Mr Martin Jackson & Mrs Polly Jackson

Malvern House

Inspection report

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Date of inspection visit: 22 September 2015
Date of publication: 26/10/2015

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

Overall summary

The inspection took place on 22 September 2015 and was unannounced.

Malvern House provides nursing care and accommodation for up to 22 older people who are living with dementia or who may have physical and mental health needs. On the day of the inspection 20 people were living at the care home. At our last inspection in July 2013 the provider was meeting all of the Essential Standards inspected.

The home was on two floors, with access to the upper floor via stairs, a lift or a chair lift. Bedrooms have wash hand basins and vanity units. There are shared bathrooms, shower facilities and toilets. Communal areas included one lounge, a dining room, garden and outside seating area.

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

Summary of findings

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.

People told us staff were kind and caring, and treated them with respect. Staff were knowledgeable and spoke fondly of people. There was enough staff to meet people's needs. People received care from staff who had received training and ongoing support to help them in their role. Staff were encouraged to follow their interests and empowered to develop their knowledge base.

People told us the food was nice and that they were offered alternatives if there was something they did not like. People's care plans provided details to staff about how to meet people's individual nutritional needs. People were supported to eat and drink enough and maintain a balanced diet. The chef was knowledgeable about people's individual nutritional needs. People who required assistance with their meals were supported. When concerns about people's nutrition had been identified, responsive action had been taken.

People felt safe living at Malvern House. The registered manager and staff understood their safeguarding responsibilities. People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe.

People were protected from risks associated with their care because staff had guidance and direction about how to meet people's individual care needs. People had personal evacuation plans in place, which meant people were able to be effectively supported in an emergency. The environment was regularly assessed and monitored to ensure it was safe at all times.

People had their mental capacity assessed, which meant care being provided by staff was in line with people's wishes. People who may be subject to deprivation of their liberty (DoLS) had been assessed and applications applied for. The registered manager and staff had a good understanding of the MCA and DoLS which helped ensure people's rights were protected.

People had care plans in place to address their individual health and social care needs. People's end of life wishes were documented and communicated. People's medicines were managed safely. External health professionals were complimentary of the registered manager, the care provided by staff and the competence of nursing staff. They told us, advice was always implemented as directed.

People's confidential and personal information was stored securely and the registered manager and staff were mindful of the importance of confidentiality when speaking about peoples care and support needs. People had a lock on their bedroom door to protect their privacy and security of their belongings.

People lived in a clean environment which was free from odours. People were protected by effective infection control procedures and practices because staff had received training and were provided with protective equipment such as gloves and aprons.

People knew who to speak with if they had any concerns or complaints and felt confident their concerns would be addressed. Staff felt the registered manager and deputy manager were supportive. Staff felt confident about whistleblowing and told us the registered manager would take action to address any concerns.

The registered manager had systems and processes in place to ensure people received a high quality of care and people's needs were being met. There were formal and informal opportunities for people to provide their feedback about the service, to help ensure the service was meeting their needs as well as assisting with continuous improvement. The Commission was notified appropriately, for example in the event of a person dying or a person experiencing injury.

Summary of findings

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 safe.

People told us they felt safe.

People's medicines were effectively managed.

People were protected from risks associated with their care and documentation relating to their care reflected people's individual needs.

People were protected from abuse and avoidable harm, because systems and processes were in place to investigate allegations or evidence of abuse.

People were protected by infection control practices.

There were enough staff to meet people's needs and staff were recruited safely.

Good

Is the service effective?
The service was effective.

People received care from staff who were trained to meet their individual

needs.

People were supported to eat and drink, and any associated risks were

effectively managed.

Staff had good systems to help them quickly identify any changes in a person's health or wellbeing.

People could access appropriate health, social and medical support as soon

as it was needed.

Good

Is the service caring?
The service was caring.

People told us staff were caring.

Staff treated people with kindness and spoke with people in a respectful manner.

People's confidentiality, privacy and dignity were respected.

People's end of life wishes were recorded so staff had information about how people wanted to be cared for at the end of their life.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs.

People's care plans were individualised, and provided guidance and direction to staff about how to meet people's care needs.

Good

Summary of findings

People felt confident to raise concerns or complaints and knew who to speak with.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture.

People's feedback was valued and used to facilitate change.

There was a clear management structure in place and staff were valued.

The registered manager monitored incidents and risks to ensure care provided was safe and effective.

The registered manager worked with external professionals to ensure people received co-ordinated care.

Malvern House

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.

We visited the home unannounced on 22 September 2015. The inspection team consisted of two inspectors 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 service.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law. The provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted a speech and language therapist, a continuing health care nurse, 2 GP surgeries and the local authority service improvement team.

