Care Quality Commission

Bupa Care Homes (CFC Homes) Limited

The Mellowes Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 17 and 19 November 2015.

The Mellowes Nursing Home provides nursing and residential care for up to 45 older people. There were 40 people living in the home at the time of our visit. Accommodation was over two floors with outside space accessible from downstairs.

There was a registered manager. 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 sufficient trained and competent staff to meet people's needs. The registered manager had been proactive in recruiting staff and was introducing an on call system for care workers at weekends. This would mean on call staff could work unfilled shifts if staff were ill at weekends. This would provide people with some continuity. People told us they felt safe living in the home and had confidence in the staff.

People told us they enjoyed the food and were offered a choice at mealtimes; they had access to snacks throughout the day. People who had specific dietary needs were catered for; their nutritional needs were

Summary of findings

monitored by staff. We saw staff encourage some people to eat and drink when they needed some help or support. People who had specific dietary needs were reviewed weekly.

People told us they were happy with the care they received, they were positive about staff. We saw staff being kind and respectful to people. People and their families told us they felt involved in decisions about their care. People had their privacy and dignity respected.

People had personalised care plans which were informative and indicated peoples likes, dislikes and preferences. Staff were able to talk with us about people and demonstrated to us they knew people as individuals.

There was a clear management structure. The registered manager was supported by a deputy manager and staff told us they felt supported and that management were approachable. There were robust systems in place for monitoring the quality of the service. Senior management did unannounced monitoring visits each month and the registered manager was responsible for ensuring that any actions were completed within an agreed timeframe.

Staff told us they loved working in the home and staff talked about the home being part of the community. One member of staff bought their dog into work each day which some people enjoyed and benefitted from. There was a range of activities available and people were asked what they would prefer. People who were nursed in bed or chose to stay in their rooms had visits from an activity co-ordinator. The registered manager was recruiting a second member of staff to support the activity coordinator so that more activities could be offered over the full week.

Staff told us that in addition to their usual annual training they had access to further training opportunities. One member of staff attended training on the Gold Standard Framework for end of life care. This is a nationally recognised training to support staff in delivering good end of life care support. People, who chose to were being supported to have an advanced care plan to ensure they received the care they wanted for themselves at the end of life.

There were systems and processes in place to ensure effective communication with people, their families and staff. For example, there were meetings for people, questionnaires and various staff meetings where information could be shared and suggestions made.

Information was on display either in reception or on notice boards in communal areas, for example about the home. On entering the building there was a friendly welcome from staff.

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?

There were sufficient suitably experienced and competent staff.

Medicines were administered and stored correctly.

People had a full assessment which identified specific risks. There were care plans which provided guidance how to minimise risks.

People were at reduced risk from harm and abuse. Staff received training and were able to tell us how they would recognise and report abuse.

Good

Is the service effective?

People were cared for by appropriately trained staff. Staff were supported to undertake further learning.

People had sufficient food and drink. They were provided with choice and could request snacks throughout the day.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People received support from healthcare professionals when needed.

Good

Is the service caring?

People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Good

Is the service responsive?

People had personalised plans which took into account their likes, dislikes and preferences.

People told us they knew how to raise concerns. There was a complaints policy and complaints were investigated by a member of the management team.

Good

Is the service well-led?

The service was well-led. People and staff told us the registered manager was accessible and available.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

Good

The Mellowes 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 inspection took place on 17 and 19 November 2015, it was carried out by one inspector and was unannounced.

We did not request a Provider Information Return (PIR) from the service before inspection. A PIR 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. However before the inspection we looked at information we had about the service, including notifications from the provider and information from the local authority. At the inspection we asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with nine people and two relatives. We also spoke with eight staff which included the registered manager and the quality manager. We also spoke with two healthcare professionals and contacted a representative from the clinical commissioning group. We looked at six care plans and five staff files. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

There were sufficient staff to meet people's needs. The registered manager told us recruitment had been successful. They had fully recruited to registered nurse positions and in the last month there had been no use of agency staff. They had taken steps to attract staff such as a recruitment day and a review of staff pay. They were introducing an on call system at weekends for care workers. This meant if a care worker went off sick the on call person would cover the shift. The registered manager told us they had an annual review of staffing and they were able to influence decisions about how many staff were required to ensure peoples received the appropriate care and support. They told us they had flexibility to increase staffing if needed and gave a recent example of when it was necessary to book an extra member of staff to meet the needs of one person.

