

## Coate Water Care Company (Church View Nursing Home) Limited

# Mockley Manor Care Home

### Inspection report

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Date of inspection visit:  
28 October 2020

Date of publication:  
13 November 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mockley Manor is a residential care home providing personal and nursing care to 63 people aged 65 and over at the time of the inspection. Some of the people being cared for at the home were living with dementia or physical disabilities. At the time of our inspection visit there were 35 people living at the home.

### People's experience of using this service and what we found

Since our last inspection improvements had been made to governance and oversight systems to ensure the provider was mitigating risks to people in relation to their care. Audits highlighted actions to drive improvement and ensure the provider was meeting the legal requirements of the Health and Social Care Act 2008.

The provider had a clear focus on values-based management which gave staff the confidence to take ownership and responsibility for their delegated tasks. Improved management of human resource functions had dealt with staffing issues that had previously led to a culture in the home that was not always positive. Staff spoke of a better atmosphere and more confidence in the management and staff team.

The management and monitoring of individual risks associated with people's care had improved. There were enough staff with the appropriate skills, knowledge and experience to effectively and safely meet people's needs. Staff received safeguarding training and demonstrated they understood their responsibility to keep people safe. Medicines were managed in a safe way and staff followed good hygiene practices to minimise the risks of infections spreading.

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 13 September 2019) and there were two breaches of the regulations. 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

We carried out an unannounced comprehensive inspection of this service on 30 and 31 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance of the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mockley Manor on our website at [www.cqc.org.uk](http://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 reinspection 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Mockley Manor 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 team consisted of four inspectors. Two inspectors visited Mockley Manor and two inspectors contacted people, relatives and staff by telephone to gather feedback on their experiences.

#### Service and service type

Mockley Manor is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Our inspection was announced. We gave the service 24 hours' notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the home's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority, Healthwatch and three health professionals who work with the

service. 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.

#### During the inspection

We spoke with the registered manager, the operations director, the operations manager, the clinical lead and seven members of staff. We also spoke by telephone with eight relatives.

We did limited observations of the care people received in communal areas. We reviewed four people's care records. We looked at a sample of records relating to the management of the service including training data, improvement action plans, health and safety checks, accident and incident records and a sample of completed audits and checks.

#### After the inspection

We reviewed the additional documentation we had requested from the registered manager during the site visit. We continued to seek clarification from the provider to validate evidence found. We also received feedback via email from a further four members of staff.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment). At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- The management of risk associated with people's care had improved. Staff had a better understanding of their role in managing risks connected with people's health and wellbeing.
- Where risks had been identified, risk management plans were in place and were accessible to staff. One staff member told us, "If there are any changing risks, such as mobility issues, swallowing issues or other illnesses, the staff are informed in handover so we are all up to date on any changes. This allows us to still give the correct and safe care that we can."
- Daily records to support the management of risks had improved. For example, some people needed to be repositioned regularly because they were at high risk of developing pressure sores. Overall, records evidenced that repositioning was being done in accordance with people's care plans. One relative told us, "[Name] has two hourly turns and two staff to move him. The care there is excellent."
- People were weighed regularly to identify any weight loss. Where people were at risk of malnutrition, records confirmed they were encouraged to eat regularly, and their diet was fortified to provide extra calories.
- At our last inspection we found the risks around catheter care were not always managed safely. At this inspection we found improved monitoring, checks and recording ensured any issues were quickly identified and appropriate action taken.
- Improvements had been made to ensure mattresses were safe and appropriate for people's needs. One staff member confirmed, "Nurses check mattresses daily. These checks are recorded on the PCS (electronic care records)."
- Healthcare professionals told us staff were prompt at identifying risk and referrals were timely and appropriately made. One healthcare professional told us, "Staff had taken the appropriate steps to ensure the safety of a resident before contacting us with their referral." A relative confirmed, "They (nurses and staff) are 'on it' and prevented [Name] from going into hospital recently by responding to her needs quickly."
- Previously staff had not understood the safe storage requirements of thickeners which are added to fluids to reduce the risk of choking. At this inspection staff were aware of the risks and were able to describe the safe and secure storage arrangements for these items.

