Mahogany House (Newtown) Limited

Mahogany Care 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

About the service
Mahogany Care Home provides residential and nursing care for up to 51 people, all on one ground floor level. The home has two large communal lounges and dining area. There is also an internal courtyard and garden area with seating. At the time of the inspection there were 49 people living at the home.

People's experience of using this service and what we found
The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

The premises were clean, homely and well maintained. People's medicines were managed safely.

Staff had awareness of safeguarding and knew how to raise concerns; steps were taken to minimise risk where possible.

We observed a relaxed atmosphere throughout the home where people could move around freely as they wished. There were sufficient numbers of trained staff to support people safely.

Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs continued to be thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and appraisals.

We observed many caring and positive interactions between staff and people throughout the inspection. Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

Staff supported people to access other healthcare professionals when required and supported people to manage their medicines safely.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

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

this practice.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published on 08 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mahogany Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Mahogany Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by an inspector and an assistant inspector on the first two days of the inspection and an Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day three of the inspection was carried out by an inspector.

Service and service type
Mahogany Care 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 service previously 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. However, shortly before the time of the inspection the registered manager had left the service and another manager was in the process of registering with the Care Quality Commission.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
During the inspection, we spoke with four people who used the service and five visiting relatives to ask about their experience of the care provided. We also spoke with the manager, the managing director, five care staff members and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including five people's care records, risk assessments and three people's medication administration records (MARs).

We looked at five staff personnel files around staff recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

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.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

●There was a safeguarding and whistleblowing policy in place; and people were protected from the risks of abuse and harm. The manager maintained a log of any safeguarding's including the outcome.

● Staff we spoke with understood the principles of safeguarding and their own responsibilities in respect of how to safeguard people.

● People told us they felt safe living at the home. One person said, "Oh yes, I feel quite safe, everything makes me feel safe; the atmosphere and the people." A second person told us, "Yes I feel safe; it's a good steady place that seems to run smoothly."

● Most relatives we spoke with were entirely satisfied [their relatives] were safe and well cared for. One relative commented, "Yes, I think [my relative] is safe, you just feel confident they [staff] are here." Another relative said, Yes, I think [my relative's] care is safe."

Assessing risk, safety monitoring and management

● Fire risk assessments were in place which covered all areas in the home. People had personal emergency evacuation plans in their care file information to ensure staff knew how to safely support them in the event of a fire. There was an emergency evacuation 'grab-bag in situ which included details of each person's individual support needs. Mock fire drills were carried out each week.

● Premises risk assessments and health and safety assessments were in place, reviewed regularly and up to date; these included gas, electrical installations and fire equipment.

● Care plans showed a pre-admission assessment was carried out before a person moved into the service. This enabled the service to determine if they could cater for people's care needs, before taking up residence in the home. We saw other professionals were involved in these assessments, such as social workers.

● People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as physical health, mental health, medicines and mobility.

Staffing and recruitment

● Staff were recruited safely; the provider undertook checks on new staff before they started work, including obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

● A dependency tool was used to organise staffing levels which were determined by the number of people using the service and their needs and could be adjusted accordingly.

● There were enough staff on duty to meet people's needs at the time of the inspection. One person said, "Well I have had enough support, that is all I can say, I have no complaints." A second person told us, "I do

think there are enough staff, I have no complaints on that score." A relative commented, "They [staff] do their best, but if anyone is off sick they get agency staff in who don't know the residents." A staff member told us, "We could do with more care staff; there are seven on duty on some days, other days we have six. We can manage with six carers but it's a stretch, and then if someone rings in sick it takes its toll on everything.''

Using medicines safely

● We looked at how medicines were handled and found they were stored, administered and disposed of safely. This included controlled drugs, which are subject to more rigorous guidelines.

● All staff who administered medicines had the relevant training and records showed staff received regular competency checks. Regular audits of medicines took place. Staff could clearly explain the process for giving medicines and what to do if a person refused them.

● No-one we spoke with had any concerns about their medicines.

● The home was received ongoing support with medicines management by a relevant health care professional.

