

Minster Care Management Limited

Mowbray 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 28 February and 1 March 2017 and was unannounced. This was the second rating inspection at Mowbray Nursing Home. We previously rated the service provided as good in four areas with a rating of requires improvement in one area. Overall the provider was rated as good.

The provider is registered to provide accommodation with nursing or personal care for up to 39 people with a range of needs including dementia care.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run.

People told us they liked the staff and were treated well making them feel staff. Staff we spoke with knew of their responsibility to protect people from the risk of abuse and knew the signs people may display. The registered manager had reported concerns regarding the care people had received prior to their admission to the nursing home. People told us staff were kind and caring and encouraged independence where possible. People were aware of the registered manager and of their right to complain about their care if needed.

The registered manager had systems in place to ensure sufficient staff were available to meet the assessed needs of people. People told us they felt their needs were met and the majority believed staff responded in a timely way when they needed assistance. People told us they were able to participate in organised events at the home or spend time in their own bedrooms.

The provider had recruitment arrangements in place to ensure staff were suitable to work with people and were of good character. Staff received induction training before they started working at the home including time with experienced staff members. Staff received on-going training and were able to identify training which they believed would be beneficial to their learning and development. Staff were able to attend staff meetings and felt supported by the management.

People confirmed staff sought permission prior to providing care and support and felt they were able to make choices about their care. The registered manager was able to assure us that people were provided with care and support in line with their individual choice. Staff were aware of the need to support people in the least restrictive way and to ensure people were not unlawfully restricted.

People were supported to maintain their health and welfare. Visiting professionals were confident in the care people received at the home. Professionals were complimentary about the nutritional support people received as well as the choice of diet provided and medicines management. People had access to healthcare professionals as needed to maintain their welfare.

The registered manager had systems in place to monitor the quality of the care provided and to monitor events which took place in the home to assist keeping people safe. Risks to people's care and support were assessed and reviewed as needed. The registered manager had visions for the future development of the care and support provided for people to further enhance the quality of life people experienced.

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.

People felt safe living at the home. Staff knew to report any concerns they had regarding abuse. Risks to people's care were assessed and reviewed. There were sufficient staff available to meet people's needs. People had their medicines available to them as needed.

Is the service effective?

Good ●

The service was effective.

Staff received training so they had the skills and knowledge to meet people's individual care needs. People's consent was sought and staff protected people's rights. People were encouraged to choose a healthy and balanced diet. People received support to stay healthy and well.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. People's privacy was respected and they were encouraged and supported to be as independent as they could be.

Is the service responsive?

Good ●

The service was responsive.

People were able to maintain interests collectively or spend time in their individual bedrooms. Management reassured us and clarified with people that care and support was flexible and line with people's choice. People were aware of their right to complain if they were unhappy with their care.

Is the service well-led?

Good ●

Is the service well-led?

The service was well led. People knew the registered manager. Staff found the management to be supportive. Systems were in

place to monitor the quality of care provided for people.

Mowbray 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 checked 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 28 February and 1 March 2017 and was unannounced. The inspection team consisted of one inspector, an inspection manager and an expert by experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We looked at the information we held about the provider and the service. This included information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

During the inspection, we spoke with seven people who lived at the home and three relatives. 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 met with 13 people who lived at the home and saw the care and support offered to people at different times of the day. They were able to tell us how they felt by using a mixture of verbal communication, facial expressions and body language. We also spoke with eight relatives of people who lived at the home while they were visiting their family member and two visiting professionals.

We spoke with the registered manager, the area manager, two nurses and four staff members. We looked at the care records of two people including their medicines, the management arrangements, staffing training and the quality of the service.

Is the service safe?

Our findings

We last inspected Mowbray Nursing Home on 20 April 2015. At the time of that inspection we had concerns about the length of time it took for staff to respond to call bells to ensure people's needs were met. In addition we had concerns about how people's medicines were managed to ensure any changes in these were reflected in what people were given. Following the inspection the registered manager informed us of the actions they had taken to ensure people were safe. We found improvements had taken place regarding both of these areas.

