

T.L. Care Limited

Mandale Care Home

Inspection report

136 Acklam Road
Thornaby
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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

Mandale Care Home is a care home which is registered to provide nursing and residential care for up to 57 older people, including some who may live with dementia. At the time of inspection nursing care was not being provided. At the time of inspection 42 people were using the service. Mandale Care Home is a detached purpose-built care home set out over two floors.

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

At our last inspection the provider had failed to fully assess and reduce risks to people. Medicine management was not safe. People did not have complete, up to date plans of care. Care plans did not document people's choices and preferences. Quality assurance systems were not robust. At this inspection we found these issues had been addressed.

People told us they felt safe living at Mandale Care Home. Staff knew how to safeguard people from abuse. Staff were recruited using systems which reduced the risk of unsuitable candidates being employed. Risks to people and for tasks carried out by staff were identified and actions were taken to mitigate these. Medicines were managed safely. Staff gave us mixed feedback on staffing levels. People told us call bells were answered promptly.

Some improvements had been made to the building since the last inspection. Further work was needed and an improvement plan was in place to address this. Safety actions identified in a recent fire service visit were being carried out at the time of inspection.

Staff had the skills and knowledge to deliver care and support in a person-centred way. They were supported through induction, training and supervision. People's care needs were thoroughly assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and relatives told us staff were caring. A range of was available to people. People's health needs were met. The service worked with other professionals to best meet people's needs.

A complaints system was in place. The provider and registered manager carried out a range of audits to identify and address issues. Lessons were learnt from adverse incidents.

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 3 July 2018). There were breaches of regulation. 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.

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.

Mandale 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

This inspection was carried out by one inspector, a nurse? In what and an 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.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested feedback from 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, one senior care worker, four care workers, an activities coordinator and the chef. We spoke with two representatives of the provider. We talked to three professionals visiting the service. 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 reviewed a range of records. This included eight people's care records and eight people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now 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 ensure all risks to the safety of people receiving care and treatment were appropriately managed and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and regularly reviewed. Risk assessments had detailed plans in place to guide staff on what to do to minimise each identified risk and keep the person safe.
- Some fire safety work was taking place during the inspection. This had been identified by the fire service. The registered manager showed this was being addressed.
- Environmental checks took place.
- Personal evacuation plans were in place to ensure people were supported to leave the building in an emergency.

Using medicines safely

- Medicines were managed safely and associated records were maintained correctly.
- Care staff were trained to administer medicines safely. They had their competency in this area assessed.
- Regular auditing of medicines had taken place. This helped ensure the system for medicine administration worked effectively and any issues could be identified and addressed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us, "[Person] is perfectly safe here."
- Staff knew how to safeguard people from abuse. They were confident that if they raised any concerns these would be managed appropriately.
- Where it was suspected a person may be at risk of abuse the appropriate action had been taken.

Staffing and recruitment

- Pre-employment checks were undertaken before new staff began work to ensure, wherever possible staff recruited were suitable and safe to carry out their role.
- We received mixed feedback on staffing levels from people and staff. People told us staff were usually there when needed but didn't always have time to chat. One person told us, "There's just about enough."

- We identified at busy times, some people were left watching television for long periods and did not have regular interactions with staff. This was because staff were supporting other people. We discussed this with the registered manager who told us they would review at the deployment of staff at key times.
- People told us their call bells were answered promptly.

Preventing and controlling infection

- People were protected, where possible from the risk of infection.
- Staff had received training in controlling infection and followed safe practices.
- Staff told us they always had access to disposable gloves and aprons to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- The provider and registered manager reviewed incidents and events and determined if improvements were needed.
- Changes to practice were made where incidents and events had highlighted shortfalls or risks in the delivery of the service. Changes were communicated to staff across the service.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At the last inspection people's care plans lacked essential information including the monitoring of people's weights. At this inspection we found this issue had been addressed and care plans were comprehensive.
- People's needs were thoroughly assessed prior to admission. These were regularly reviewed and care plans reflected people's current needs and preferences.
- Care and support were provided in line with national guidance and best practice guidelines. Nationally recognised tools were used for pressure ulcer risk assessment and for weight monitoring. This helped staff identify and reduce the level of risk.

Staff support: induction, training, skills and experience

- Staff were trained in key areas such as food safety and health and safety. Where there were gaps in staff training dates had been scheduled.
- Systems were in place to support staff, including regular supervision meetings.
- The provider's induction training incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. New staff worked alongside more experienced staff until they felt confident enough to work unsupervised.

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

- People were supported to maintain a healthy balanced diet.
- The cook was fully aware of people's nutritional needs and knew how to prepare specialist diets. The menu was adapted to meet people's individual needs. One person told us, "You have choice."
- We found that staff were very busy at lunchtime trying to support everyone who needed assistance. We discussed this with the registered manager who said they would carry out more observations and review the deployment of staff to address this.

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

- The provider worked in partnership with other organisations to provide consistent, timely care for people.
- People had regular access to healthcare services when they needed it.
- People and relatives told us that the service arranges for healthcare professionals such as nurses and chiropodists to visit.