People told us there were enough staff. One person said "There's always someone about if you want something." Another person told us "staff always come quickly if I need them." However one person and two staff commented that staff were sometimes under pressure, one member of staff said they needed to prioritise at times for example "if four people want to go to the toilet at the same time." We discussed this with the registered manager who explained that they used a dependency rating tool to calculate staffing requirements. They also monitored response times to the call bell to highlight any concerns. The registered manager told us the expectation was call bells would be answered within five minutes and it would be a concern and warrant further action if it took longer than 10 minutes to respond. We saw response times were mostly between five - 10 minutes; they were monitored on a daily basis. On one occasion when we saw the response time exceeded 10 minutes, the registered manager had investigated and actions were taken, for example through staff supervision.

People received their medicines safely. Staff were trained and had a competency assessment to ensure they were safe to administer medicines. Medicines were stored appropriately and at the correct temperatures. There were systems in place to check that medicines had been given to the right person at the right time.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding adults and described how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. There were no current safeguarding investigations being investigated. People told us they felt safe and one person explained how "reassuring" it was to have staff looking after them.

People's needs were assessed and included specific risk assessments, such as skin care, eating, drinking and mobility. When a risk was identified, care plans guided staff on how to support the person in such a way as to reduce the risk. For example one person was identified as at risk of falls, they had been referred to a healthcare professional and had an appliance to support them with walking. The care plan gave guidance on ensuring the person's room was free of potential hazards and that footwear was correct. There was also guidance on ensuring staff carried out regular checks at 30 minute intervals. Another person was at risk of not eating and drinking sufficiently. We saw they had drinks by their bed, which they needed support with. We asked staff when the person would be supported with their drinks. Staff explained that the person frequently declined drinks, they were on a food and fluid chart and the staff prompted the person each time they checked on them which was every 30 minutes. There was a record of the person taking small amounts at regular intervals. The person was referred to a Speech and Language Therapist and was having their weight monitored weekly. This was verified in the care plan.

There was a maintenance schedule which indicated when contractors carried out relevant checks or if these were managed by the home. The home employed a maintenance person and staff were able to make requests directly. This person attended daily meetings with the team and was informed when repairs were required. For example someone requested their picture be displayed in their room and this was actioned on the same day.

The home was clean, tidy and odour free. Staff received training in infection prevention and control. Staff used personal and protective equipment including disposable aprons and gloves to protect people from the spread of infection.

Good

Is the service effective?

Our findings

People told us they enjoyed the food. One person told us "the food is excellent, the chef is very good." People told us they are offered a choice from the menu and there were snacks available, they told us "I never go hungry." As well as a set menu offering a choice of two meals there was an alternative menu which gave people the option of having something specific prepared, for example an omelette or jacket potato. There was also a night time menu which offered snacks when the kitchen was closed, for example baked beans on toast.

Some people had specific dietary needs, such as a soft or fortified diet. Their care plans gave details about their diet and there was a record of people's dietary requirements in the kitchen. Kitchen staff were included in both daily and weekly meetings with other members of the team. This was an opportunity for updates and sharing of information related to food and drink. For example on day two of our inspection at the weekly clinical review meeting there was a discussion about one person who had been losing weight. Kitchen staff gave an update on how they encouraged the person to eat, such as; cooked their favourite food and presented it in an appetising way.

People received care and support from staff who had the appropriate skills and training. People told us they were confident about staff one person said staff "know what they are doing." New staff completed a four day induction training, after which they had a two week supernumerary period. This was reviewed to ensure staff were competent to work unsupervised. Staff received training which the provider considered as essential such as moving and handling, infection control, safeguarding adults and health and safety. They told us they were encouraged and supported to complete additional training for example; one member of staff told us they had recently completed a level 3 health and social care qualification. Two members of staff were part of an apprenticeship scheme. People talked with us in a positive way about staff and expressed confidence in their abilities.

