Camellia Care Ltd

Mulgrave House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Mulgrave Nursing Home on 09 March 2016. The inspection was unannounced. We last inspected the service in October 2013 and we found the registered provider was meeting the regulations we inspected.

Mulgrave Nursing Home is a large converted property with a modern extension attached. The service provides care and support for up to 35 people and is accommodation for people who require personal care and/or nursing. The service can support older people, people who are living with dementia and people who have a physical disability. The service is close to all local amenities.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate systems were in place for the management of medicines so people received their medicines safely.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Staff needed to be more aware of some risk assessment documents in people's care plans to help them complete their role.

We saw people's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate people were involved in all aspects of their care plans. Care plans and risk assessments were not always clearly cross referenced to support staff to know the hazards for each area of need.

We saw staff had received supervision on a regular basis; however, not all staff had received an annual appraisal. Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

People told us and we saw there were enough staff on duty to meet people's needs. We found safe recruitment and selection procedures were in place and appropriate checks had been made.

Staff understood how to work to the principles of providing choice and gaining consent from people they supported in line with the Mental Capacity Act (2005). However, more work was needed for staff to understand the requirements of the Deprivation of Liberty Safeguards (DoLS).

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were attentive and patient with people. Observation of the staff showed they knew the people very well and could anticipate their needs. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks. The mealtime experience was too long as people had to wait for their meal to be served. Food was of good quality and people told us they enjoyed the food. People were supported to maintain good health and had access to healthcare professionals and services.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw there was a plentiful supply of activities. However, how the service recorded activities people took part in did not evidence whether people had enough activity to prevent social isolation.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of the service provided.

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Records showed appropriate recruitment checks were carried. People told us and we saw there were enough staff on duty to meet people's needs.

There were arrangements in place to ensure people received medication in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training and supervision but not all staff had received an annual appraisal.

People were supported to make choices in relation to their food and drink. The mealtime experience included a long wait for some people. People were supported to maintain good health and had access to healthcare professionals and services.

Staff understood the principles of the Mental Capacity Act (2005) to support people to make their own decisions. However, not all staff understood the DoLS principles.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service. Care and support was individualised to meet people's needs.

Is the service responsive?

Good

The service was responsive.

People who used the service and family members were involved in developing the care plans in place. The care plans were not easy to navigate and risk assessments were not referenced in each care plan.

People had opportunities to take part in activities on offer in the service. Records did not tell us if people were receiving enough activity to prevent social isolation.

People knew how to complain if they had concerns.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Mulgrave House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 09 March 2016. The inspection team consisted of two adult social care inspectors and a specialist advisor in nursing care.

The registered provider completed a provider information return (PIR) prior to the visit. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from commissioners of the service prior to our visit. We also took into account the information we received from statutory notifications since the last inspection.

At the time of our visit there were 32 people who used the service. We spent time talking with six people. We observed how staff interacted with people. We looked at and spent time in all communal areas of the service and some people showed us their bedrooms. During the visit and following the visit we spoke with the registered manager, seven staff and three family members.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "It's not bad here, I feel safe." Another person said, "It's a lovely place you're looked after, I feel safe." A family member told us "Mum is safe here."

We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidents were recorded and the service investigated concerns. We saw records to confirm this was the case.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. We saw records to confirm staff had received training in safeguarding. We also looked at the arrangements in place for managing whistleblowing and concerns raised by staff. Staff knew what to do to raise concerns and they knew where relevant contact numbers were in the service.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as pressure care, moving and handling, choking, health and falls. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments were not always mentioned within the relevant care plan documentation and this was something the registered manager told us they would be doing in future.

We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety and equipment used in the service.

We also saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provided staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. Test of the fire alarm were undertaken each week to make sure it was in safe working order. Some of the staff we spoke with did not know what a PEEPS document was, however, they were able to describe safe evacuation practices. The registered manager told us they would be working to improve staff knowledge of what documents were in place.

We saw documentation to confirm accidents and incidents were recorded and the registered manager was using the information to prevent further incidents. For example, to prevent a person falling.

We looked at three staff files and saw the registered provider operated a safe and effective recruitment system. This included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service (DBS) check which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working vulnerable adults.

We looked at the arrangements in place to ensure adequate staffing levels. During our visit we saw the staff rota. The registered manager told us staffing levels were flexible, and could be altered according to need if people required more intensive support such as at the end of life. We observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support a person one to one with an activity.

The registered manager told us they did not use a tool to map people's needs which then outlined safe staffing levels for the service. However, this was a development they were working to introduce. Following the inspection the registered manager provided us with a risk assessment which outlined the minimum staffing levels the service should not fall below and rotas we saw reflected this had never happened.

Staff told us staffing levels were appropriate to the needs of the people using the service. Staff told us the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "There is enough staff and it goes on your resident's needs, we work well as a team."

