

Camellia Care Ltd

# Mulgrave House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

Mulgrave House Nursing Home is a nursing home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. Six of these people were living permanently at Mulgrave House and the others were receiving short term rehabilitation pending a return home or to other support services. The aim was to restore people's independence so their reliance on services was reduced or removed.

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

There were some minor issues with medicines which the registered manager resolved promptly.

People were safe as staff were able to recognise and report possible signs of abuse or neglect, and these were acted on appropriately. Any lessons learnt were integrated into practice. Risks were managed through personalised moving and handling plans which evidenced equipment and method needed for transfer. We saw evidence of sound practice as care staff were assisted by their therapy colleagues.

Staffing levels were sufficient to meet people's needs and promote independence for those in receipt of rehabilitation support. They were supported with regular supervision and training. Communication between staff was good. The home was very clean and accessible for people.

The registered manager had a good understanding of best practice supported by colleagues from the multi-disciplinary meetings held regularly at the home. People were able to access health and social care support as needed.

The dining experience was poor on the first day of the inspection but improved significantly on the second day as the registered manager spoke with staff about the issues we raised. 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.

We observed some lovely interactions between staff and people living in the home. Staff were very caring, kind and considerate. Their focus was ensuring people reached their full rehabilitation potential and promoted interaction between people as much as possible. Care documentation was focused on achievement of specific, person-focused goals and was measurable. For people living long term in the home records showed staff knew them well.

Complaints were handled quickly and thoroughly. End of life wishes were considered and documented clearly.

The service was very focused on the rehabilitation service it offered, and this was well received by people. Due to the transient nature of people's stay it was difficult to implement overall quality assessments but for each person satisfaction questionnaires were completed, and we saw many compliments.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 15 December 2018) and there were two 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Mulgrave House Nursing 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 an inspector, an assistant inspector and a medicines inspector on the first day. On the second day the inspector visited alone.

#### Service and service type

Mulgrave House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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

This inspection was unannounced on the first day and announced on the second day.

#### What we did before the 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 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 five people who used the service about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, two nurses, four care staff and two members of the therapy team.

We reviewed a range of records. This included three people's care records and multiple medication 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. We observed two professionals who regularly visit the service.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Using medicines safely

- There were systems in place to ensure the safe management and supply of medicines. However, these were sometimes not followed and therefore placed people at risk of harm.
- Staff did not always have sufficient guidance when people had PRN, or 'as required' medication administered. This affected people who were receiving rehabilitation support. We spoke with the registered manager and provider about this, and they agreed to action this immediately.
- Where people were prescribed medicines via a patch, there was no system in place to record the site and time of application. This meant there was an increased risk of duplicate application. This was remedied by the registered manager immediately in accordance with the provider's policy.
- We checked stock levels, and these tallied with administration records, including the use of controlled drugs. Staff were competent in their administration of medicines and compassionate in their approach.

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

- People told us they felt safe and were supported by staff who knew what they were doing.
- Staff recognised and were confident in reporting possible concerns. These were dealt with promptly and appropriate investigations undertaken.

### Assessing risk, safety monitoring and management

- The home provided intensive rehabilitation support to people through the use of in-house occupational therapists and physiotherapists. This meant all care staff ensured people were supported to transfer safely and could readily seek advice from their colleagues if a person's mobility became problematic.
- People's specific moving and handling needs were documented clearly in their rooms and in their care records to assist all staff in safe transfers.
- People who chose to remain in their rooms during the day had easy access to their call bells.
- Regular fire drills took place. Everyone had a personal emergency evacuation plan in place.

### Staffing and recruitment

- Recruitment checks were in place as required.

- Staffing levels were sufficient to meet people's needs although we did speak with the registered manager about reviewing deployment at specific times of the day. A few people said they had to wait for attention at times and this led to issues with their continence management.
- The registered manager acknowledged there had been some staffing issues for different reasons, but these were now resolved and new staff had commenced working which helped. They also explained extra funding was available as part of their contract with the Clinical Commissioning Group to provide short term intensive support if needed.

#### Preventing and controlling infection

- The environment was clean and staff used personal protective equipment when required.

#### Learning lessons when things go wrong

- There had been no specific incidents, but we saw where any concern or issue had been raised, a thorough investigation took place and any action needed was taken.

# 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.

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

- People were supported with regular drinks and snacks. If people required a special diet, these were catered for.
- The dining experience was poor on the first day of the inspection. People were not always asked their choice at the point of food being served, nor were they asked if they wished to have condiments as this was ready placed on their food. Pre-prepared sandwiches were left near a window for the duration of the meal. Some people were waiting over 50 minutes for food, and those served last said the food was lukewarm.
- We spoke with the registered manager who agreed to review the dining experience urgently. We saw a significant improvement on the second day at both breakfast and lunchtime.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The home completed in-depth baseline assessments for people coming directly from hospital which were reviewed on a frequent basis against agreed goals and outcomes. This was to ensure people were supported in regaining skills and independence.
- For people living in the home longer term, detailed pre-admission assessments had been conducted in line with best practice.
- The registered manager was aware of key guidance and legislation and able to explain the significance of these.