During this inspection we heard call bells sound. These were answered promptly by the staff on duty. We spoke with people about the length of time they needed to wait for staff to respond. All but one person told us they believed staff answered promptly. One person said, "I feel quite safe, everybody's so nice. You only have to ring a buzzer and someone comes". Another person said, "If you press the buzzer, they come very quickly". We were also told by another person, "If you want anything, they'll [staff] come straight away."

We saw people had easy access to a call bell. People sat in the lounge had a wireless device close to hand usually on a table next to the chair they were sitting on. Within bedrooms we also saw people had call bells within their reach. The registered manager told us they had been mindful of the findings at the last inspection and reassured us the call bells were now answered promptly and without delay. People we spoke with believed there to be sufficient staff on duty to be able to meet their care and support needed. The registered manager was able to show us a dependency tool they used to establish the number of staff they needed to be on duty at any one time. When we spoke with staff they confirmed these levels of staff were maintained. Staff told us they were assigned an area to work in as part of the staff handover and this had taken into account staff skills mix.

People told us they received their medicines as prescribed by their doctor. One person told us, "We get our medication every day." Another person said, "I do take medication. It's always there on time". Nursing staff were seen to administer people's medicines safely. Before these were administered we saw nursing staff check people's individual records before they administered the medicines. One nurse was seen to kneel down to ensure they were at the same level as one person before they took their medicines. The nurse was heard to explain to the person what their medicines were and why it was important for them to take them. We heard the nurse checking with people whether they wanted medicines such as painkillers which were prescribed on an as needed basis. Nursing staff signed the records to demonstrate people had received their prescribed items. We saw these records were completed accurately to reflect people's medicines. We spoke with nursing staff and found they had an awareness of people's healthcare needs and how these related to the medicines they were prescribed. Medicines were seen to be stored securely.

People we spoke with told us they felt safe living at the home. People felt their safety was ensured by the staff who looked after them. One person told us, "I always feel quite safe here. We are well looked after." Other comments included, "I'm definitely safe and well looked after" and "I feel safe". A relative told us they had no concerns on leaving their family member after they had visited as, "I trust the staff" and told us staff knew their family member well.

The registered manager had a good understanding of their responsibility to report any concerns about people's safety or potential abuse to the relevant authorities. They were able to evidence when they had done this in the past. The registered manager had previously reported their concerns about the care and support people had received prior to them coming to live at the care home.

Staff we spoke with had an awareness of the signs people may display if they were at risk of abuse. They were aware of their responsibility to report any concerns they had. Staff told us about the protection of people and the different types of abuse adults could be subjected to. One member of staff described the action they would take as, "Common sense" and told us they would go to either a nurse or the registered manager with their concerns. One of the nurses told us they would report any incident immediately to the registered manager if they ever believed a person living at the home was subjected to abusive practice.

Risks associated with people's safety had been identified and these were regularly monitored and reviewed. Staff were able to access information about risks to people which provided guidance on how these were to be monitored. Staff we spoke with were aware of how they could reduce risks by ensuring people had sufficient drinks and in the use of equipment to reduce the risk of falling. We brought to the attention of the registered manager a potential risk and they undertook to seek additional clarification for staff from a specialist healthcare professional so one person was not subjected to any unnecessary risk. Staff we spoke with confirmed they had received training in the use of equipment required to support people safely. Throughout the inspection we saw staff used these pieces of equipment safely and with confidence. Some people used specially designed cushions on their chair to help prevent sore skin. We saw these were provided for people who were assessed as at risk and were used in accordance with the manufactures instructions such as the right way around. Equipment used to assist people was regularly checked and maintained to ensure it was safe for purpose.

Staff were aware of the need to report accidents and incidents within the home. The registered manager kept detailed records of these events and was able to demonstrate the actions they had taken to keep people safe and reduce the risk of reoccurrences in the future.

We spoke with a member of staff who had recently started to work for the registered provider. They told us they had not been able to start working at the home until checks had taken place on their background and previous employment. These checks included one to the Disclosure and Barring Service (DBS). A DBS check identifies if a person has any criminal convictions or has been barred from working with people. These checks helped the registered manager make sure suitable people were employed and they were fit to carry out their roles safely.