### Staffing and recruitment

- On the day of our inspection there were enough staff with the appropriate skills, knowledge and experience to effectively and safely meet people's needs.
- Overall staff told us there were enough staff on each shift to be responsive to people's needs. However, some staff told us this could be more challenging if they had to work short because of unplanned staff absence due to sickness. One staff member told us, "There is generally the sufficient amount of staff to cover all shifts, obviously sickness occurs which cannot always be avoided. In these instances, the shifts are covered as best as possible."
- The provider told us they were addressing sickness levels through human resources and it was improving.
- Relatives did not raise any concerns around staffing levels. One relative told us of a time they had called for staff assistance and said, "I rang the call bell and they came immediately."
- The provider's checks ensured safe recruitment practices were followed.

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

- There was a calm and friendly atmosphere within the home and relatives were confident their family members received safe care. One relative told us, "We have confidence they have people's best interests at heart."
- Staff received safeguarding training and demonstrated they understood their responsibility to keep people safe. One staff member told us, "If I was worried about someone's safety, I would be confident in talking to one of the nurses and/or manager. I am sure that the manager would deal with any concern that was raised with her, as she is extremely responsive with regards to complains and concerns."
- The registered manager had shared information with the local authority safeguarding team to ensure any allegations or suspected abuse were investigated.

#### Preventing and controlling infection

- On 19 October 2020, CQC carried out a targeted inspection looking at the infection control and prevention measures the provider had in place. This was part of a review of infection control and prevention measures in care homes.
- At that inspection we were assured Mockley Manor met good infection prevention and control guidelines.
- The provider was closely following and complying with public health guidance on Covid-19 and supporting staff to ensure delivery against this guidance. One member of staff told us, "We have enough PPE to do our job safely and we have regular up-dates on how we should be washing our hands and putting PPE on and off so we are not cross contaminating."
- At the last inspection we found hoist slings were not individually named which posed risks of cross infection if used for more than one person. At this inspection action had been taken and each person had their own sling which was individually named. One staff member explained, "Hoist slings and pressure cushions are labelled so that all of the staff know who they belong to. This enables us to maintain infection control and avoid cross infections between belongings."

#### Using medicines safely

- At our last inspection we found people received their medicines as prescribed and records had been completed correctly to show medicines were ordered, received, stored, administered and disposed of safely.
- At this inspection we found the provider had a system of audits and checks in place to ensure safe medicines management had been maintained.
- Relatives told us staff monitored people closely to ensure medicines remained effective and appropriate for people's individual needs. One relative told us, "Recently the doctor took [Name] off one of their medicines. The staff recognised that this was affecting [Name's] mental state and acted quickly to get the medicine re-instated." Another said, "When [Name] has back pain, the nurse notices this and asks him about his pain, he is medicated when he needs it."
- When people's medicines were administered covertly, the decision to do so had been regularly reviewed



with the person's GP. However, there was no guidance from the pharmacist to confirm crushing medicines and giving in drinks was a safe way of administration. The registered manager assured us guidance had been sought but had not been formally documented and confirmed this would be done as a priority action.

#### Learning lessons when things go wrong

- The provider had a system in place to record incidents and accidents.
- Risks were reviewed after incidents and accidents to ensure risk management plans continued to be effective.
- Any learning identified following analysis of accidents and incidents was shared with staff through individual or group meetings.

