Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Muscliff Nursing Home

Muscliff Nursing Home, 5 Tolpuddle Gardens, Bournemouth, BH9 3RE

Tel: 01202516999

Date of Inspection: 21 October 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Muscliff Medical Limited
Registered Manager	Miss Dedrey Charles
Overview of the service	Muscliff Nursing Home accommodates up to 40 older people. The home is situated in the north of Bouremouth.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with ten people who used the service and four family members. They told us that they were happy with the level of care provided and that staff were always available when needed. Family members told us that there was good communication between them and the manager and were kept informed of changes in their relative's condition.

We saw that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

One relative told us "X is so much calmer now they used the sensory room regularly. It really helps them to relax".

We spoke with three care staff and confirmed that they had received safeguarding training and were able to say what action they would take if concerns were raised or observed. The manager told us that 98% of the care staff had been awarded the National Vocational Qualification (NVQ) levels 2 or 3.

The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The service has been accredited by the 'Gold Standards Framework (GSF), this is a system to promote a gold standard of care for all patients at the end of life.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We spoke with ten people who used the service and looked at three care plans. These were signed by the individual and contained information about people's care needs and preferences. Each care plan contained a personal profile which included information about what was important to the individual and how best to support them. One person told us "My room has been changed so that I can now move around easier and get to everything I need.

People were supported in promoting their independence and community involvement. We saw photographs of a variety of outings that people had been involved in and events that had been organised. An activities board was seen displayed on the door to one of the lounges. Activities included: news update, quizzes, crosswords, board games, music afternoons, arts and crafts, keep fit, bingo, reminiscence time, cards, gardening and outdoor walks. We saw that the local library visited the home on a monthly basis for people to use. The activities co-ordinator told us that they regularly spoke with people to get their input regarding the entertainment that was provided. They said "the activities team try to accommodate as many people as we can by providing group activities as well as one to one time with people".

We saw that people's religious and spiritual needs were considered. There was opportunity for all people who lived at the home to take part in religious services held at the home monthly if they wished to.

We saw that people were able to express their individuality by having personal possessions such as small items of furniture and ornaments to personalise their bedrooms. We saw that staff always knocked on people's bedroom doors and waited for an answer before entering. This meant that staff respected people's privacy.

Staff told us that people were given a choice, in line with their care plan and capability, as to how much support they received. We saw that the menu was displayed on each table in the dining room. There was a choice of food and we were told that alternatives were available if people wanted something different. One of the people we spoke with said "the food is good and we always have a choice. I don't like some things which they know so they offer me something else".

People we spoke to who used the service told us that the staff were very nice and that they were well cared for. One person we spoke with told us the "staff always ask me what I want to do, they never force me to do anything". Three of the people we spoke with told us the home organised residents meetings where they could discuss any topics they wanted. They also told us that they had completed questionnaires. They said that they had given their opinion on all aspects of the home. We saw minutes of these meetings and results from the 2013 resident's survey.

Staff told us that people were encouraged to come down to the dining room to eat however they were able to eat in their rooms if they wished. On the day of our visit we saw some people remained in their rooms to eat their meals due to ill health or though choice.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at three care files and records of care people had received. Care plans contained relevant information about how individual people's needs should be met. They included clear guidance about how people should be assisted with moving when using moving and handling equipment and personalised guidance about the use of continence aids. This meant staff had adequate information to care for people and that people's choices, welfare and safety needs were clearly identified to staff. Discussions with staff and observations showed that care was provided as detailed in the person's care plan.

Each person also had a set of risk assessments. These identified hazards that people may face and provided guidance on how staff should support people to manage the risk of harm. Risk assessments and care plans were reviewed every month to ensure they were current and relevant to the present needs of the persons.

People's health care needs were documented in their records and any contact with external health care professionals was recorded.

There was evidence that people, their representatives, health care professionals and members of staff had been involved in developing and reviewing the plans. Relatives that we spoke with confirmed that they had been involved in the development and reviews of their family member's care plans.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We spoke with ten people who told us that staff understood their needs and were available when they needed them. One person said "There are plenty of staff to look after me". We spoke with two family members who told us that they visited when they could. They said "the staff here are brilliant. If we ask them for something they always do it". They told us that there were plenty of areas to meet in private in the home that they could use when they needed to. They said "staff are truly dedicated and will do anything for anyone".

