

## Maristow Nursing Home Limited

# Maristow Nursing Home

### Inspection report

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Website: [www.maristowhouse.co.uk](http://www.maristowhouse.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Maristow Nursing Home is a care home with nursing. 13 people were living in the home at the time of the inspection.

What life is like for people using this service:

Some aspects of the service were not always safe. The provider had not ensured the building was safe from the risks associated with the use of gas appliances. Servicing and checking of the gas appliances had not taken place as required. The provider confirmed action was taken to address this issue in the week following the inspection.

Quality assurance systems in the home had not always ensured shortfalls were identified and improvements planned. The system to review feedback people provided through surveys and identify improvements that may be needed was not always effective.

People received a person-centred service. People were supported make choices and have as much control and independence as possible.

People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

People received caring and compassionate support from kind and committed staff.

People were complimentary about the care they received and about the quality of staff.

Staff respected people's privacy and dignity.

People felt safe and received support to take their medicines safely.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively.

People's rights to make their own decisions were respected. People were supported to maintain good diet and access health services if needed.

The registered manager provided good support for staff to be able to do their job effectively.

More information is in Detailed Findings below.

Rating at last inspection:

Good. Report published 26 August 2016.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We have told the provider they need to make improvements to the service. We will monitor all intelligence received about the service and complete a further comprehensive inspection within 12 months.

## 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# 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 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.

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

Maristow Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 reviewed the information we held about the service and the service provider. The registered manager 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 notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with five people and two visitors to gather their views about the care they received. We looked at five people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the director and five staff in a

range of roles in the service. We received feedback from a GP who had contact with the home.

# Is the service safe?

## Our findings

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

Requires Improvement - Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- The provider had not ensured the building was safe from the risks associated with the use of gas appliances. Records demonstrated the last gas safety certificate was issued in May 2017. This is issued following an inspection of all gas appliances to ensure they are operating safely and must be completed every year. The director checked with their contractors and found that the gas safety check that was due to be completed in May 2018 had not been completed. This meant the home had been operating for nine months without assurance that the gas appliances were safe and did not pose a risk to people using the building. The director took action to arrange for the gas appliances to be checked in the week following the visit.
- This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and to minimise the risk of developing pressure ulcers. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Staffing and recruitment:

- There were sufficient staff to meet people's needs. People told us staff answered their call bell promptly and were available to provide the care they needed. Comments included, "There are enough staff available, they come pretty quickly if I use the call bell" and "The staff are excellent, they always come quickly if I use the call bell."
- Staff told us there were enough staff to be able to provide care in a way that was not rushed. Comments included, "Staffing levels are good, we are able to provide the care that people need."
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of three staff. These showed that staff were thoroughly checked before they started providing care to people. The provider checked that nurses employed in the home were

registered with the Nursing and Midwifery Council.

Systems and processes to safeguard people from the risk of abuse:

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager and director would take action if they raised any concerns.

- People told us they felt safe in the home. Comments included, "The staff are nice and I feel safe here." Visitors we spoke with also felt people were safe.

Using medicines safely:

- Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.

- People told us staff provided good support with their medicines, bringing them what they needed at the right time. We observed staff following safe practice when supporting people with their medicines.

Preventing and controlling infection:

- All areas of the home were clean and smelt fresh. There were systems in place to prevent cross contamination. There was also a system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them.

Learning lessons when things go wrong:

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

# 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.

Good - 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 were assessed before receiving care to ensure they could be met. People told us staff understood their needs and provided the care they needed. Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about conditions people were living with, such as dementia, epilepsy and diabetes.
- Staff had access to guidance from the National Institute for Health and Care Excellence (NICE) and referred to these when developing care and treatment plans with people. Staff had worked with specialist nurses where necessary to develop care plans, for example a tissue viability nurse specialist.

Staff skills, knowledge and experience:

- Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members and learning how the home's systems operated.
- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role in the service. Staff were able to complete training on health conditions specific to people they were supporting. The provider had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care.
- Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support.

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

- People told us they enjoyed the food provided by the home. Comments included, "The food is good, well cooked and there is plenty of it" and "There is one main meal, but you can choose to have something different if you don't like it." We saw that some people had chosen to have something different to the main meal that was prepared.
- Staff provided good support for those that needed it to eat. Staff sat at the same level as people and explained what the food was. Staff waited until people were ready before offering another spoonful of the meal. People had access to drinks throughout the day and staff supported people to drink where needed.