Staff support: induction, training, skills and experience

- Staff had received an induction and were supported with regular supervision and training. All staff we spoke with said this was offered and was sufficient for their role.

Staff working with other agencies to provide consistent, effective, timely care

- There were written handover sheets which sometimes lacked detail. However, all staff attended a verbal handover at the start of each shift and were knowledgeable about people's needs.
- We observed part of the multi-disciplinary meeting and found staff were very aware of people's current needs and plans for their future care. Where there were concerns for people in terms of their rehabilitation potential, an open and honest conversation took place.

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

- The building was accessible for all people and appropriate signage in place to aid orientation.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager had established bi-weekly multi-disciplinary meetings with consultants and other health professionals to continually re-assess people's performance in relation to their specific goals. These were conducted with considerable input from the in-house therapy team who knew people very well.
- People who lived in the home long term had access to all services as necessary including oral health care. Where needs had changed, advice was sought promptly.

#### 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.

- Most people living at Mulgrave House had full capacity as they were following a rehabilitation programme designed to facilitate a return to independent living. Consent was recorded by people for different tasks and where people refused to follow health professionals advice, this was also recorded.
  - No one had a DoLS in place as all people were able to consent to living at Mulgrave House.
- Where people lacked capacity for specific decisions, there were appropriate assessments in place to reflect their ability in line with the requirements of the MCA.

# 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 spoke positively of the care staff. Comments included, "Staff are good and nice," "Staff are great" and "The carers are lovely."
- Where people were receiving support with rehabilitation, staff were very kind and sensitive to their abilities and emotions.
- People's preference of gender of staff was recorded and met.

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

- One person was very hard of hearing and they explained staff wrote everything down for them.
- Staff explained information sent to the home via the hospital was not always accurate but as they got to know people, they recorded the changes in care documentation to ensure needs were met as required.
- We saw evidence of reviews in conjunction with people living in the home, their family and other relevant people were conducted at least annually.

Respecting and promoting people's privacy, dignity and independence

- People's specific cultural and spiritual needs were considered. We observed one person with their Bible which they told us was very important to them. Another said they felt staff respected them very much.
- Staff were discreet in adjusting people's clothing where needed to preserve their modesty. They were also very aware their role was to encourage independence of people and let people try things out for themselves first before offering support.

# 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

- Care documentation was specific to people's needs, especially in regard to their mobility. Detail was evident in daily records as to what support had been offered and how the person had responded.
- For people living in the home longer term there were good overall summaries of their key needs. All documentation had been updated recently.
- For those in receipt of rehabilitation support, visiting hours were restricted to afternoons and early evenings as the therapists believed people responded better in the mornings and this provided a structured support pattern for people.

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 shared with people in the way they preferred, whether written or spoken. Pictorial information was also available although most people were able to communicate without concern.

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

- There was limited evidence of structured activities for people to engage in as most of their days was focused on their rehabilitation treatment. People were able to converse between themselves and enjoyed some good discussions.
- People living in the home longer term were given first refusal for any planned outings and activities.

Improving care quality in response to complaints or concerns

- The home had received few complaints. These were dealt with promptly and to the satisfaction of the complainant. We saw evidence of proper investigation and resolution.
- There were lots of compliment cards on display showing staff were appreciated for their good care and support.

End of life care and support

- People had end of life plans in place where they had been willing to discuss their plans, completed in conjunction with family where necessary. These provided full details of people's wishes.

# 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.

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

- People told us they enjoyed being at Mulgrave House. One person said, "I feel quite at home. Staff know me, they get on with me and they know my little quirks." Another person said they would recommend the home.
- One person described the atmosphere as "calm." Staff felt they had sufficient opportunity to chat with people while undertaking supporting tasks.

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 said they felt very supported in their role and the provider was very accessible and supportive. They could discuss anything with them and they visited the home at least weekly. If any resources were needed, these were provided promptly.
- The ratings for the previous inspection were displayed as required.

At our last inspection the provider had failed to ensure effective systems were in place to assess, monitor and improve the quality of service provided.. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Staff told us they enjoyed working at the home. One staff member said, "It's a lovely, homely feel here." All staff we spoke with felt supported by the registered manager and that they were approachable.
- There were comprehensive checks on all equipment within the home at the required intervals. Auditing was limited due to the short length of people's stays, but people's individual experiences were reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively of the registered manager. One person told us, "They're OK. They sit down and chat with us."
- The registered manager explained there were no specific resident and relative meetings as people moved through the service very quickly, the average stay being less than 28 days. However, they always offered an

'open door' so people could discuss anything with them.

- Satisfaction surveys were completed with full analysis and action points created where needed.

Continuous learning and improving care

- Staff attended meetings with the registered manager which shared good practice.

Working in partnership with others

- There was strong evidence of good partnership working as two multi-disciplinary meetings were held in the home with key health professionals.