We spoke with people who told us they felt there was enough staff to meet their needs, one person said, "Staff work hard, there is enough of them." Another person told us, "They come as soon as they can when I press my call bell pretty quickly." A relative told us, "Generally there is enough staff around."

We saw appropriate arrangements were in place for the safe management, storage, recording and administration of medicines. We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked eight peoples' medication administration record (MAR). We found they were fully completed, contained required entries and were signed. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

People we spoke with told us they felt their medicines were managed well overall. One person said, "I usually get my medication on time." A family member told us, "Staff understand my relatives medication and they are well looked after, they get medication when they need it and they are not in any pain."

Requires Improvement

Is the service effective?

Our findings

We spoke with people who used the service who told us staff provided a good quality of care. One person said, "Staff understand me."

We spoke with the registered manager and they told us new staff were undertaking the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care which are expected. The induction training involved reading the care and support plans of all people who used the service, shadowing experienced staff until they felt confident and competent. One staff member confirmed this had happened for them.

Other staff we spoke with told us there was a plentiful supply of training. They told us they had received training in safe handling of medications and mental capacity. We saw the training records demonstrated staff training was well managed and staff were up to date in mandatory topics. Additional specialist training was also available for staff; some staff had completed topics such as dementia, pressure care and common health conditions. Other staff members were booked to start additional training. The registered manager told us they believed staff should have the knowledge to do the task.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm supervision had taken place for staff regularly. However, not all staff had received an annual appraisal as the registered manager told us they should have done. The registered manager told us this was planned for 2016 for every staff member.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood how to make 'best interest' decisions when delivering care to people. We saw appropriate documentation was in place for people who lacked capacity. In the care plans we saw professionals and relatives had been involved in such decision making. Best interest decisions were clearly recorded in relation to care, support and health for people.

At the time of the inspection, three applications had been made for a Deprivation of Liberty Safeguarding (DoLS) authorisation. The service had an assessment tool to work out whether a person was potentially being deprived of their liberty. The tool did not include all areas to consider when completing an assessment. Following discussions with the registered manager and registered provider they told us they

would be updating the tool to make clearer the circumstances to consider when assessing this area. Some staff we spoke with did not have a good understanding of DoLS. The registered manager had given all staff a card which explained MCA and DoLS to improve understanding in this area. Staff showed us these cards during the visit. The registered provider also told us they would ensure staff were trained annually in this topic and they told us this should have an impact on knowledge staff had in the future.

Staff and people who used the service told us they were involved in making choices about the food they ate. Following feedback from people who used the service there had been recent changes which we were told meant the main meal of the day had moved to the evening. The registered manager told us this had improved people's food intake and appetite.

We saw the tables were set up with napkins, tablecloths and flowers. Each table had a menu and when serving, some staff were seen showing people the options available to eat. We saw people chatting during the meal and there was a nice atmosphere with music also playing. We saw where people needed support to eat their meal this was carried out in a patient way and staff told the person what they were doing throughout. We saw where people asked for more food this was provided and there was a plentiful supply of hot and cold drinks.

Most people who lived at the service came to the dining room for meals. However, some people did have a lengthy wait from arrival to being served their food. One person was observed to wait for one hour before their food was served. The registered manager told us they were keen people came to the dining room for meals and they were constantly reviewing the experience people had. They told us they would look to planning better so people did not have such a lengthy wait. At the end of our visit ideas of how this could be implemented were already being discussed by the team of staff.

People we spoke with told us they enjoyed their food on the whole. One person said, "Food is nice, but you get too much. The food is cooked well." Another person said, "The food is ok, it is always better when you don't have to make it, I can't grumble."

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. Care plans confirmed this was happening.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. People were supported and encouraged to have regular health checks. We saw people had been supported to make decisions about the health checks and treatment options One person said, "I go to the hospital with my knees and dentist every six months, opticians for my glasses." A family member told us, "They ring me every time the doctor comes."
A visiting professional told us, "I have no problems at all when coming here, there are always staff to greet you and senior staff are around. The staff are very proactive with the care they give, there is good continuity of care, they are inclusive at meetings and they call me for advice and to check everything is correct. They have a good reputation in the area and I have no concerns at all."

Good

Is the service caring?

Our findings

People we spoke with told us they were very happy and the staff were extremely caring. One person said, "Staff are alright, they are nice carers, I feel at home." Another person said, "They [Staff] look after me lovely."

There was a calm and relaxed atmosphere. We saw staff interacting with people in a very caring, patient and friendly way. We saw a person distressed because they had spilt a drink over their clothing; the registered manager talked in kind way to the person and supported them to get the help they needed to change quickly.
Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. One person told us, "I go to the toilet when I want and the staff stand outside to wait for me." A staff member told us, "People are treated like I would treat my family."