Is the service effective?

Our findings

The majority of people we spoke with were confident their care needs were met by competent staff. One relative told us, "Staff have compassion" and felt reassured about their family member's safety. Another relative told us, "Staff know what they are doing" when providing care.

Staff told us they felt supported in the work they undertook and could speak with either the nurse on duty or the registered manager for guidance. Staff told us they received training to enable them to carry out their role and were encouraged by the registered manager to undertake training and development. Staff confirmed they received regular training covering areas appropriate to their work and designed to keep people as well as them safe and also to provide instructions into best practice. The registered manager was confident all staff training was up to date. We were told some training was held in house and involved practical demonstrations while other training was undertaken using DVD's. Staff confirmed their competency was assessed by nursing staff in areas such as assisting people with their mobility. New members of staff received an induction which included training and shadowing more experienced members of staff.

The registered manager showed us some training materials and guidance she had recently received from the local Clinical Commissioning Group (CCG) in relation to the prevention of people developing sore skin. The registered manager was knowledgeable about the subject matter and planned to develop this training to all members of staff to ensure everyone was aware of current thinking and how to prevent people obtaining sore skin.

One of the nurses spoke with us about some additional training in end of life care which they had expressed an interest in attending. They felt this would be good for their personal training and development as well as for these skills to be available within the home. The nurse was also hoping to be able to establish additional networking. The registered manager was aware of the request and was sourcing the desired training. Other training available for trained nurses was on display for staff to consider the relevance and their personal training needs.

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.

We saw staff cared and involved people in choices and in decision making. For example people were asked where they wanted to sit in the lounge and where given a choice of drinks and snacks throughout the day.

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. The application 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 registered manager demonstrated an understanding of when applications would need to be made to the person's local authority and was able to show us when they had made these. We spoke with nursing staff who were aware of people for whom the registered manager had made applications and the reasons behind these.

People told us they liked the food provided. One person told us, "We have a choice of first course and sweets" and, "They cook it all fresh. We always have a choice of food". A relative told us their family member, "Eats well" and, "The chef will always accommodate."

We saw the cook bring the main mid-day meal into the dining room and asked people what they wanted. Some people required assistance with their meal and this was offered by staff in a discreet way. One member of staff was heard to say, "I will help you" when they saw a person experiencing some difficulty. People were seen to be encouraged to eat their meals and were provided with salt to their personal liking.

Drinks were made available throughout the day and people were encouraged to have additional drinks. Staff checked with people what they wanted to drink and whether they wanted sugar. Staff monitored and recorded where necessary and in line with people's care plan what individuals had eaten and drunk in order to monitor their healthcare.

People and their relatives felt people's health care needs were met. We were told of arrangements involving the local GP practice whereby other healthcare professionals were involved in the initial assessment of people's needs for example whether a prescription could be issued to meet their health care needs. One person told us the nurse had organised for a doctor to see them and told us they were, "Good at sorting that sort of thing". Other comments included, "I've been to the optician" and confirmed they had a member of staff accompany them to their appointment and, "If I needed a GP, they'd [staff] just ring. Staff we spoke with were aware of people's healthcare needs. A visiting healthcare professional told us they did not have any concerns regarding the healthcare provided for people. They informed us advice they had given in the past had been followed up by staff and believed staff to be good at recognising changes in people's health and welfare.

Is the service caring?

Our findings

People told us they liked living at the home and found the staff to be supportive to their needs. One person told us, "They [staff] cater for us very well. I don't think you'll find anything wrong here". Another person told us, "I get looked after. I have help with washing and dressing." A further person told us, "I can't pick any holes in the care I receive". A relative described the care provided for their family member as, "Fantastic" and described the environment and atmosphere to be, "Like a family." Another relative told us, "Staff couldn't be kinder" and added their family member was, "Really well looked after." A visiting professional told us they had never doubted the care provided at the home and had always found staff to be, "Very helpful."