People said that they had no concerns about how their personal care needs were met. They also told us that if they were unwell then staff would contact a doctor for them. We

were told that staff were available when people needed them and knew what care they required.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People in the home appeared relaxed and comfortable with the staff who were supporting them. People did not raise concerns with us about their safety and confirmed they felt safe living at the home. Comments included, ''staff look after us really well'', ''can not complain with the help I get'' and I am content''.

Relatives of a person living at the home told us they would feel able to raise any complaints directly with staff at the home if needed. Another relative told us that their family member was happy with the care they received from staff. They confirmed that they were aware of the different avenues available to them if they had any concerns. All relatives we spoke with during our visit said they felt confident should any concerns be raised they would be addressed promptly.

We were shown that the home had a copy of the local authorities safeguarding policy available for staff to refer to.

We saw a copy of the complaints procedure was included in the introduction pack for people which was located in the front entrance foyer. The introduction pack also contained a safeguarding leaflet that included contact details for the local safeguarding team.

We spoke with three care staff. All were aware of what constituted abuse. All said that they would report any concerns to the manager. Staff were also aware of reporting safeguarding concerns to external professionals such as the local authority safeguarding team. Staff confirmed that they had received training in safeguarding of vulnerable adults.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People who used the service told us that staff were available when they needed them and that call bells were promptly answered. Visitors said that they felt staff were available whenever their relatives needed assistance. They also said that staff were very pleasant and had the necessary time to meet people's needs. They told us they did not have any concerns about the numbers of staff on duty.

We asked the manager about how they usually staffed the home. We were told that two registered nurses with seven care staff were rostered on during the day, with one registered nurse and five care staff being rostered on during the night. The manager told us that they increased the staffing levels if people's needs changed and especially when end of life care was needed. The manager also told us that ancillary staff were employed and these included housekeepers, people in the laundry, kitchen staff, administrative staff, maintenance staff and a team of staff employed to provide activities.

The manager told us that they covered planned and unplanned absences by either requesting staff to do extra shifts or using their own bank staff. This ensured that people received consistent care. Staff confirmed this when we spoke with them. They told us that there were sufficient staff on duty at any one time to support people who lived at the home.

Staff comments included "I am proud to be working in this home", "the teamwork amongst staff and the management are fantastic" and "I think the home is well run, we all work as a team and get on like one big family".

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw there was a reporting system for the service including several areas of performance. Audits were completed regularly including, health and safety, staff attendance, equipment checks, housekeeping and care plans. We also saw information on how the service monitors accidents and falls. Discussions with people confirmed action had been taken following falls they had had to minimise reoccurrence. This meant that the provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The manager told us that the head chef met with all people following admission to the home to gather individual's preferences regarding nutrition to ensure that the catering department met their needs. Records seen confirmed this.

We looked at three care records. We saw that care plans had been reviewed monthly. This meant that each person received appropriate support relevant to their current needs.

People who used the service, their relatives and staff were asked for their views about the service on an annual basis. We saw that response to the most recent survey was extremely good and feedback was positive. Records showed that the service held resident meetings. Views and suggestions were obtained at these meetings including opinions of staff practices and future events and activities that they wanted to participate in.

We saw that the home produced a monthly newsletter for residents and relatives. We saw that this contained information about activities and developments in the service.

The home had a clear system for dealing with complaints. We saw a clear policy and procedure on responding to complaints. We saw that the complaints procedure was included in the introduction pack for people who used the service. We saw a selection of cards that the service had received from relatives expressing their 'thanks' for the care and

support that had been provided on display in the front entrance hall.

We spoke with ten people who lived in the service. People told us they said they would speak to the manager if they had any worries about their care. Nobody had any concerns when we spoke with them.

The manager told us "you only get one chance at helping someone, so it needs to be perfect the first time, every-time".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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