

Super Care Limited

# Miramar Nursing Home

## 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

Miramar Nursing Home is a care home providing personal and nursing care to 21 people with mental health needs at the time of the inspection. The service can support up to 28 people.

### People's experience of using this service and what we found

People received care from staff who were trained and supported in their role. Risks to people's safety and wellbeing were assessed and minimised. Staff were aware how to identify and report any signs of abuse and there were systems in place to ensure people received their medicines in line with their prescription. Regular cleaning and maintenance took place, but the building and décor was dated in parts, making it harder to keep clean. We have made a recommendation about this.

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 generally satisfied with their care and knew the staff who supported them. Activities were available but some people told us they would like more things to do. The registered manager agreed to continue working with people to identify more options.

Staff were responsive to people's needs and there were detailed care plans with guidance for staff to follow.

Systems were in place to check the quality and safety of the service and regular audits were conducted. We received positive feedback about the management and leadership of the service. Staff told us the team worked well together.

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

### Rating at last inspection

At the last inspection the service was rated Good overall (published 30 November 2016).

### Why we inspected

This was a scheduled inspection based on the service's previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Miramar 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one adult social care inspector on both days of the inspection.

#### Service and service type

Miramar Nursing Home 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 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.

#### What we did before the inspection

We looked at information we held about the service. We reviewed the provider information return. 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 sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan the inspection.

#### During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with

eight members of staff including the registered manager, administrator, two nurses, two care workers, a housekeeper and maintenance person.

We looked at records related to people's care and the management of the service. We viewed six people's care records, medication records, three staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection and spoke to the registered manager again to gather further information.

# Is the service safe?

## Our findings

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

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 safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed and mitigated risks to people's safety and wellbeing.
- Risk assessments relating to people's individual needs were conducted. These were updated when people's needs changed.
- Environmental safety checks were conducted and the provider used an external consultant to complete an annual health and safety audit.
- Routine small maintenance jobs were regularly completed. However, it was a large period property and some tasks, such as the repair of exterior window frames, were outstanding due to financial constraints.
- Responsive action was taken when incidents occurred, to prevent the risk of recurrence. For example, after one person fell on the stairs, the provider had installed a key code system to access the stairs. A lift was available for people who found stairs difficult.
- Staff completed accident and incident records and these were reviewed by the registered manager to identify any further action required.

Using medicines safely

- The provider had a safe system to manage medicines.
- Staff who supported people with their medicines had their competency checked.
- The registered manager agreed to update one person's records to make instructions clearer in relation to the person's prescribed drinks thickeners.
- Regular medicines audits were conducted, to check on practice and ensure that people received their medicines as prescribed. Appropriate action was taken when any errors occurred.

Staffing and recruitment

- People and staff told us there were enough staff to respond to people's needs. One person confirmed, "There's staff about; always someone around."
- Agency staff were used if required, to maintain staffing levels if regular staff were on leave. The registered manager also assisted with providing care, if additional help was needed.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to report any concerns.
- The provider had a safeguarding policy and referred concerns to the local authority safeguarding team when required.

### Preventing and controlling infection

- A housekeeper was employed and regular cleaning took place. As part of the cleaning regime, the provider used a portable sanitiser to reduce bacteria and odours.
- Staff used personal protective equipment (PPE) when required, such as disposable gloves and aprons.
- The décor in the property was tired in places. Chipped paintwork in some areas of the home and small tears in flooring meant that surfaces were not impervious to bacteria and harder to keep clean.
- Some toilet facilities on the ground floor were not in line with best practice, as the handwashing sink was in the corridor outside the toilet. This did not help to encourage good hand hygiene.

We recommend the provider research and implement best practice in relation to infection prevention and control.

# 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.

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.

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.

- The provider assessed people's capacity to make specific decisions and had submitted DoLS applications where required.
- People's consent to their care was recorded in their care plan.
- The provider retained evidence where people had a Lasting Power of Attorney or legal representative. This helped to ensure that only those with appropriate authorisation made decisions on behalf of people.

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

- People were supported to eat and drink enough.
- Information about people's nutrition and hydration needs was recorded in their care plan and people's weight was monitored.
- There was only one main meal choice on the menu each lunchtime. However, we were told people could request something different if they didn't like the option available. The cook asked for people's feedback about the menu. The mealtime experience was calm and organised; people could eat where they wanted.
- People were satisfied with the food. Their comments included, "The food is fine" and "I like the food here. There is just the right amount for me and it's cooked really well."

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, training and regular supervision.
- The provider's training matrix was not up to date, making it difficult for the registered manager to easily track when staff were due for their refresher training. The registered manager agreed to address this.
- Staff were satisfied with the training they received and told us they could request additional training if there was anything they were unsure about.



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

- Systems were in place to assess people's needs and preferences, so that staff knew how to support them.
- The provider used a range of recognised assessment tools.
- The registered manager kept up to date with best practice and information and guidance about a range of specific health conditions was available to staff.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People had access to health and social care professionals, including the GP and psychiatrists.
- Staff sought specialist advice where required, such as from the falls prevention team.
- Information about people's health needs was recorded in their care plan. This also included guidance for staff about any health conditions people had. The registered manager agreed to add more detail about people's oral health care needs.

