments with control measures to minimise the risks of pressure damage to their skin. No one had a pressure ulcer which showed the measures in place had maintained people's safety in this area.

People were protected from abuse through the providers' processes and practices. These included a recruitment process which made sure only people suitable to work with vulnerable people were employed. Staff told us they had not been able to commence work in the home until all checks had been carried out. Records seen confirmed this.

The provider also made sure all staff knew how to recognise and report any suspicions of abuse and operated a system called 'See something, Say something.' All staff we spoke with said they would not hesitate to raise any concerns and all were confident that action would be taken to keep people safe. Where allegations had been made the registered manager had worked in partnership with appropriate authorities to make sure issues were fully investigated.

When shortfalls in the service were highlighted by investigations the provider learnt from these to minimise the risks of re-occurrence. For example, Following one safeguarding investigation a policy had been revised. This had been shared with all staff to make sure they were fully aware of the changes and the implications of not following the revised policy.

There were adequate numbers of staff to keep people safe and meet their physical needs. During the inspection we observed people received support promptly when they requested it. People had call bells in their rooms to enable them to summon help when they needed it. We did not hear call bells ringing for long periods of time which indicated people received support in a timely manner when they requested it. People who were being cared for in bed were regularly visited by staff to make sure they were comfortable.

People received their medicines safely from trained nurses who were competent to carry out the role. The staff used a monitored dosage system which helped to reduce errors. The registered manager told us the home was moving to an electronic medicine dispensing system at the end of the month which they hoped would continue to provide a safe system. Clear records were kept to show when medicines were administered or refused which enabled the effectiveness of prescribed medicines to be monitored. One person told us, "I always get the right tablets."

People were protected from the risk of the spread of infection because staff had received training in infection control and there were systems in place to minimise this risk. The home was kept clean by a dedicated team of domestic staff and all staff had access to personal protective equipment such as disposable gloves and aprons. Sanitising hand gel and hand washing facilities were available throughout the building.

# Is the service effective?

## Our findings

People continued to receive effective care.

The nursing home was arranged over two floors with a passenger lift between which meant all areas could be accessed by people with all levels of mobility. All bedrooms were for single occupancy and people were able to personalise their rooms in accordance with their tastes and needs. The provider had an action plan in place which ensured on-going redecoration to make sure the building provided a pleasant home for people.

Staff carried out assessments of people's needs to ensure their needs could be adequately met at the home. Care plans were developed from these assessments to show how needs would be met. Basic care plans were kept in individual rooms which meant information was easily accessible to staff. This made sure staff had the information they required to effectively support people. Staff said they used the care plans to give them the guidance they required to provide care to people. One member of staff said, "We always read the care plans, especially if it's someone new."

People received the support and treatment they needed because staff received the training they required to meet people's needs. Staff were complimentary about the training they took part in. One member of staff said, "The training is good." Another said, "The training we get makes you mindful of what you are doing and why."

People had confidence in the abilities of the staff who supported them. When we asked one person if they thought staff had the skills needed to help them they said, "Absolutely. They have to go through exams." One person told us, "The staff seem to know how to do things."

There was always a trained nurse on duty to monitor people's health and respond appropriately. Trained nurses were able to access training which kept their clinical skills up to date and enabled them to remain registered as nurses. People felt their healthcare needs were well met. One person said, "They are medically very good and pay attention to detail."

The staff worked in partnership with other healthcare professionals to ensure people received the treatment they required. A local GP visited the home on a weekly basis and also responded to requests at other times. One person said, "They make sure you see the doctor if you need one." Another person told us, "They come and check your eyes and the doctor visits here. I haven't had much dealings with her, I haven't needed to. The home would call her in if I wanted her." Care plans we looked at showed people had access to a range of other healthcare professionals according to their individual needs. These included; opticians, occupational therapists and speech and language therapists.

People's nutritional needs were assessed to ensure they received a diet in line with their needs and likes. Where staff had concerns regarding a person's nutrition they sought advice from appropriate professionals. Some people had been prescribed food supplements to enhance their nutritional intake and we saw these

were made available to people.

Care plans we looked at showed people had been seen by speech and language therapists who had made recommendations about the consistency that meals and drinks should be served at for the particular individual. During the inspection we saw people received food and fluids at the recommended consistency which showed staff were following the recommendations. At lunch time staff supported people who needed support to eat in a dignified manner. Where a person had poor sight the staff member explained what the meal was before assisting them to eat.