During our inspection, we spoke with 14 people living at the home, three relatives/visitors, one nurse, three members of care staff, the chef, the deputy manager, the registered manager and the registered provider. We observed the environment, how people were supported at lunch, and watched how staff interacted with people during this time.

We observed care and support in communal areas, spoke with people in private and looked at four care plans and associated care documentation. We also looked at records that related to medicines as well as documentation relating to the management of the service. These included policies and procedures, staffing rotas, four staff recruitment files, training records and quality assurance and monitoring paperwork. We also reviewed maintenance and equipment servicing contracts and assessed the safety of the environment.

Good

Is the service safe?

Our findings

People and their relatives said they felt safe and secure at the home and had trust in the staff, one commented included, "I feel safe in the home". One relative told us, "It's been a great relief to us that she's here, she feels safe and well cared for". People spoke of the faith they had in the staff to look after them and to attend to their needs.

People were protected from abuse and harm. Information about how to report concerns was displayed. Staff had received training in safeguarding and were knowledgeable about what action to take in the event that someone was being mistreated, abused or neglected. Staff felt confident the registered manager would take action, but were also aware of other agencies they could contact. There was a whistle blowing policy in place to protect staff should they have to report poor practice or professional conduct. Staff again, told us they were confident the registered manager would take action to address concerns raised.

People were supported by suitable staff who were recruited safely. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe.

The atmosphere during our inspection was relaxed and staff were not rushed. People explained they did not have to ring their call bells much as staff anticipated their needs. People told us when they did ring their call bell it was answered promptly.

Staffing at the care home was assessed on people's individual needs. The registered manager listened to staff feedback, was observant and took action to increase staffing as necessary. The registered manager had introduced a new bathing shift. This was in response to staff being rushed in the mornings. People were now able to have a bath more frequently with a member of staff whose sole focus was on the person and not on other tasks.

People had risk assessments in place covering aspect of potential harm people could experience, for example falls, skin integrity and malnutrition. The risk assessment detailed the risk, how the risk could present itself and the action staff were to take to reduce the likelihood of people coming to harm. People's risk assessments were regularly reviewed and were linked to their care plan.

People who experienced disorientation and at times walked into other people's bedrooms were effectively supported to keep people safe. Staff responded promptly and kindly when this happened. One relative explained, "There is one lady who wanders and might come into my […] room...when I'm in there I hear the staff encouraging her to move away from the door if she comes near".

People had personal emergency evacuation plans (PEEPS) in place which meant, in an evacuation emergency services would know what level of care and support people may need.

People were protected by effective infection control procedures. Staff followed the infection control policy which was in place and cleaned equipment after each use. Staff had received training and were provided with personal protective equipment (PPE), such as gloves, aprons and hand gel. Bathrooms had paper towels, and soap available for people and staff. The registered manager had a contract in place to dispose of waste, domestic and clinical.

The provider had systems in place to monitor the safety of the premises, some of which included fire checks, water temperatures, legionnaire's checks and PAT testing. The provider had made changes to the environment to improve safety and the lives of people living at the care home. For example automatic lights had been installed in some bathrooms, and different fire door closures had been fitted which made doors lighter to open.

Medicine was stored safely and there was a system in place to receive and dispose of medicines. The clinical room which stored medicine required cleaning. The registered manager recognised this and explained new flooring was being laid to help with infection control. There was no sign on the door to explain oxygen was stored, which was a risk in the event of a fire. The registered manager told us action would be taken to address this. There is an initial assessment of nursing competence relating to medicines during induction but none routinely thereafter unless there is a highlighted issue, because the registered manager felt medicine administration was a key component of being a trained nurse. Medicine administration is regularly monitored by the manager by way of an audit tool.

People's consent was gained before medicine was given and people received their medicine in the way they would like it, for example with water or tablets on a spoon. One

Good

Is the service safe?

person told us, “I receive my medicine in the way I want it”. One person received their medicine covertly; as it was crushed and put in yogurt before being taken, because they found it easier to take it in this way. The person’s care plan had recorded this and demonstrated why this was occurring.

The nursing staff carried out an audit of the medicines to ensure compliance and to highlight any areas that required improvement, however, the audit may not always be robust at highlighting concerns which require addressing.

Good

Is the service effective?

Our findings

People spoke highly of the chef and the variety of food choices available, comments included, "the food's very good here…the sort of things you'd make at home…if I don't like it they'll get me something else", "the food's lovely…for my breakfast I have porridge and toast" and, "we are spoilt for choice, we get plenty to eat". One person showed us a copy of their service user's manual which was in their room and explained there was a four-week schedule of menus. The person told us they were asked what they would like, but were always offered an alternative if they did not like what was on the menu.

The chef was knowledgeable about people's individual needs and explained any changes were communicated to her. There was a flexible approach to meals, if people preferred their meal at a different time this was accommodated. For example, on the day of our inspection the chef had made breakfast for one person who had requested they would like a lie-in. The person's breakfast's was served to them at 10am.