Throughout our inspection we heard examples of staff providing kind and considerate care to people. We heard a nurse say, "I will just get somebody to help you" to a person wanting assistance with personal care. Within a short period of time staff were available to assist this person with their requirement. Staff were heard having conversations with people throughout the inspection. These were carried out in a dignified way and often with banter between the people involved. We heard people thank the staff throughout the inspection for the support they had received. Staff told us they believed the level of care provided at the home to be of a good quality.

Staff spent time with people and we saw them take an interest in what people were doing or saying to them. Staff were seen to provide care with a warm and friendly approach. Staff understood people's care needs and knew what was important to them. For example we saw staff check with one person whether they wanted a blanket to cover their knees when sat in the lounge. Staff were heard and seen to be patient and checked people were sat conformably and whether they needed any additional care and support. Any support people required was provided in a respectful and discreet way.

We spoke with staff and they were able to demonstrate in other areas how personalised care was provided for people. One member of staff told us they had an open mind when providing care to people and would not assume people would want care delivered in a particular way. Staff were able to give us examples of how people made choices such as about their clothing and how people were encouraged to remain as independent as possible. One member of staff reinforced their understanding of ensuring people remained as independent as possible and were given choice.

The day of our inspection coincided with one person's birthday. We saw a banner on the person's bedroom door and balloons. We heard staff frequently wishing the person a 'Happy Birthday'. The person's family visited and confirmed the events we saw were not unusual. They told us they had witnessed staff paying the same amount of attention to other people on their birthdays to help make them feel special.

People did not have knowledge of care plans. They did however feel confident with the staff who cared for them and believed staff knew them well. People told us they had a choice about what they wanted to wear and how they wanted to spend their day. People told us they were able to spend time in their own bedrooms and were able to personalise these to match their own lifestyle. One person told us, "I can go to bed when I like. Definitely my choice when I want to get up. If I don't want to get up the staff would leave me

and come back later." People told us they felt their independence was encouraged. One person told us they liked having independence as well as knowing if they wanted assistance and help staff were available.

Staff we spoke with were able to give us examples of ways in which they upheld people's privacy and dignity such as ensuring personal care was provided in people's own bedrooms. We saw some people had shared bedrooms. Privacy curtains were available for staff to use. Staff were aware of people who preferred their care to be provided by staff of the same gender and confirmed these requests were adhered to. We saw one person asked a member of staff if a toilet was free for them to use. We saw the member of staff knocked on the door and gently enquired before trying the door. Relatives we spoke with told us they felt able to visit their family members at any time of the day and felt welcome by staff.

Is the service responsive?

Our findings

Staff we spoke with were able to describe the level of care people needed to ensure their care needs were met. For example staff had an awareness of changes made regarding the use of equipment such as a hoist to maintain people's safety. During the inspection we saw staff using equipment safely and as guided.

Staff told us how they would respond to people's emotional needs or the action they would take to ensure people who lived with dementia had their needs met. Staff were made aware of changes in people's care needs by attending regular handover meetings with the nurse on duty.

We looked at how people were offered care and support in ways which supported their particular needs. We spoke with people about whether they could choose when they had a bath or shower. Most people told us they had a regular day on which they would be invited to have a bath or shower. People we spoke with were usually happy with the arrangements. We asked people whether they could select a different day to their usual day. Some people felt this to be negotiable while others did not. Staff told us at handover they would be designated the number of baths or showers they needed to do and who needed to be either bathed or showered that day.

We discussed these arrangements with the registered manager and the area manager. They assured us the arrangements were flexible and told us the arrangements were only in place to ensure people received the opportunity of a bath or shower at least once a week. The area manager undertook to speak with everyone who lived at the home to confirm they could elect to have this personal care at another time if they so wished. This reassurance to people was given at the time of our inspection by the area manager who clarified with people it was their choice when they wanted to have a bath or shower.

