

Maristow Nursing Home Limited

Maristow Nursing Home

Inspection report

16 Bourne Avenue
Salisbury
Wiltshire
SP1 1LT

Website: www.maristowhouse.co.uk

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05 March 2020

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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

Maristow Nursing Home is a small care home in Salisbury. The service provides accommodation and nursing care for up to 16 people, some of whom have dementia. At the time of our inspection there were 12 people living at the service. Rooms are on two floors and can be accessed by stairs or a lift. There were secure gardens to the rear of the property.

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

Safety checks regarding the environment had been carried out and the property was well maintained. The home was clean, and we saw staff follow good infection prevention and control practice. People had their own rooms which they had personalised.

Staff had been recruited following the necessary pre-employment checks and there were enough staff to meet people's needs. Staff were provided with training and the opportunity to have supervision which supported them in their roles.

Risks to people's safety had been identified with detailed management plans in place to provide guidance to the staff. These had been reviewed regularly. Medicines were managed safely, and people had their medicines as prescribed.

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

People had personalised care plans which gave details on the care they wanted and preferred. These had been reviewed by staff. There was information about life histories recorded, which helped staff to get to know people well. People told us staff were kind and caring. Everyone we spoke with talked about the homely atmosphere at the service which is what they liked about it.

People's health needs were met with staff working with local healthcare professionals to provide effective care. Staff communicated with each other and worked well as a team.

People had enough food and drink. There were choices of meals available and the mealtime experience was relaxed. People chose where they wanted to eat and were provided with support from staff where appropriate. People's views about the meals were sought so that improvements could be made.

People, relatives, staff and professionals told us the service was well managed. The management were visible and approachable and led by example. Quality monitoring was in place to help identify and monitor improvements. There had been no complaints since our last inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the 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 ●

Maristow 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. We checked 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

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the owner of this service. This means that they 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 reviewed information we had received about the service since the last inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care

provided. We spoke with four members of staff and the director/owner who was working at the service all day. We will refer to them as the director within the report. The registered manager was not available during our inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted one professional for their feedback about the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to make sure the premises were safe to use. 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.

- Safety checks had been carried out by external contractors and safety certificates were available. The provider also carried out safety checks for a variety of areas such as fire systems, window restrictors and bed rails.
- Risks to people's safety had been identified and assessed. Guidance was in place to help staff know what action to take to reduce risks.
- Where people had behaviour support plans in place, there was detailed guidance for staff to follow to ensure consistent approaches. This included words and phrases not to use with people, as it might cause them distress.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Comments from people included, "I feel safe here, it is cosy" and "I feel safe here, I am happy here."
- Staff had received safeguarding training and were aware of the different types of abuse. There were systems in place to safeguard people from abuse which staff were aware of.

Staffing and recruitment

- People were cared for by sufficient numbers of staff. There was a nurse available on all shifts who led the care provision and supervised staff.
- Pre-employment checks were carried out to make sure staff were suitable for the role offered. This included a check with the disclosure and barring service (DBS). A DBS check helps employers make safer recruiting decisions.

Using medicines safely

- People had their medicines as prescribed. We observed nursing staff administering medicines and saw their practice was safe.
- People had an individual medicines administration record (MAR) which had all the required information. There were no unexplained gaps in the recording on people's MAR.

- Where people were prescribed 'as required' medicines, there was not always enough guidance in place for staff to administer this type of medicine. Staff took immediate action to put more detailed protocols in place during and after our inspection.

Preventing and controlling infection

- The home was clean, and we observed staff following good infection prevention and control practice. This included washing their hands regularly and wearing personal protective equipment when appropriate.
- Staff had received training on infection prevention and control and food hygiene. The kitchen had been rated '5' by the local authority in September 2019. This meant they had very good hygiene standards.

Learning lessons when things go wrong

- Incidents and accidents had been recorded and reviewed by the director to identify any patterns or trends. This helped staff to learn and work to prevent reoccurrence to keep people safe.

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.

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

- People's needs had been assessed and they received appropriate care and support, which followed best practice guidance.
- The service used nationally recognised assessment tools to assess needs such as the Malnutrition Universal Screening Tool (MUST). This helped staff understand people's nutritional needs.
- People's preferred routines were known and recorded in their care plans. Staff recorded in daily records the support they provided to meet people's needs.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills they needed to carry out their roles. Training was provided in a range of areas. One member of staff told us, "I feel competent. I have recently done dementia training, I found it good."
- Staff were supported by the provider. They received regular supervision which enabled them to discuss any training needs or raise any concerns. One member of staff said, "I had supervision recently, I felt very comfortable and able to discuss what was worrying me. The nurses here are wonderful."

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

- People told us they enjoyed the food. Comments from people included, "Food here is very nice", "The food here is excellent" and "Food here is very good and I can ask for what I want."
- People's needs in relation to eating and drinking were recorded in their care plans. Staff were knowledgeable about the support people needed.
- We observed a mealtime and saw it was unhurried. People could choose where they wanted to eat their meal and had a choice of food and drink.

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

- Staff referred people to healthcare professionals in a timely way. Staff supported people to attend external appointments when appropriate. One relative told us, "Nurses are good here, I am able to contact and speak with them. They always get the GP when needed."
- People who had additional health needs had clear and detailed records in place to help staff monitor and provide effective care. For example, people who had a catheter in place had detailed information recorded about when their catheters were changed and cared for.
- Staff communicated with each other with a handover process. Staff shared information with each other about people's changing needs. This meant support could be provided or records updated in a timely way.