Observation of the staff showed they knew the people very well and could anticipate their needs. Staff took time to talk and listen to people. It was evident from discussions; staff knew people well, including their personal history, preferences, likes and dislikes.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious with numerous communal lounges and this allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day. This helped to ensure people received care and support in the way they wanted to.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, what they wanted to eat and drink and how they wanted to spend their day. One person said, "I can choose what I wear and when I go to bed." We saw staff and people who used the service had friendly banter and everyone laughed with each other. We saw family members and people were fully involved in making decisions about their care. For example, a family member told us, "I can come and go as I please." Another family member said, "I have seen the care plan."

We saw not all staff had name badges on and found this could be confusing to people and their families as it would hard to know who staff were when needed. A family member told us this had been the case for them. The registered manager told us staff would be asked to wear their name badges following the inspection.

Good

Is the service responsive?

Our findings

We asked people about their experience of the activities on offer in the service. One person said, "You make friends, I join in what goes off, I don't think anyone goes on trips." Another person said, "I am mostly sat down in the lounge, I have not seen many activities." Another person said, "I keep myself to myself, I live a quiet life, I have a friend, her and my family visit." People were observed to be alert and occupied.

We spoke with staff about activities on offer and they explained they spent time with people and created activities alongside professional entertainers who visited the service. We saw the activity plan for the week and could see jigsaws, quizzes, exercise and board games were available for people. We were told by staff the 'Banjo man' was popular when they visited as was the Donkey who visited the service about three times per year.

The registered manager told us about two social events which happened twice per year in the summer and at Christmas. At Christmas they had a drama group who did a production of 'Annie' the musical for people.

We looked at peoples care plans and found staff were not recording all the activities people took part in, therefore, it was difficult for them to assess if people were receiving enough activity to prevent social isolation. We spoke with the registered manager who told us they would look to improve how recordings were made.

We reviewed the care plans of five people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People and their families told us they had been asked for information to develop the care plans. We could see people had signed their plans to say they agreed with them or a family member had sometimes done this.

The care plans were person centred because they contained very detailed information about how people wanted to be cared for. For example, one person's care plan had a detailed communication plan which told staff they must be patient and give the person time to reply. We found care plans were reviewed and updated on a regular basis.

The care plans contained lots of information and it was difficult to navigate to where risk assessments were in the plan, which related to a specific area of need. We discussed this with the registered manager who told us they would discuss this further with the team to see how this could be improved.

We spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how staff supported people to plan all aspects of their life. A visiting professional told us, "The staff here look after people well, I have no complaints. Staff are great, they would call if they needed support, they have full knowledge of their residents and the residents are always well looked after." Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Discussion with the registered manager confirmed any concerns or complaints were taken seriously. The records we saw in the complaints file demonstrated issues were dealt with effectively. People told us, "I would see [name of registered manager] if I had any concerns." Another person said, "I would talk to my brother." A family member told us, "[Name of registered manager] is really open and I would go to them with concerns."

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. People who used the service spoke positively of the registered manager. One person said, "[Name of registered manager] is really nice." Another person said, "I see [name of registered manager] quite a bit she is usually about."

The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said, "[Name of registered manager] is wonderful and I can speak to her anytime." Another staff said, "[Name of registered manager] comes in for handovers, you can call her at night for support if needed, she would never say no."

Staff told us the morale was good and they were kept informed about matters which affected the service. One person said, "[Name of registered manager] is very responsive and always has an open door." Staff told us team meetings took place regularly and they were encouraged to share their views. We saw records to confirm this was the case. Topics of discussion included routines, uniforms and CQC. The registered manager also met with the nursing staff and team leaders separately to discuss issues relevant to their roles and we saw records of these.

The registered manager told us people who used the service and their families were invited to a meeting twice per year. The registered manager knew it was difficult for some people to attend and told us they produce a newsletter to help keep everyone informed about the service. We saw the minutes of the meetings which had happened and the service received feedback on topics such as activities and Christmas.

The registered manager was able to show us numerous audits which were carried out at different frequencies to ensure the service was run in the best interest of people. These included audits on health and safety, medicines, infection control and mealtimes amongst other areas. The registered manager told us the registered provider visited the service regularly to monitor the quality of the service provided. We saw records of the visits.

We saw areas to improve were identified through the regular audits carried out; the registered manager and registered provider showed us improvements which had been made as a result of their quality assurance checks. For example, changes to meal times. However, it was not clear on audit documents where actions had been identified what the agreed specific timeframe was to complete the action and whether they had been completed and signed off. The registered provider and registered manager told us they would commit to recording actions better.

Regular business meetings were also held to discuss quality and improvements that were planned for the service with the registered provider and registered manager. We saw records of these meetings.

We saw a survey had been carried out in 2015 to seek the views of people and their families plus staff and stakeholders. The results of the survey were mainly positive and had been shared with everyone who took part. The registered manager had produced an action plan to improve the service following feedback.