People's legal rights were respected because staff had received training about the Mental Capacity Act 2005 (MCA) and worked in accordance with its principles. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff said most people were able to make day to day decisions about their care and support. Staff said if a person was unable to make a decision they would use their knowledge about the person to make a best interest decision. One member of staff said, "If someone had never eaten meat we would presume that would be their decision now so that would be in their best interests."

Some care plans contained assessments of people's capacity to consent to the use of specific equipment or to having their photograph taken. Where people were found to lack the capacity a decision in their best interests was recorded. Some of the paperwork we saw did not show who had been involved, so there was no evidence to show that people who knew the person well had been involved in the decision making process.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of the mental capacity act and worked in partnership with relevant authorities to make sure people's rights were protected.



# Is the service caring?

## Our findings

People continued to receive a caring service.

People received their care from staff who were kind and caring. One person told us, "Staff are very kind." Another person said, "They are so caring and gentle. Very, very good. I would give them 20 out of 10 if I could give them marks."

During the inspection we noted that staff interacted with people in a way that was polite and kind. Care plans gave information about how people wished to be addressed and staff respected people's wishes.

Staff had built strong and trusting relationships with people and some liked to share a joke and some good humoured banter which helped to create a happy and homely atmosphere. One person told us, "Everything here is comfortable and relaxed." Another person said, "You have a laugh."

Some people required staff to assist them to move using a mechanical hoist. We watched a number of people being assisted in this way and saw everyone was very relaxed. Staff explained exactly what was happening and offered reassurance throughout the procedure. In one instance the staff and person were laughing together and staff congratulated the person 'on a very successful landing.' One person said, "They are very good when they hoist me. Nothing to worry about or be afraid of."

One member of staff said, "This is the nicest home I've worked in. Staff are so caring and they're not afraid to offer comfort when needed." Thank you cards received from relatives echoed this. One thanked staff for their 'Tenderness and care' and another said their relative had always been treated with 'Love and kindness.'

People's privacy and dignity was respected and people told us staff were respectful when they assisted them with personal care. One person said, "They help me have a bath. They are very respectful and always gentle with me." Another person commented, "They respect my privacy by shutting the curtains, closing the door and knocking if closed." Some people chose to mix in communal areas and others preferred the privacy of their rooms. One person said, "I like the company in the lounge but that's just me."

People were able to keep in touch with friends and family. People told us they were able to see visitors at any time and visitors said they were always made welcome in the home. One person said, "They are made welcome by staff. Cups of tea and coffee. I can see them privately in my room." A visitor said, "You can visit any time. We are made welcome. We get a cup of tea with a biscuit or cake. They're very friendly." One person told us they had a visitor most days and another said they went out with family on a regular basis.

People were involved in decisions about the care and support they received as far as they were able. Discussions with staff and observations showed people were always consulted about their wishes. The care plans we read showed that the person themselves or their representative had been involved in their assessment. One person said, "You can look at my file. It's all in there."

## Is the service responsive?

### Our findings

People received effective care.

At the last inspection we found care plans had not always been personalised to reflect people's individual needs and wishes. This potentially placed people at risk of receiving care that was not personalised to their specific preferences and needs. At this inspection we found that some improvements had been made. Care plans we read set out people's individual needs and had some information about people's life histories and preferences. The registered manager told us they continued to consider how care plans could be further developed and personalised.

Staff knew people well which enabled them to provide care that took account of people's personal routines and their likes and dislikes. People said they could follow their own routines within reason. One person said, "There are lots of us so some things aren't practical but on the whole I can do things when I want to." Another person said, "I sit in my nightie all day. I like it." One person told us they liked to rest on their bed after lunch and we saw staff supported them to do this on the day of the inspection. Another person said they choose to stay in their room including at meal times. This was accommodated on the day of the inspection.

Some people were unable to verbally communicate their wishes but staff took account of people's body language and mood to gauge how people wished to be supported and if they were comfortable or unhappy. One member of staff explained how one person's body language and behaviour indicated that they wished to spend the day in bed and they respected this choice.