The atmosphere at lunch time was calm and pleasant in the dining room; staff were helpful and friendly towards people. Tables were set with condiments and everyone had a choice of drinks. People, who required support, were given support by staff in a kind caring way and at the person's own pace. People were frequently offered drinks and had access to drinks in their bedrooms.

People had eating and drink care plans in place to help staff meet people's needs. When concerns had been identified, responsive action had been taken to seek specialist advice and promptly implement the advice given. The registered manager told us she had a good relationship with GPs who were supportive of prescribing the appropriate supplements for people. People's weights were recorded and when people had lost weight action had been taken. A speech and language therapist told us nursing staff were always keen to obtain further advice and were open to ideas and suggestions about how to improve the support provided to people who had swallowing difficulties.

People's changing care needs were referred to relevant health services, and people's care documentation indicated the involvement of external heath care professionals. People and relatives confirmed they had visits from GP's and felt staff quickly informed them of any changes relating to their health. One person told us, "The doctor's here every Thursday if you need to see him" and a relative commented, "The nurses are competent, she had a seizure since she came here…they phoned the GP immediately and then me to tell me". External health professionals told us they felt they were contacted appropriately and without delay.

People's human rights were protected respected. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. The registered manager had made DoLS applications to the supervisory body when required. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty

Staff were trained to meet people's needs. There was an induction programme for new staff, however the care certificate was still to be incorporated since no new staff requiring this programme have been recruited yet. The care certificate is a national induction tool which providers are required to implement, to help ensure staff new to care reach the desired standards expected within the health and social care sector.

People told us they received care and support from staff who were well trained. Staff had received training associated with their role, for example dementia training. Staff were complimentary of the training opportunities available. Staff received an annual appraisal to discuss their role and ongoing development. Staff files did not evidence current supervision which is designed to support, motivate and enable the development of good practice for individual staff members. However, staff confirmed they felt well supported and could always go to the registered manager at any time.

Staff were supported by nursing staff as mentors. Staff were empowered and encouraged to gain further knowledge in areas relevant to their role. For example, one member of staff explained they were interested in end of life care and told us they were being supported to improve their knowledge.

Good

Is the service caring?

Our findings

People spoke highly of the care they received and used words to describe staff such as "kind", "helpful", "cheerful" and "friendly". Other comments included, "I'm very happy here…I'm very well looked after", "the girls are cheerful, they've got a lot to do and they do their best and they do it very well, I'm very happy and quite satisfied" and "'they do everything for us here, it's all laid on". A relative told us, "the staff here are brilliant, I leave everything to them".

Cards and letters from grateful families whose relative had been looked after were displayed and all showed gratitude for the kindness shown to their loved ones, comments included, "thank you so much for the care, warmth and humanity with which you looked after our […]" and ""we would not have found a better and gentler nursing home with a real sense of community between the residents and the nursing staff".

People's families and friends were welcomed and could visit at any time. One relative told us, "'I come five days a week and the staff almost fights over who's going to get me a cup of tea. I thought if […] was here, it would be easy for friends to visit".

People were able to make arrangements and were able to be involved in decisions relating to their care. Relatives were complimentary about being kept informed about the care of their loved one and about any changes they may need to be aware of.

People were able to make choices about how they wanted to spend their time, comments included, "I enjoy reading" and "I prefer to stay in my room for meals and they staff respect that". Malvern House was situated within walking distance of the main shopping street and some people chose to go out independently or with members of care staff. One relative told us, that she chose Malvern House as she did not drive and the bus links were good. People were able to have a daily newspaper if they wished and had a TV or radio so they were able to remain in touch with the wider world.

Staff spoke fondly of people and showed kindness in all their interactions with people. For people who showed anxiety, staff were patient and spoke to people in a kind manner. Staff gave people space when they wanted it, and time to respond to questions at their own pace. A member of staff was knowledgeable about one person, who they respectfully described had "good days" and "bad days". The member of staff explained how they adapted their communication and approach depending on how the person was feeling.

Staff were knowledgeable about people's life histories and took opportunities to engage and have meaningful conversation with people about their past and achievements in life. People's future aspirations were also discussed. For example, for 2015 a new year's resolutions list had been written and people had contributed to it, by expressing what they wanted to achieve in the coming year.

People's privacy and dignity was respected, people had locks on their bedroom doors and staff knocked prior to entering. Staff were observant about promoting people's dignity, for example, a member of care staff asked one person if they would like to change their belt in the bathroom rather than in the dining room. People's confidentiality was respected; conversations about people's care were held privately and care records were stored securely.

People's end of life wishes were planned in advance so staff were aware of what people would like at the end of their life. One person told us they had been asked about their end of life care plan but could not face discussing it at this time and this had been respected. People had documentation in place making their resuscitation wishes known in the event of their death.

