

Mandeville Care Services Limited

# Mandeville Grange Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 21 February 2017. It was an unannounced visit to the service.

We previously inspected the service on 17 and 22 December 2015. It was given an overall rating of good at the time. However we found the service did not ensure people were protected from potential abuse of medicine which needed additional storage. We gave the provider a requirement to improve. The provider sent us an action plan which told us how they intended to make improvements to medicine safety. This inspection was a focused visit to check what improvements had been made. We only looked at evidence to ask if the service was safe.

Mandeville Grange Nursing Home is a care home for older adults, some of whom may be living with chronic illness or dementia. It is registered to provide accommodation for 31 people. At the time of our inspection 25 people lived at Mandeville Grange Nursing Home.

The service had a registered manager in post. 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.

We found improvements had been made to the storage and management of medicines that required additional controls due to their potential for abuse. We were satisfied the requirement to improve had been met. There were good systems in place to ensure people received their prescribed medicines when required. This was confirmed by what people told us.

People were protected from avoidable harm as staff had received training and were able to recognise signs of abuse. Staff knew what actions they would take if a safeguarding concern was raised. People told us they had confidence in the staff to support them, however if they were concerned they told us they would tell the senior staff.

People told us and we could see there were enough staff on duty to respond to people's needs. We observed call bells were answered in a timely way. One person told us "There are enough staff here, they [staff] always come, they come when I want, I just buzz them."

Risks posed to people as a result of their physical or mental health were identified and measures were in place to minimise those risks. For instance, we found assessments were in place for risk of falling, pressure damage and risk of malnutrition. Staff had a good understanding of the risk assessment and how to minimise risk to people.

Environmental risks had been assessed. For instance, a fire risk assessment had been undertaken on 26 July 2016. We noted the service undertook fire drills and was until very recently recording weekly fire alarm tests.

The last recorded test was in September 2016. However the registered manager and staff informed us tests were undertaken. Records relating to health and safety of the building in relation to water were not always updated. We have made a recommendation about this in the report.

Incident and accidents were recorded and the registered manager monitored these to look for patterns or ways of preventing future events.

We found some of the required pre-employment checks were not always carried out prior to the staff member commencing employment. The registered manager told us that new staff were subject to an induction period which did not allow them to work alone. However some staff had been in employment for over two months prior to a criminal record check being undertaken. After the inspection the registered manager sent us an action plan on how they intended to rectify this in the future.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

The service did not always check if a new member of staff had a criminal record prior to commencing work.

People were not always protected from unsafe premises. The records relating to health and safety were not always well maintained. The registered manager could not be sure that all the required checks had been undertaken.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People were supported by staff who had received training on how to administer medicine safely.

**Requires Improvement** ●

# Mandeville Grange 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 was planned to check 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.

This focused inspection took place on the 21 February 2017 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

Before the inspection the provider was not asked to complete a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the three people living at Mandeville Grange who were receiving care and support; the registered manager, deputy manager and four staff. We reviewed five staff recruitment files and four care plans within the service and cross referenced practice against the provider's own policies and procedures.

## Is the service safe?

### Our findings

At the previous inspection carried out on 17 and 22 December 2015, we had concerns the service did not ensure if followed The Misuse of Drugs Act 1971. There was insufficient storage for medicines that required additional measures to ensure they were protected from abuse. The provider was asked to ensure improvements were made. They sent us an action planning telling us how they intended to improve safety in medicine storage. At this inspection we checked what improvements had been made.

We found there was adequate and secure storage for all medicines. The medicine cabinets were well organised and regular checks were undertaken to ensure medicines were stored at the correct temperature. There were good systems in place to ensure that stock levels were controlled and the oldest dispensed medicines were used first. Where medicine required additional storage and recording we found this happened in a safe and accurate way.

People received support with their medicines where necessary. We saw staff were trained in the safe management of medicines. We observed a lunchtime medicine round and found practice surrounding medicine to be safe. Staff demonstrated a professional approach when administering medicine, for instance one person was initially refusing their medicine. The nurse informed us they would try again later. We observed the nurse go back to the person and again asked them to take the medicine. The person took the medicine without any problem. We checked the person's care plan and it clearly demonstrated the nurse had read and understood the guidance on how best to support the person.

The home had received a pharmacy audit on 6 December 2016, which found the service to be following best practice guidance. In addition to that audit the deputy manager checked at least five medicine records for people each month. This helped to ensure the service was providing safe storage, administration and systems around medicine management.

We were satisfied the service had made the required improvements in the management and storage of medicines.

People told us and we could see there were enough staff on duty to respond to people's needs. We observed call bells were answered in a timely way One person told us "There are enough staff here, they [staff] always come, they come when I want, I just buzz them."

People were not always protected from staff that may not be fit to work with them. This was because we found some of the required pre-employment checks were not always carried out prior to new staff commencing employment. The registered manager told us that new staff were subject to an induction period which did not allow them to work alone. We saw this was evidenced on the rota. The recruitment records we looked at showed the service had sought references about new recruits' working history and ensured they were medically fit to work with people. However some staff had been in employment for over two months prior to a criminal record check being undertaken. We spoke with the registered manager about this. They advised us they recruited from abroad, as such, checks were not able to be made in England prior

to the staff member's employment. Registered providers are expected to apply the same process for staff recruited from abroad as they would for other staff. Registered providers should seek information from the relevant foreign embassy on how they can check if a staff member is suitable to work with people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager sent us an action plan demonstrating how they intended to improve recruitment of new staff in the future.

Risks posed to people as a result of their physical or mental health were identified and measures were in place to minimise those risks. For instance, we found assessments were in place for risk of falling, pressure damage and risk of malnutrition. Staff had a good understanding of the risk assessment and how to minimise risk to people.

Environmental risks had been assessed. For instance, a fire risk assessment had been undertaken on 26 July 2016. We noted the service undertook fire drills and was until very recently recording weekly fire alarm tests. The last recorded test was in September 2016. The registered manager and staff informed us tests were undertaken, however the records had not been well maintained. Staff had a good understanding of how to support people in the event of an emergency.

On the day of inspection we asked to see records relating to water safety. We found the records were not readily available. We did find some monthly water temperatures which were last recorded on 26 January 2017. After the inspection we asked the registered manager to send us more information. We found the records sent through did not always demonstrate the required water safety checks were undertaken. We spoke with the registered manager about this and they confirmed they could not satisfy us that all the required water safety checks were undertaken within the required time scales over the last two months; however records relating to earlier months were present.

We recommend the service seeks advice from a reputable source on record keeping in relation to health and safety.

People were protected from avoidable harm as staff had received training and were able to recognise signs of abuse. Staff knew what actions they would take if a safeguarding concern was raised. People told us they had confidence in the staff to support them, however if they were concerned they told us they would tell the senior staff. The registered manager was aware of their responsibilities to report safeguarding concerns to the local authority and to CQC, and had done so when required.

We found staff had a good understanding of when to complete an accident and incident forms and the registered manager monitored accidents and incidents to help prevent future events. People told us they felt safe at the service. One person told us "I feel so safe here, they are very good."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The service did not ensure if operated robust recruitment processes, as criminal record checks were not always completed prior to a staff member's employment.