Mrs R Halsall

Malvern 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

This inspection took place on 15 November 2018 and was unannounced.

Malvern 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 care home can accommodate up to 28 adults with complex mental health needs. The service is in a residential area of Bradford approximately two miles from the city centre. At the time of the inspection there were 15 people using the service.

The last inspection took place on 21 November 2017 and was rated as 'requires improvement' as we needed to see the improvements could be sustained over time. No breaches of regulation were identified. On this inspection we found improvements had been sustained and developed further.

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

People were safeguarded from abuse and improper treatment. Well understood policies were in place to protect people from harm. Risks to people's health and safety were well managed. Risk assessment documents were in place to guide staff. Staff we spoke with knew people well and the risks they were exposed to.

People had access to a range of professionals to ensure their healthcare needs were met. Medicines were safely managed and given as prescribed.

Improvements to the premises were on-going. People's bedrooms were personalised and comfortable. The home was clean and odour free.

Staff were recruited safely and there were enough staff to provide people with the care and support they needed. Staff received a range of training and developmental opportunities and told us they felt well supported.

The service had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and acted within the legal framework. People were involved in decision making to the maximum extent possible.

People's nutritional needs were met by the service. People had access to a suitable range of home cooked food and plenty of drinks.

Staff treated people with kindness and compassion and knew them very well. Activities were provided which were meaningful to people and group and individual trips out were organised.

People's care needs were met by the service. Each person had a range of appropriate care plans in place and we saw evidence needs were being met. People's likes and preferences were sought to ensure care was person-centred.

People who used the service and staff praised the registered manager, said they were approachable and wanted the 'best' for people who used the service. They all felt able to raise issues or make comments which were taken on board and used to improve the service.

We found a friendly and inclusive atmosphere in the home with all staff working well together and in the best interests of people using the service. Clear, caring values were in place and staff consistently worked to them.

The registered manager had good oversight of the home. There was a strong emphasis on continuous improvement of the service. People's views and opinions were a key part of this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited safely and there were enough staff to provide people with the care and support they needed.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff had the right skills and knowledge to care for people.

People's nutritional needs were met and there was a good choice of home cooked food.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service worked with other health professionals to ensure people's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Staff knew people well and took account of people's preferences when providing care and support.

People who used the service had developed good relationships with staff in the home.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and a range of appropriate plans of care put in place. Staff knew people's needs well.

People had access to a varied range of activities in the home and there were good links with the local community.

A system was in place to log, investigate and respond to complaints.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

The management team had good oversight of the service and was committed to continuous improvement.

People's views and opinions on their care were sought and used to make improvements to the way the service operated.

Malvern Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 November 2018 and was unannounced. The inspection team consisted of one adult social care inspector, a mental health hospitals inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of mental health care.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with six people who used the service, three care workers, one nurse, the registered manager and provider. We reviewed three care plans, medicine records, and other records relating to the management of the service such as training records, audits and checks.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the mealtime experience, activities and how staff interacted with people throughout the day.

Good

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. Staff had completed safeguarding training and said they would not hesitate to report concerns to the registered manager or the safeguarding team. One care worker told us, "[Name of unit manager] would not tolerate any poor practice." The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Staff supported some people to manage their money. Records were kept of all transactions and receipts obtained when any purchases were made. This protected people from any financial abuse.

Safe recruitment procedures were in place to ensure new staff were of suitable character to work in the care sector. New staff were required to complete an application form and attend an interview. Interview records were kept which showed staff were asked a range of questions to check their suitability for the role. Successful candidates had to await the results of references and a Disclosure and Baring Service (DBS) check before starting work.

There were enough staff on duty to care for people safely and keep the home clean. Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff.

The care team were supported by housekeepers, cook and activities staff.

We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The nurse took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place which clearly described when medicines prescribed for use 'as required' should be administered.

The premises and equipment were checked to make sure they were safe for people to use. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. The fire alarm was tested weekly and fire drills were held. This meant staff knew what action to take should an emergency arise.

The home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

The service had been awarded a four-star rating for food hygiene by the Foods Standards Agency. This is the second highest award that can be made and demonstrated food was prepared and stored hygienically.

The registered manager analysed accidents and incidents to see if there were any common themes or trends. They also looked to see if any additional measures could be put in place to minimise areas of risk.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed and where an issue had been identified, action had been taken to address and minimise any identified risk. Risk assessments were linked to the care plans and were individual to each person who used the service.

Good

Is the service effective?

Our findings

The registered manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff we spoke with told us training opportunities were good and there was plenty of training on offer. One care worker said, "The training is good and kept up to date."

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff were up to date with training which included infection control, moving and handling and safeguarding.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support.

People's nutrition and hydration needs were met. People who used the service told us meals were good. The cook had worked at the service for 11 years and knew everyone's dietary needs and preferences. Photographs of the actual meals on offer had been taken to help people who used the service make informed choices about what they wanted to eat.

Food was plentiful and homemade. People could help themselves to drinks and snacks from a fridge in the dining room. Where people had been assessed as being nutritionally at risk their weight was being monitored by staff.

The lunchtime meal was a social occasion and people were encouraged to serve themselves.