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

- The building met the current needs of people supported including those people with mobility needs and dementia. Areas of the building were themed to help people find their way around.
- We saw bedrooms were homely and contained personalised items such as pictures, photographs and soft furnishings.
- We identified an area of the building had a strong odour of urine. The registered manager informed us, and housekeeping staff confirmed that the carpet in the area was washed daily. The registered manager recognised that a more practical floor covering was needed in this area to remove the odour. They told us this would be arranged.

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.

- We found the provider was compliant with the requirements of the MCA. DoLS applications were made appropriately and conditions were met.
- Where people lacked the mental capacity to make certain decisions staff worked with others to make sure decisions made were in the person's best interests. We identified some people's care records required more information about their legal representatives. We were informed this issue would be addressed.

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

- People told us staff were caring. Staff were respectful in their interactions with people One person said of staff, "They're worth their weight in gold. There's nothing a problem, they've been brilliant."
- Staff engaged well with people. We observed staff and people chatting and light-hearted banter taking place.
- Staff offered people reassurance in a caring way to reduce their anxiety. One relative said staff were, "Excellent, they understand the mannerisms of the different clients, so they approach them differently." They were empathic and used non-verbal communication techniques such as smiles and touch in their interactions with people.
- Staff knew the people well and chatted with them about their families and hobbies. They took time to ensure people fully understood what was being asked of them and gave people time to respond.
- The service had a range of champions to share good practice in areas including dignity.

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

- People were supported to make decisions about their daily care. One person told us, "They [staff] don't say you have to get up, and they don't chase you to bed... I don't want my independence taken off me altogether"
- Staff knew people's communication needs well. Information about this was recorded in people's support plans.
- Regular residents meetings took place where people could talk about the issues that were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to respect people's dignity. We saw staff knocked and sought permission before entering people's bedrooms and asked before carrying out tasks with them. We observed staff were discreet in their offers to support people with personal care. One person told us, "I know I'm being helped a lot, but it's not obvious."
- Staff promoted people's independence where they were able. For example, when supporting people to move around the building.
- People's personal information was stored securely to maintain their confidentiality.

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 we found that people's plans of care were not person-centred. At this inspection this issue had been addressed and people were put at the heart of the planning process.
- People's care files provided a clear picture of them as individuals including their choices and preferences. One professional told us, "People have obviously been consulted in writing the care plans, they give me a really good picture of [person]."
- People's cultural and spiritual needs were considered as part of their initial assessment.
- Handovers between different staff teams coming on duty took place. This meant staff coming on duty had the up-to-date information they needed to support people effectively.

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.

- Information was provided to people in alternative formats as required.
- The registered manager told us that information was made accessible wherever possible and showed us examples of this such as posters advertising pictorial activities.

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.

- People were able to access a range of activities and outings. They told us they were happy with the activities available. The service had an activities co-ordinator. Activities included visiting singers, arts and crafts and exercise classes. The service had recently introduced a 'hen power' scheme of keeping chickens for people to engage with if they chose to do so.
- We saw that people were supported to maintain their individual hobbies. For example, one person enjoyed cross stitch. An exhibition of the person's work was made within the home. The exhibition was opened by the town's mayor and publicised in a local magazine.
- Links had been developed with the local community. People were supported to attend a regular 'senior citizen's afternoon at a local pub and visit local allotments. One relative told us, "They have trips out, I know they go out places."

End-of-life care and support

- At the time of this inspection the service was not providing any end-of-life care to people.

- Policies were in place for staff to follow in the event this was needed.
- End-of-life care plans were in place for people, with terminal and life limiting illnesses. These included information on people's end-of-life wishes, if they chose to include it. For example, the type of funeral they would like. Some people had chosen to have 'Do Not Attempt Cardiopulmonary Resuscitation' (DNAR) forms completed, so staff knew what action to take in an emergency.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. The provider had a complaints policy with a clear procedure to manage any received.
- The management team knew their role and responsibilities when dealing with complaints.
- Where complaints had been received these had a documented outcome.
- Complaints were analysed to highlight any patterns.
- People and relatives told us that they knew how to make a complaint.

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

At our last inspection we found the provider had failed to ensure that complete, up-to-date records were in place for each person. Provider and management audits were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Regular audits were carried out by the provider and management team to assess and monitor the quality of the service.
- Deficits were identified through the auditing process. These were addressed to bring about improvements to the service.
- Staff at all levels of the service understood their roles and responsibilities.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and most staff told us they felt listened to. One staff member told us, "I can go to [registered manager] if I have any problems, she's approachable."
- Staff team meetings were held regularly to keep the staff team updated with changes to the delivery of people's care. Staff said they could express issues they may have at these meetings.
- Meetings took place for people and relatives. These covered topics that were important to people.
- Surveys had been sent out to people, relatives and staff to gather their feedback. The results of these were analysed.

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 management team understood their duty of candour responsibilities. They engaged people in investigations and ensured outcomes were communicated following any incidents.

Continuous learning and improving care

- The registered manager had significantly improved the overall oversight of the service since the last

inspection. They were keen to continue improving service delivery and shared their plans in this area. They kept up their knowledge up-to-date by accessing training including a Leadership Development programme provided by the local authority

- An improvement plan was in place which outlined the development of the service.

Working in partnership with others

- The service worked well with a range of other professionals and agencies to best meet people's needs. This included commissioners, the local authority safeguarding team and healthcare professionals.
- We received positive feedback about the service from professionals.