A designated person employed to ensure people were engaged in pastimes, hobbies and interests was away from work at the home at the time of our inspection. People we spoke with indicated there were events organised within the home which they felt able to participate in if they so desired. For example a number of people told us their religious needs were met by attending regular Holy Communion within the home. One person told us, "We had a sing a long" and, "We have one or two things going on". Staff were seen to engage in past times with people in the lounge such as a game of bingo. We were told they were able to spend time with people in their own bedrooms pursuing their individual interests or just having one to one time to have a chat about what was important to them. People we spoke with confirmed they were able to spend time within their own bedrooms or join other people in the communal areas. Most people told us they were satisfied with the amount of social stimulation provided by the staff team.

The registered manager was able to show us the results of the previous year's satisfaction questionnaires. These had been completed by people who lived at the home, their relatives and outside professionals. We found the majority of questions were answered either 'excellent' or 'very good'.

People we spoke with were aware of the registered manager and were confident they could speak with them if they had any concerns about their care. One person told us, "I would speak to a nurse if unhappy. I haven't

a bad word about any of the staff, that's what I think."

The provider's complaints procedure was on display. The registered manager showed us records of a complaint they had received and the actions taken as a result. Staff we spoke with were aware of the action put into place to improve the care experienced by the person involved in the complaint.

Is the service well-led?

Our findings

We saw people who lived at the home speak with the registered manager throughout the time we were at the home. Many of the conversations showed warmth towards people and an interest in what they wanted to share. We found the registered manager had knowledge of people and their care needs as well as an understanding of their role as the registered manager. For example they had a heightened awareness of safeguarding and of their responsibility to report incidents which had occurred prior to individuals entering the home.

Information about the Care Quality Commission (CQC) and how people could contact the regulator was on display. Also displayed was the rating from the last inspection. We brought to the registered manager's attention and the area manager that the provider's web site did not show the previous rating as required. This was checked again following the inspection and we found the provider had addressed this with the rating shown plus a link to the CQC report.

We spoke with some relatives about communication with the staff at the home and how they believed this could be improved. We spoke with the registered manager who was aware of these areas and was able to reassure us on how they had improved communication with relatives if needed. Another relative informed us the management had taken notice of a concern they had raised and were happy with the response they had received.

Staff we spoke with were complimentary about the registered manager and the leadership provided. One member of staff described the leadership they had experienced as, "Good, never had any issues" and told us they could, "Walk into the office" and the registered manager would, "Listen to me". One of the nurses described the manager as, "Supportive" and has having, "Empathy". We saw the registered manager and nursing staff worked alongside care staff to ensure people were cared for. Staff confirmed this was normal practice and not unusual. Staff told us they liked working at the home and enjoyed their work. One member of staff told us they considered it to be a, "Happy home" to work in.

The provider had a range of audits completed by the registered manager and the area manager to monitor the level and standard of care provided for people. Any actions needed following the area manager's visits were recorded and actioned. Audits undertaken by the registered manager included medication, nutrition, laundry and maintenance. The registered manager was required to submit information on a monthly basis regarding incidents in the home such as accidents, falls and any medication errors. Accident and incidents were evaluated to establish any patterns and as a means of reducing further similar incidents. The provider had their own monitoring system for the service and had self-rated the service provided for people as good.

Staff confirmed they were able to attend staff meetings and told us they felt able to raise matters regarding their role and the needs of people who lived at the home. We saw recent minutes from a staff meeting during which the registered manager had reminded staff to take time when providing personal care. Staff were confident they were listened to by the registered manager and that action or improvements would be made where possible. Staff were aware of the provider's policies and procedures including their

whistleblowing procedures and were confident they could use this if needed. Regular supervisions sessions were undertaken enabling staff to have time with a manager to discuss their work and their training needs.

We saw copies of a newsletter published on behalf of the provider. This contained articles of interest such as events in history which had occurred on the days the publication covered and 'Do you remember' articles. It also contained puzzles and general knowledge questions to keep people engaged with events.

The registered manager was able to explain their visions for the future and plans to continually improve the quality of care people experienced. The registered manager told us they wished to continue to ensure people were kept safe and protected and to continue with staff training. The registered manager told us they operated an open door policy and believed themselves to be available when needed to see people, their visitors and staff members. These comments were confirmed by the staff we spoke with.