● People told us all their health needs were met, including medicines being given at the right times and on the right day.

Preventing and controlling infection

● The service was clean and free from malodour throughout all areas of the home including bedrooms. Infection control audits were undertaken regularly to ensure compliance. Staff received training in the management of infection and food hygiene.

● We saw personal protective equipment was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.

● The service had achieved a rating score of four out of five from the Food Standard's Agency in relation to hygiene levels.

Learning lessons when things go wrong

● The manager monitored events within the home. Findings were shared with staff through supervisions and team meetings, so practice could be improved.

● The service had an up to date accidents and incidents policy. Accidents and incidents were recorded and monitored by the manager for any patterns or trends.

● Risk assessments were reviewed following incidents; there were no regular themes or trends in the incidents recorded.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were comprehensively assessed and regularly reviewed.
● People's preferences, likes and dislikes were acknowledged and recorded. Staff respected these choices, for example regarding what people liked to eat or what activities to take part in.
●People's past life histories and background information were also recorded in the care documentation.
●Care plans had a pre-admission assessment which was carried out before a person moved into the service; this enabled the service to determine if they could cater for people's care needs, before taking up residence in the home. We saw other professionals were involved in these assessments, such as social workers.
● People told us they were involved in care planning and relatives said they were kept informed of any changes. One person said, "I have said things in the past to staff, and said I wish this or that and they do it for me." A relative told us, "Yes, they [the home] contact me, they are good at that." A second relative commented, "They [the home] have contacted me twice, when [my relative] wasn't well, they rang me straight away."

Staff support: induction, training, skills and experience
● Staff received induction, training, observations of practice and ongoing supervision to support them in their different roles.
● New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs.
● Staff we spoke with felt supported. One staff member told us, "With [manager's name] and new owners coming in, things have improved so much already.''
● People and their relatives felt staff were competent. One relative said, "Yes, I do think staff are competent. [My relative] did stop in another home for respite and from that to here, it's far better here."
● The provider had a training system in place which allowed training information to be translated into different languages which would assist any staff member whose first language was not English.

Supporting people to eat and drink enough to maintain a balanced diet
● People's dietary needs and preferences were met, and people were involved in choosing their meals each day. A person said, "I do like the food, it is enough for me. The portions are the right size. We get a choice, they [staff] come in every morning and tell you the menu and ask which you want. If you don't like it, they will make you sandwiches or something else. I get quite enough to eat, we have quite a variety of food."
● There was a calm and unrushed atmosphere during the mid-day meal. People took as much time as they liked to eat their meal and at least five staff were available to provide any assistance needed. Choices were

clearly available, with notices up around the home and menus were displayed.
● Specialist diet types were provided for people to meet their dietary requirements, such as diets with food fortification. We saw extra drinks and snacks were served to people mid-morning and mid-afternoon and people could access a variety of hydration stations as often they wished.
● There were appropriate risk assessments and care plans in place for nutrition and hydration and people's daily nutritional intake was recorded. Each person had an allergen information sheet specific to them. People told us they enjoyed the food on offer. One person told us, "Yes, I have no complaints, there is a choice, if I didn't like the choices I imagine they would make me something else, they are very efficient."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
● Staff worked in partnership with other agencies to support people effectively and we saw evidence staff and management worked with relevant health and social care professionals.
● Where appropriate, the service supported people with arranging healthcare appointments. People told us all their health care needs were met.
● Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and doctors.

Adapting service, design, decoration to meet people's needs
● The premises were homely and well maintained. There was plenty of space for people to get around freely without restriction, and people could move around from one unit to another as they wished.
● People could choose to sit in different lounges or in their own rooms and there was easy access to the communal landscaped gardens and internal courtyard garden areas; we saw people accessing the garden areas during the day.
● People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and contained personal family objects.
● The home was 'dementia friendly,' and there was signage to identify different areas. Certain areas of the home were being redecorated during the inspection.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff received training in MCA and DoLS. Staff understood consent, the principles of decision making, mental capacity and deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care. One staff member said, "There's one [person], when you go into their room, you can tell by how they respond whether or not they're having a

good day. If I say, 'good morning beautiful' and [person] talks to me I know they're in a good mood; if they don't reply I leave it for a while and come back later."

● Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and a tracker sheet was maintained by the registered manager, and current manager, so they knew the status of each DoLS application.

● Records showed people signed to consent to their care and treatment (unless they did not have capacity to do so).

● People told us staff respected their choices. One person told us, "Yes, they [staff] do respect my choices and they encourage you; they encourage me to get up and going in the lounge with other residents." A second person said, "Oh yes, I haven't had a problem." A relative commented, "They [staff] listen to [my relative], even though they know not everything [my relative] says is right."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- Staff spoke with people in a kind and respectful manner. Staff were caring in their attitude and approach to people and knew people well and how they wished to be supported.
- People's equality and diversity was recognised and respected. Care files contained information about people's specific needs, whether these were spiritual or cultural.
- Individual needs were identified in people's care plans and we found no evidence to suggest anyone using the service was discriminated against.
- People told us staff treated them with kindness. One person said, "Oh yes, there seems to be a good atmosphere here." A second person told us, "Yes, well they [staff] make my family welcome and make a fuss of my grandson." A relative commented, "Yes, they [staff] always say nice things about [my relative] and how [my relative] likes to help; they know what [my relative] likes."

Supporting people to express their views and be involved in making decisions about their care
- It was clear staff had developed good relationships with people, and knew them well, including their likes and dislikes.
- Staff informed people of the reason for our visit, and that we may be speaking to them during the inspection.
- People we spoke with, and their relatives, told us they had choices and were involved in making day to day decisions.
- Regular reviews were held with people, or when needs changed, and their relatives had opportunities to attend and be involved in this process; care records recorded when relatives had been involved.
- Meetings with people and their relatives took place regularly.
- There was a 'You said - We did' notice board and we saw the provider had responded well to comments made by people and their relatives including replacing the windows around the home, adapting the conservatory to make the dining area larger and adding tea making facilities for visitors.

Respecting and promoting people's privacy, dignity and independence
- Appropriate aids and adaptations were provided throughout the home, which enabled people to move around the home freely and safely.
- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed if supporting people with personal care.

● Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely on the electronic care planning system.
● People and their relatives told us staff promoted people's dignity and independence. A relative said, "[My relative] is as independent as much as they can be. [My relative] loves to walk around and joins in with the activities." A person told us, "Staff come to my room and I don't feel embarrassed at all." A second person said, "I dress myself and undress, they [staff] are there when I have a shower or bath in case I fall." A third person commented, "They [staff] encourage me to push myself up the bed, they use a stand to get me up and get me into the chair."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider was unable to demonstrate they were maintaining an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of this regulation.

● People and their relatives had been involved in the development of their care plan so information reflected their needs and wishes. Periodic reviews were also undertaken so information was kept up to date. One relative told us, "Yes, we sit down and discuss [my relative's] care plan. A second relative said, "We have only had one review, but I am here every day and I check if the doctor or the chiropodist has been."
● Personal histories, people's likes and dislikes as well as their wishes and preferences were detailed within people's individual plans of care. From our observations we found staff knew people well and delivered care in personalised way. One staff member said, "I like the new electronic care planning system so far; it's much easier than paperwork but it is taking some time for us all to get used to it."
● Additional monitoring records, such as personal care charts, food and fluid intake and the use of topical creams and thickeners were completed; this information helped staff to identify people's changing needs or potential increased risks.
● A relative told us, "The staff get [my relative] involved, he goes in the lounge now and at the previous home [my relative] was in [my relative] was always in his room; now when I visit, [my relative] is in the lounge or dining room. Within a day of coming here staff had [my relative] sat with others and joining in."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● There was some evidence to show how the service had implemented ways in which people's diverse communication needs were identified, recorded and met. Where people had a disability or a sensory loss, there was evidence their communication needs had been discussed. There was information in care plans to help staff understand how to communicate with people effectively, for example if their ability to