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

- Where people moved between services, they were involved in the planning. Staff worked collaboratively across services to understand and meet people's needs.
- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.
- A visiting GP told us staff were always prepared for their visits and provided clear information about people's conditions. The GP said staff followed their advice and contacted them promptly if people's condition deteriorated.

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

- People were involved in decisions about the premises and environment; individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.
- Specialist equipment was available when needed to deliver better care and support; people were helped to make choices about equipment. During the inspection the director was discussing with one person fitting additional equipment in their room, to enable them to maintain their independence. The person had been consulted throughout the process.

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.

- People told us staff always gained their consent before providing any care or support. We observed staff working in this way, checking with people before providing any care or support.
- Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

# 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.

Good - 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 treated with kindness and were positive about the staff's caring attitude.
- People told us staff provided compassionate support in an individualised way. Comments included, "The staff are very nice and treat me well" and "The staff are excellent, very caring."
- A visiting GP told us "Staff form good relationships with people and I observe genuine caring interactions."

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

- Staff supported people to made decisions about their care, and knew when people wanted help and support from their families. Staff signposted people, families and friends to sources of advice and support or advocacy.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.
- People's communication needs were assessed and recorded in their care plan. Staff were seen to be following these plans, and communicating with people in their preferred way.

Respecting and promoting people's privacy, dignity and independence:

- We observed staff working in ways that respected people's privacy and dignity. Staff were discreet when asking people whether they needed support with their personal care. Staff ensured sensitive conversations were not held in public areas.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. People said staff supported them to meet these needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. Examples included information about people's preferred daily routines and the activities they liked to take part in.
- People were supported to make choices and have as much control and independence as possible, including in developing care plans. Relatives were also involved where appropriate and where people wanted that.
- People's needs were identified, including relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. People's care plans set out any support they needed with communication and staff were seen to be following these during the inspection.
- People were supported to take part in a range of activities they enjoyed. A survey of people completed by the provider demonstrated people felt they were able to access suitable activities.

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint, and were confident any concerns would be dealt with. Comments included, "I would speak to [the registered manager] if I had any concerns, she would sort it out." The director reported no formal complaints had been received in the previous year. The registered manager kept a record of lower level concerns that people had raised and the action that had been taken to resolve them.
- The registered manager monitored all feedback received and ensured positive comments were passed on to the staff.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care, and in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

# 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.

Requires Improvement - Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

Continuous learning and improving care;

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

- The provider's quality assurance systems were not effective. The director said the quality assurance processes were carried out during a management meeting, that was attended by the directors of the provider company. These meetings had been held monthly until October 2018, but had not been held since then. The meetings were used to review how the service was operating, including audits of accidents and incidents, care records, medicine records, staff conduct issues and training. The director said they had plans to hold the next meeting in the week following the inspection.
- Despite the quality assurance systems in place, the management team had not identified that the home had been without a current gas safety certificate for nine months. The systems had not ensured shortfalls in the service were identified and action taken to make improvements.
- The provider had completed a satisfaction survey of people who use the service and relatives in October 2017. The completed questionnaires had been kept, but the results had not been collated to give an overall picture of the responses people had provided. All but one of the surveys contained positive feedback about the service people received. However, the response from one person included negative comments about the way staff preserved their dignity, communicated with them and responded to requests for support. There was no process to formally respond to these negative comments and plan any improvements that may be needed. There was no record that the negative comments had been investigated. The director said they would look to complete another survey of people, but this had not yet been planned.
- This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- Staff told us they thought the service was well managed. Comments included, "We can raise issues with [the director] and action is taken" and "I would go to [the management team] if there was an issue, they would do what's needed to sort things out."

- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager and director worked in the home on a daily basis. They had created a homely service, where the management were accessible. They said being a small service enabled them to provide a more personal service to people and respond to their individual needs. Feedback from people was that they liked the openness of the management team and that they could speak to them at any time. People felt they received a personal service that met their needs.

- The management team had a good understanding of their responsibilities under the duty of candour.

Working in partnership with others:

- The provider worked well with the local health and social care professionals. They had established good links and working relationships.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance. Nurses employed by the home were supported to access suitable resources to maintain their professional development.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person had not ensured the premises were safe to use. Regulation 12 (2) (d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person had not ensured systems to assess, monitor and improve the service provided were effective. Regulation 17 (2) (a).