People's healthcare needs were being met. In the three care files we looked at we saw people had been seen by a range of healthcare professionals, for example, GPs, psychiatrists, speech and language therapists, opticians and dentists. The registered manager had a good system in place to make sure any referrals made to specialists were followed up if no response was received.

The accommodation had been adapted to meet the needs of people who used the service. Improvements to the environment at Malvern Nursing Home were on-going. The provider was in the process of completely refurbishing a ground floor bedroom to provide a wheelchair accessible room with en-suite shower and toilet. Technology was being used so doors and lighting could be voice controlled using a 'smart hub.'

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. A number of applications were awaiting assessment by the local authority.

People were asked for their consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. For example, the best interest process had been followed for one person who was being supported to take their medicines covertly (hidden).

There was no one using the service who had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare.

Good

Is the service caring?

Our findings

People who used the service made the following comments about the staff, "Brilliant," and that they were, "Jolly and happy" and "They look after me proper."

Staff treated people with dignity and respect. People who used the service were comfortable with staff and one person told us staff always treated them with respect. We saw a number of warm and friendly physical interactions between people who used the service, staff members and the registered manager which included affectionate gestures such as holding hands.

People's bedrooms were personalised to reflect their interests and preferences. One person was very proud to show us their room.

People who used the service were supported to be as independent as possible. For example, one person liked to help with the cleaning and checking on the housekeeper.

Staff we spoke with told us how they encouraged a personalised approach to the care and support at the home.

People who used the service were encouraged to keep in touch with friends and family. People could have their own telephone in their bedroom if they wished for a nominal fee. The senior care worker carried a phone with them at all times, so if relatives telephoned they could speak to their loved one.

Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Good

Is the service responsive?

Our findings

One person was on their second visit to the service as they were considering moving in. A care worker had been allocated to support them. They had made themselves very much at home and were socialising with other people who used the service and staff.

People who used the service had been involved in the care planning process. For example, one care worker told us they had sat down with one person to find out what they wanted them to do when the person was not well.

Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. All of the staff we spoke with referred to people's care plans which demonstrated they were real working documents.

Care workers all carried a radio which was linked to the call alarm system. This alerted them to people who required assistance or to give them early warning where, people who were at risk of falling were getting out of bed or out of their chair. The drink and snack fridge also alerted staff when the door was being opened. This allowed staff to discreetly monitor people were getting appropriate drinks and snacks.

Care plans were all electronic and care workers had 'hand held' devices so they could consult people's care plans and make entries about people's care and support. One care worker told us, "The system is brilliant." We saw care workers sitting with people whilst making records on the system.

People's end of life care needs were planned for. We spoke with a care worker who told us it had been one person's wish to spend the end of their life at Malvern Nursing Home and this had happened, where they were cared for by staff who knew them.

A complaints procedure was in place and people who used the service were reminded at resident's meetings how to raise any concerns, complaints or compliments. The registered manager had not received any complaints. One person who used the service told us, "I've never had any problems" and went on to say they would speak to the registered manager if they did have any concerns.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

People were being offered a range of stimulating activities and outings. One of the senior care workers took a lead role in organising activities and outings. They explained there was no rigid programme of activities and activities were led by what people wanted to do. Another member of staff had been employed to support people to go out in the local community.

Activities included dancing, games, a knitting group, crafting was more ad hoc and available for people when they pleased, movie nights and parties for occasions such as Halloween and Christmas were organised.

Staff and people who used the service described organised trips out to such places as Blackpool, Eden Camp and Chester Zoo. Individual trips out were also arranged, one person told us they enjoyed their shopping trips with staff.

Good

Is the service well-led?

Our findings

There was a registered manager in post who provided leadership and support. They were supported by a nurse clinical lead and the provider. Staff spoke highly of the registered manager and their comments included, "[Name of registered manager] is brilliant, they are always there to offer support and is very 'hands on.'" "[Name of registered manager] is an excellent manager, they are always there and will sort things out straight away." "[Name of registered manager] has high standards and wants service users to have the best possible care. They are flexible with staff because if staff are happy they will feel motivated to do a good job."

The management team were open and committed to make a genuine difference to the lives of people living at the service. There was a clear vision about delivering good care, and achieving good outcomes for people using the service.

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident the culture within the service was open and positive and people who used the service came first.

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included medicine audits, health and safety audits, environmental audits and audits of response time to call bells. We saw if any shortfalls in the service were found, action had been taken to address any issues. For example, if a call bell sounded for longer than 10 minutes an investigation would be completed to find out why.

The provider has developed a sophisticated computerised system, which allows them to analyse a range of data. For example, how many times people use their call bell. For one person this has shown a reduction over time as they have settled well at the service.

People's views about the service were sought and acted upon. Residents meetings were held and people were asked about meals, trips out, themed days and entertainment. Surveys had also been given out in October 2018 to get people's views. These showed a high level of satisfaction with the service. Comments included, "Yes, I like Malvern Nursing Home" and "I can talk to the manager."

Staff meetings were also held and provided a forum for discussions around supporting people using the service and best practice issues. CQC inspections had also been discussed and staff understood the role of the Commission.

The registered manager had established links with other agencies. They attended meetings with the local authority and Clinical Commissioning Group (CCG). They had worked with the commissioners to make and sustain improvements at the service.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in

care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.