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

- The home was an adapted property suitable to meet people's needs. People had their own rooms and were encouraged to personalise them to make them unique.
- There were signs to help people find communal areas such as the toilets and the lift.
- People had access to a secure garden area which was private and accessible.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make their own decisions. Where people lacked capacity, this was identified and assessed appropriately. There were clear records demonstrating how staff had supported people to make their own decisions.
- The service had applied to the local authority for DoLS authorisations. They were waiting for the local authority to carry out their assessments.

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; respecting equality and diversity

- People told us staff were kind and caring. Comments from people about the staff included, "There are very nice staff here, they have been kind to me", "Staff are kind, caring and they come when I need them" and "Staff are treating me ok, they are polite and helpful."
- Maristow Nursing Home provided a homely environment which people, relatives, staff and professionals appreciated. Comments included, "It is quiet here and pleasant, I like quiet", "I like that this is a family run home" and "It is small and homely here, this helps me to get to know people and their needs."
- We observed staff knew people well and what their needs were. There was detailed life history information about people's lives and experiences in their care plans. This helped staff to understand people's needs.
- Staff used different ways to communicate with people. We observed staff used hand gestures, pen and paper to write down words and made sure they were on the same level as the person. This helped staff communicate with people effectively.
- The director told us staff were able to provide consistent care. They said, "We have a long serving team here, we have a good team. We have lots of experienced staff and we are good at keeping our nurses."

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

- People were able to express their views in a variety of ways. People had a key worker who was a member of staff who took time to get to know the person really well.
- Management worked closely with care staff and told us they spoke with people daily. A suggestions box was placed in the front reception with cards for people, relatives or any other visitors to leave their comments.
- People were able to have visitors without any restrictions. Relatives told us they visited when they wanted. They were able to support people to share their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed people being spoken to respectfully.
- People were offered choices in all areas of their care. This included where they wanted to sit, what time they wanted to get up and whether they preferred a male or female care worker to support them with their personal care.
- Reminders for staff on dignity were recorded within care records. We saw prompts in daily record sheets and care plans to remind staff about treating people with dignity and respect.
- People's personal information was stored securely, and we observed staff knocking on people's doors

before going into their rooms.

- People were encouraged to maintain their independence for as long as possible.

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

- People had their own personalised care plan which was kept up to date and reviewed regularly. Care plans were written for a range of areas such as personal care, moving and handling and social needs.
- Where people had specific needs around religion or culture this was also recorded and known by staff.

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.

- The service met the AIS. People's communication needs were identified and recorded for staff to know how to communicate with people.
- Records could be produced in other formats if needed such as large font or easy reads.

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 were able to take part and engage in activities that were appropriate for them. People were also able to spend time following their own interests. One person said, "There is enough going on for me, I like a quiet life."
- A local charity that provides care homes with volunteers worked with Maristow Nursing Home. Two volunteers regularly visited the home to provide companionship to those who did not have frequent visitors. This helped to reduce social isolation for some people.
- The provider organised a music therapist to visit fortnightly. These sessions had helped people who struggled with communication, to express themselves via music.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. The service had not received any complaints since our last inspection.
- People and relatives knew how to complain but had not needed to. One person told us, "If I wanted to complain I would talk to the staff."

End of life care and support

- There was nobody receiving end of life care at the time of inspection. A person had recently passed away and a healthcare professional told us, "The family of my patient could not praise the staff enough, their

family member died here, peacefully, with their family around them. Perfect."

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 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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to make sure systems to assess, monitor and improve the service provided were effective. This was a breach of regulation 17 (Good governance) 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 17.

- Quality monitoring systems were in place and carried out monthly. Senior managers met monthly with an external consultant and reviewed areas of the service. Improvements were identified and actions put in place.
- Staff were identified and allocated work to carry out to make the improvements needed. This was also monitored monthly in the senior management meeting.

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

- People were living in a service that was person-centred and focused on supporting them in a dignified and compassionate way. The director was available in the service daily and led by example. One healthcare professional told us, "This service is a real gem in Salisbury, we work well as a team. The staff are so caring, and the nurses are sensible."
- Comments about the care included, "[Relative] gets good care", "I am more than happy with the care [relative] gets. We chose this place because of the homely feel, when we walked in, we just knew it was the right place" and "We visit weekly, I love coming here, people get good care."
- People, relatives and staff told us the service was well-led. Comments included, "I feel it is well-led, we all work together", "[Director] is approachable" and "[Maristow] is managed well, [director] is very calm under pressure and approachable. He will address issues, I feel like I can tell him anything."
- Staff we spoke with told us morale was good and there was good team. Comments included, "I enjoy my job and love it when we are all working as a team", "It is good team work here, we have busy days but staff are happy to work here" and "All the staff are lovely here, we talk to each other, they are all caring and considerate."

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 provider informed us of any events or incidents, as they were required to do by law. The provider understood their responsibilities of duty of candour and took appropriate action.

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

- People's views were encouraged using a questionnaire. The provider gathered the feedback and produced a report. All the comments were very positive about the care and support people received.
- Staff meetings were held so that staff could share their views. Minutes were kept of discussions so staff who were not able to attend could see areas discussed.

Working in partnership with others

- The service worked in partnership with the local authority, local healthcare professionals and others to make sure people had the service they needed and wanted.