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

- The property was large and there were several communal areas where people could spend time throughout the day. The upstairs bedrooms could be accessed via a lift.
- Some areas could be more homely. For instance, the downstairs toilets were commercial in nature and would benefit from modernisation.
- The design and décor of the building was dated in parts, but people told us they were comfortable.

# 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

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.

Ensuring people are well treated and supported; equality and diversity

- People were generally positive about staff. Comments included, "They are nice" and "The staff are alright. They help you."
- Staff showed kindness and warmth towards people. This included reassuring people when they were anxious and taking time to explain things.
- Staff demonstrated knowledge of people and their preferences.
- People were supported to follow their faith; there was information in people's care files about any needs in relation to protected characteristics of the Equality Act. Some people attended church and the registered manager had arranged for a monthly communion service at the home, for those who wished to attend.

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

- We observed staff offered people choices and involved them in discussions. One person confirmed, "They (staff) listen to you."
- People were involved in the development of their care plan and in discussions about their care.
- People had access to independent support with decision making and expressing their views, where required. One person had support from an advocacy service and there was information about local advocacy services on display in the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People could spend time in their own rooms.
- Staff provided examples to demonstrate how they maintained people's dignity. One person told us they only like to receive support with personal care from female care staff and said that this was always arranged.
- Staff supported people to maintain some independence. For instance, some people accessed the community independently and used local facilities.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service 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

- Care and support was tailored to people's individual needs.
- The provider developed care plans with information for staff about people's needs and preferences. These were regularly reviewed and updated when people's needs changed.
- Monitoring documentation, such as night time checks and daily care notes, were completed. This enabled the registered manager to check that people had received the care they needed.
- People could choose the gender of staff who provided them with personal care. People confirmed they had choice about their daily routines and what they wanted to do each day.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the AIS requirements. Information about people's communication needs was recorded in their care file. In some cases, this information could be more detailed. The registered manager agreed to address this.
- Key documents and information posters, were available in large print.

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's social needs were considered but there was opportunity to develop more activities at the home.
- The registered manager was aware that some people could be at risk of social isolation and sought opportunities for people to build connections and access the community. People were supported to visit local attractions and one person told us they went to the library. An entertainment company was booked to do a show at the home the week after our inspection.
- There was a games room at the home, with a pool table, which some people used. Other than this, we saw limited evidence of activities taking place at the home.
- People told us, "There's the pool table and TV but not much else happening really. Could do with a bit more to do" and "There's not a lot of group activities. There used to be a craft group but that stopped."
- The registered manager acknowledged this feedback and told us they would continue to focus work on this area; to increase the activities available, in line with people's hobbies and interests.

#### End of life care and support

- People received compassionate end of life care. Some staff had received training in end of life care and the provider worked alongside other health professionals to ensure people's needs were met.
- There was information in people's care plans about any advanced wishes in relation to care at the end stage of their life.
- Where required, people had anticipatory medicines available to relieve symptoms.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was on display in the home.
- There was a system for recording any complaints or concerns received, along with detail about how the complaint had been investigated and resolved.
- People confirmed they would feel comfortable talking to staff or the registered manager about any concerns.

## 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- At our last inspection there was no manager registered with CQC, which is a requirement of the provider's registration. The manager who was in post at that time subsequently completed their registration process was registered with CQC in July 2017.
- The registered manager was aware of regulatory requirements and had submitted notifications to CQC as required. They were a member of a number of relevant professional organisations and used information from these to keep themselves up to date with best practice.
- People's personal information was stored securely.
- There were daily handover meetings to exchange key information between staff and ensure they were aware of their responsibilities.
- The registered manager understood requirements in relation to the duty of candour.
- Since our last inspection the provider requested a change to their registration to be able to support people with a learning disability or autism. The size of the service is larger than considered best practice for the support of people with a learning disability, as outlined in the relevant guidance Registering the Right Support. However, we received assurances about how the provider would follow the principles of this guidance, and carefully assess each person's needs prior to offering a service, to ensure they could meet their needs. On this basis, we agreed to this change in registration. At the time of this inspection, the provider had not yet started supporting anyone with a learning disability or autism.

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

- People and staff spoke positively about the registered manager. People described the registered manager as "Lovely" and "Nice" and confirmed they could talk to them if they had any issues.
- Staff told us the team worked very well together and that there was a positive atmosphere. One staff member told us, "The leadership here is second to none. [Name of registered manager] will put herself out to make sure you're cared for (as staff), as well as the residents."
- There was a quality assurance system and regular audits were conducted to check on the quality and safety of the service.

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

- We were advised that people were generally reluctant to attend residents meetings, so other ways were used to gather people's feedback. This included individual review meetings and discussions with people about particular topics, such as menu ideas and feedback on activities.
- Staff were engaged in the running of the service and had opportunity to provide feedback in staff meetings and supervisions. Staff confirmed they felt listened to, and one told us, "They respect my previous experience and knowledge."
- The provider's equality and diversity policy guided staff to 'recognise, value and manage differences to enable all service users and staff to contribute and realise their full potential.'

#### Continuous learning and improving care

- The provider had had made some changes since our last inspection to continuously improve the service. This included the introduction of a weekly nurses' report. This was to improve monitoring and communication following a safeguarding concern.
- The registered manager responded positively to our inspection feedback and was open and transparent.

#### Working in partnership with others

- The provider worked with other organisations and developed links within the community. This included contact with local shops and services.
- Staff worked in partnership with other health and social care professionals to meet people's needs.