communicate was affected by a particular health condition.
● People enjoyed lively and friendly chat with staff. Staff were patient when speaking with people, giving them time and assistance to understand and respond to any questions.
● Information was available for people in alternative formats such as large print.
● There was 'dementia friendly' signage used around the home to identify rooms and areas. Dementia friendly signage uses a combination of colour contrast theory, light reflectance, pictorial images and words to aid understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The interactions we observed during the inspection were indicative of the good relationships between people, staff and relatives and friends. Staff felt there was enough for people to do in the home and to keep people occupied, but this was encouraged by the majority of people having a relative visiting regularly. Staff supported people to get involved in activities.
● People's rooms contained items in relation to their individual hobbies. People's interests and hobbies were noted in their care planning information. Historical pictures were available showing people taking part in activities.
● The home was a member of Community Circles, which is a local initiative looking at how care homes could develop connections within their local community, whilst also focussing on the things that are important to the people. Feedback we received about the home's involvement in this project was positive.

Improving care quality in response to complaints or concerns
● There was a complaints policy and procedure in place. People told us they would feel confident in raising any issues.
● People also had access to a 'service user guide' which detailed how they could make a complaint and people told us they knew how to make a complaint. We saw evidence within the complaints and concerns log that complaints had been followed up appropriately and in a timely manner.
● We saw complaints and concerns were minimal and the registered manager, and current manager, had acted on any concerns appropriately.
● The 'You said – We did' notice board in reception, showed what the service had done in response to feedback received.

End of life care and support
● People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end of their lives if they wished, and advanced care plans were in place for some people.
● At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order (DNACPR) in place.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, and current manager were aware of their regulatory requirements and knew their responsibility to notify us and other agencies when incidents occurred which affected the welfare of people who used the service.
- Staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles.
- It was clear from our observations that the manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate. One person told us, "I like the people, I like all the staff and they [staff] have been good to me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility.
- Audits were undertaken by the registered manager, current manager, and provider; these were used by the service to monitor health, safety, welfare and people's needs. Complaints were responded to well. A relative told us, "The staff get [my relative] involved, he goes in the lounge now and at the previous home [my relative] was in [my relative] was always in his room; now when I visit, [my relative] is in the lounge or dining room. Within a day of coming here staff had [my relative] sat with others and joining in."
- It was clear from our discussions and observations the manager valued people and was committed to providing a person-centred service; they had developed a positive culture within the service which was open and transparent.
- It is a legal requirement to display performance ratings from the latest CQC inspection. We saw the rating was clearly displayed within the home and on the provider website.
- We looked at recent feedback received by the service and found it was overwhelmingly positive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- Regular staff meetings were held which discussed people and their needs. Daily handover meetings were undertaken at the start and end of each shift each day to ensure staff had all the latest information about people.

● Meetings with people and their relatives were undertaken to discuss their needs and any concerns.
● People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Responses received from the most recent surveys carried out in 2019 were positive. Comments received included, 'Excellent friendly home,' 'Always welcoming, person always at the centre of what is taking place,' 'Improved from previous impression a couple of years ago,' 'The home has improved a lot over last few months.'
● Staff told us they found the registered manager, current manager, and provider very approachable and said they were encouraged to share ideas and suggestions. One staff member said, "I do enjoy working here, I feel like it's my calling. We have a decent bunch of staff, any issues we sort them out amongst ourselves and move on, we're a team." A second staff member told us, "The new manager is very approachable; what I like about her is she recognises all of the residents and if someone is sat outside of her office, she'll talk to them and get involved."

Working in partnership with others
● The registered manager, and current manager, had been proactive in engaging with clinical professionals and social care professionals who visited the home to check on people's welfare and identify any issues as a pro-active measure; this helped to ensure people's welfare was maintained.
● The service worked in partnership with the local community, other services and organisations and attended care homes meetings to learn and improve practice. Local schools, reading groups and churches visited the home and people were supported to access local community facilities.
● Records showed multi-disciplinary teams were involved in people's care.
● Local businesses donated prizes for events at the home. A winter fair was held at the end of October raising money for the resident's fund.