Good

Is the service responsive?

Our findings

The registered manager had a pre-assessment process which helped to determine if they could meet people's needs prior to them moving to Malvern House. The registered manager explained, this was particularly important when assessing people with a dementia, because the environment may not always be suitable.

People were positive about the personalised care they received and felt that it was responsive to their needs. People told us how much their health and life had improved since moving to Malvern House, comments included, "I've been here six years and I'm far better than when I arrived. I'm diabetic and I had cellulitis, and they've looked after me so well I couldn't fault them. I still need a little bit of help walking but I couldn't do it when I first came in". Another person told us, "I have been in another home and we just sat in rows…my friends saw what was happening, and got me to come here, and it's not like that, I'm very happy". One relative described the service provided as "excellent".

People explained how they were empowered to independently support themselves, one person told us, "'I get up early morning and when I want help to put my clothes on, I just ring the bell", and " I'm a bit independent, but they bath me…I make my own bed".

People's care plans provided staff with guidance and direction about how to meet their individual needs. Care plans addressed their health, nursing care needs. People's care plans were reviewed as necessary with the person and or their family. One relative told us, "I briefed them when […] came in about her personal preferences and I sat with […] and discussed the care plan. I took a draft home and […] was very happy to take my suggested changes on board, when I was happy I signed it". The registered manager told us, liaising closely with external professionals was important in ensuing "we are meeting people's needs".

People had supporting care records when they had a specific care need, for example charts were in place to monitor people's skin conditions and record how often they should be re-positioned and dressings changed. This helped to ensure people's skin did not become vulnerable to unnecessary damage.

People's care plans were not always person centred and predominately focused on health care needs. The registered manager had already recognised this and told us she would like to make improvements.

People were able to spend their day as they chose to. An activity organiser visited twice a week to host a variety of quizzes and sing-songs, and people told us they enjoyed this. People had requested in the 2014 annual survey that they would like "more exercises" and "more trips out", so the registered manager was taking action to make improvements. People had access to a communal computer; the computer had large buttons so people who had visual impairments could use it. The garden had been re-landscaped to ensure people with mobility difficulties could access it easily.

The service had a complaints policy in place which was made available to people and their relatives. People knew who to speak with if they wanted to complain, one person told us, "I would soon complain if I had to, but I have no complaints" and "I'd got to [the registered manager] if I had a complaint but I don't…I'd put them in their place if they tried it on"!. A relative told us, "If there was anything […] was unhappy about I'd speak to the staff". The complaints policy was displayed and set out the provider's formal procedure to investigate and respond to people's complaints.

Good

Is the service well-led?

Our findings

People had faith and confidence in the management of the home, and named "the office" or "registered manager" as people they would go to with any problems. One person told us, "the people in charge are kindness itself. . .you see these terrible things on the TV but it's not like that at all". A relative was complimentary about the responsiveness of the provider, they told us,

"I wanted a recliner for […] and I would happily have paid for one myself, but no sooner had I mentioned it than it was there the next day…I don't know where they got it but it was there". External health professionals did not have any concerns about the management of the service.

The registered manager is also the owner of Malvern House. She was available through-out the inspection and was knowledgeable about people, their individual needs as well as their families. There was a clear management structure in place, and people and staff knew who to speak with. Staff spoke positively about the registered manager and the deputy manager. They told us they were accommodating of their own individual needs such as having time off for personal appointments and family commitments. Staff felt management were "fair" and "open". There was an open door policy, and staff told us they could speak with the registered manager or deputy manager at any time. One member of staff told us, "I absolutely love my job".

There were systems in place to help monitor the ongoing delivery of the service; these included a variety of audits and staff meetings. The registered manager and deputy manager also worked alongside staff to help ensure the service was run in the best interests of people.

The service was underpinned by a number of policies and procedures made available to staff. There was a whistle blowing policy in place which protected staff should they make a disclosure about poor practice.

The provider was pro-active in making environmental improvements to help improve the lives of people living at Malvern House, for example exterior repairs to the roof and changes to bathroom lighting. Where assessed, emergency call bell mats had been replaced with seated pads to reduce the likelihood of the person tripping and falling, flooring had been changed and improvements to the garden had been made.

People had been asked to complete an annual survey to help the registered manager establish if people were satisfied with the care and service they were receiving. The registered manager had taken action to make improvements following the last survey; this had been in respect of staffing and the menu. The registered manager also asked people informally at a residents meeting for their views on caring, cleanliness, food, privacy, dignity and respect. People had provided their feedback, which the registered manager had collated so action could be taken as necessary.

The registered manager had notified the Commission of significant events which had occurred in line with their legal obligations. The registered manager had apologised to people when things had gone wrong. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.