Staff told us they had a handover meeting before each shift which kept them up to date with any changes in people's needs and enabled them to change the care people received if required. Care plans were usually up dated when people's needs changed to make sure they received care in accordance with their up to date needs.

Staff told us they had time in their day to chat to people and get to know them as individuals. Throughout the day we heard pleasant conversations which showed staff knew people and the things that were important to them. For example, we heard one member of staff reminiscing with a person and talking about their love of dancing.

There were some organised activities but there was limited evidence to show how these had been arranged in accordance with people's interests and hobbies. A visitor told us, "[Relative's name] loves the entertainment here. There's always something on. They do try to encourage them to do things with their hands, things like that." One person said, "It can be very boring here as there's not a lot going on that interests me." Another person said, "There's not a lot going on. Mostly I just sit." One person commented, "I love gardening and it would be nice to have some raised beds."

People were able to see religious representatives which enabled them to practice their faith even if they

were unable to attend services or meetings outside the home. One person told us, "They have communion here." Staff said they would happily support people to follow any faith and would do their best to facilitate whatever the person wanted to meet their spiritual or cultural needs.

People told us they had no complaints about the care they received but said they would be comfortable to make a complaint if they were unhappy. One person commented, "I would talk to the manager if I wasn't happy about anything." Where complaints had been made these had been fully investigated. If the investigations had highlighted shortfalls, letters in response to complainants had included an apology.

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. The registered manager ensured that appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity.

Care plans we read showed people had opportunities to discuss the care they would like to receive at the end of their life. Records showed under what circumstances people wished to be admitted to hospital and whether they wanted to be resuscitated. Records also included any specific funeral arrangements the person wanted. This all helped to make sure staff could care for people in accordance with their wishes.

The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Mamsey House was a 'Platinum home' which means they had been re accredited after a three year period which demonstrated sustainability of standards and high quality care for people. One relative had written to the home following the death of a loved one and said, "He could not have been in a better place to end his days." Another person had written that their relative had been treated with "Love and care" at the end of their life.

## Is the service well-led?

### Our findings

The service continued to be well led.

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

The registered manager provided clear leadership to other members of staff. They led by example and were well respected by staff and people who lived at the home. The registered manager and provider told us they wanted to create a culture that was open and transparent and enabled people to share their views and discuss any concerns. They told us they treated complaints and untoward incidents as opportunities to look at practice and how improvements could be made. One person said about the registered manager, "She seems very pleasant, very amiable, answers all the questions I have."

There were systems to ensure continued learning. All accidents and incidents were analysed to look for patterns and trends which may indicate that practices needed to be changed. The provider also analysed the success of trips out and highlighted where improvements could be made. For example, following one trip out it was noted that because of the time it took to get everyone safely out of the minibus some people were waiting for some while. It was suggested that flasks of coffee be provided so people could enjoy a drink whilst they waited.

The registered manager was very visible in the home and well known to people, staff and visitors. Everyone said they were extremely approachable and supportive. During the inspection day we saw that people spent time chatting and socialising with the registered manager which demonstrated they were very comfortable with them. One person told us, "She is in and out every day. Yes, I would talk to the manager if I have any problems."

The registered manager also informally monitored standards by working alongside staff and holding one to one and group supervision sessions for staff. This enabled them to address any issues as they arose and set an example to less experienced staff. One member of staff said, "The manager is brilliant. She will get stuck in and if you want any advice you can always go to her."

The registered manager and provider had systems in place to monitor the quality of the service and plan on-going improvements to the care people received. There were regular audits from which action plans were created. Action plans contained dates by which action would be taken and showed when this had been done. The current action plan included various environmental improvements, improving the medication system and appraisals for all staff. Many of these had already been actioned and others had dates for completion.

People had opportunities to share their views about the running of the home. There were some residents meetings and minutes showed these were a chance to keep up to date with changes and make suggestions. At one meeting people had suggested they would like to have fish and chips bought in occasionally and this was being done. There had also been suggestions about trips out and some of these had been organised. The provider carried out one to one conversations with staff and relatives to enable them to gauge people's views. One relative had suggested a computer desk that was easily accessible to people in wheelchairs and this had been provided in the main lounge.

People could be confident that the building and equipment was safe because the provider had contracts in place to make sure equipment was well maintained and regularly serviced. This included the fire detecting system and all lifting equipment.