# 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 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; Continuous learning and improving care

At our last inspection the provider had failed to have robust and effective quality assurance systems. A lack of effective management and monitoring put people at risk of poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good Governance). At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Improvements had been made to governance and oversight systems to ensure the provider was mitigating risks to people in relation to their care. The provider had an audit schedule which clearly indicated how often and when each audit should be completed which the registered manager was working in accordance with.
- Where audits and checks were delegated to others, the registered manager ensured these were completed.
- Audits highlighted actions to drive improvement. For example, clinical auditing provided regular oversight and enabled prompt action and management of changing situations to help promote good care outcomes for people. Records showed the registered manager had detailed oversight of clinical care and risk management in the home.
- Regular health and safety, fire and environmental checks limited the risks to people's safety.
- Regular infection control checks ensured a clean environment and helped prevent cross infection risks to people and staff. This was especially vital during an ongoing pandemic.
- Audits and care plans were reviewed and scrutinised by the provider's quality team to check people received good care.
- The provider had a service improvement plan to ensure they were meeting the legal requirements of the Health and Social Care Act 2008 and to drive improvement in standards within the home. This was a working document which was reviewed every month to ensure identified actions had been addressed.
- The operations director was extremely supportive of the registered manager and their ability to get the best outcomes for people. They explained how changes to management support given to the registered manager had enabled them to delegate tasks to other senior staff such as medication and clinical checks. Delegation of tasks had helped identify potential risk factors, such as preventing skin breakdowns by promoting hydration, nutrition, observations and regular health checks.
- The registered manager knew when to submit statutory notifications for important events, although we

found one notification that had not been completed which we asked to be sent to us.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were positive in their feedback about the quality of care their family members received. Comments included: "I can only praise them, they are so loving, but also professional" and, "We are totally satisfied."
- At our last inspection we found improvements were required in staff morale. At this inspection staff spoke of an improved atmosphere and more confidence in the management and staff team. One staff member told us, "Management is always willing to listen to ideas regarding training, care plans and new ways to improve any aspect of the home."
- The provider's operations manager was clear about values-based management and expectations. They said, "We are bringing management closer to the work force. The registered manager is upskilling her staff and that's why we are seeing improvements."
- The operations manager said the leadership from 'top down' instilled confidence in staff, which meant staff managed each situation well by taking ownership and responsibility. They said this made staff accountable for their actions which led to better outcomes for those that used the service.
- Better and clear adherence to managing human resource functions had dealt with staffing issues that had previously led to a culture in the home that was not always productive. Staff team changes had resulted in a calmer atmosphere and teams worked more productively. These changes helped improve morale and better teamwork improved communication to make a more cohesive care team.
- The operations manager considered the impact of Covid 19 on the people and atmosphere within the home. This was achieved through the analysis of the 'positives' to come from the pandemic which helped shape plans for the home. For example, activities and engagement focussed on what people could do and achieve rather than what they could not access. Increased access to technology supported people to maintain family contact.
- The registered manager was proud of environmental changes and investment in the home. Recent refurbishment lifted the spirits of staff and people which meant everyone took pride in the home. People were involved in choosing colours and fabrics to help them make the home feel special to them.
- The provider was exploring innovative ways to improve the quality and standards of care within the home. They had invited a local award-winning chef to carry out a master class on how to support people on specialist diets and stimulate appetites using different cooking processes.
- Plans were in place to secure assets, resources, food stocks and PPE in the event of a further period of restriction through the pandemic and government isolation measures.

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 registered manager understood their legal responsibility to inform people, and relevant others, if people suffered harm as a result of the care they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home was respected in the local community. Work continued, despite Covid, to support people to pursue contact with the outside world, but within safe social distancing guidelines. One relative told us, "They (provider) are trying wherever possible to follow the government guidance for PPE and visiting. They are also personalising visiting where it is needed." Another said, "[Name] has been moved to the ground floor where we can go to the window and see her through the glass."
- The registered manager recognised the value of working alongside others. They attended internal management meetings to share good practice ideas and to keep up to date with latest guidance and

regulations.

- The registered manager worked collaboratively with other healthcare professionals to improve outcomes for people.
- The provider was participating in a 'Kickstart' programme. This is a Government initiative which provides funding to create new job placements for people on Universal Credit who are at risk of long-term unemployment. The objective is to encourage people by supporting them to get a rewarding career in care.