Staff received regular supervision and appraisals in line with the supervision and appraisal policy. We saw sessions were recorded and staff told us they felt supported during their supervision. As well as supervision with a line manager care workers had a mentor and a buddy to provide additional support.

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 by 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)

Staff understood the principles of the MCA and how it applied to their work. Staff were able to explain to us about consent and we saw several examples of staff asking people first before proceeding to assist them. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority. They were waiting to be assessed.

One member of staff explained to us about one person who lacked capacity to consent to personal care and sometimes refused. There were risks associated with this person not receiving personal care, for example poor hygiene and skin damage, which had been documented in the care records. This led to a best interest's decision for staff to provide support when the person declined personal care. The best interest decision included involvement from a healthcare professional and family. Staff told us they followed guidance in the care plan, for example staff to approach the person at different intervals and to explain to them clearly how they planned to help them and to engage them in conversation about subjects which interested them.

People received support from healthcare professionals. For example a chiropodist visited six weekly. Some people had been seen by a Speech and Language Therapist or a dietician when they needed a safe swallow assessment or advice on suitable food. We also saw there had been visits from a specialist nurse, the mental health team, optician, physiotherapists and occupational therapists. The GP was contacted and visited someone during our visit, which demonstrated staff requested healthcare support when needed. There were records of healthcare professional

Good

Is the service effective?

contacts in the care plan and recommendations were followed through. For example one person was seen by a healthcare professional and recommendations about seating were made, which we saw had been carried out.

Good

Is the service caring?

Our findings

People were cared for by staff that were patient and kind. One person told us "I am very happy here, I can't fault them, they are very good." Another person told us how much they appreciated the support they had received from the nurse earlier that morning. They had been unable to sleep and the nurse assisted them to get comfortable. They were very appreciative of the help they had received as it meant they were able to "get a good sleep." They went onto to say how staff always listened and sometimes "a little makes a big difference."

One person told us there was a mixture of staff from all backgrounds and all ages and they felt that was good because it represented "normal life." They said "I get to know staff well ," and went on to talk about how they prefer it when they have regular staff as they can remember their names.

Some people lacked the ability to talk with staff. We saw that care plans captured details about the person which included how staff could communicate with them. For example one person responded to touch; staff told us that sometimes stroking the person's hand often elicited eye contact and/or a smile. There was information about what gave one person comfort for example they liked aa particular blanket and we saw they had access to it.

Staff talked warmly about people and were enthusiastic and motivated about their work. One member of staff told us "I absolutely love it here." Another member of staff told us "I look after people like I look after my own family."

People had their privacy and dignity respected. For example there were signs on people's doors to indicate their room was engaged during personal care. Staff knocked on doors before entering rooms. When people were in communal areas we saw staff approach them discreetly when they needed help with personal care. People were assisted back to their own rooms and their privacy was protected.

People and their families had involvement in decisions about their care. For example one person told us they knew what their care plan was and "I tell staff if there's something I want to change." Some people who were not able to contribute in the same way had their care plan based on information given to them by a relative or someone who knew them well. Families were encouraged to be involved. For example one family member told us "I get to know the staff and can talk with them and they take notice."

One member of staff had commenced Gold Standard Framework (GSF) training. The GSF gives training to those providing end of life care to ensure better lives for people and recognised standards of care. The member of staff attended workshops as well as facilitated weekly review meetings within the home. During each meeting people's health needs were reviewed and depending on the outcome there was a coding system which indicated whether any preparation was required towards end of life care. People had been offered a choice to be supported to have an advanced care plan which would ensure their needs were met at the end of life.

Good

Is the service responsive?

Our findings

People had the opportunity to participate in some activities. There was one full time activity co-ordinator in employment. Their role was to organise activities which included group activities as well as room visits for people who were either being cared for in bed or had chosen to spend time in their room. There was a range of events which were displayed on a notice board and these included activities such as groove to music, film clubs, sherry socials and memory quizzes. People were asked what activities they wanted and arrangements were made. For example, people had requested fireworks and a "Burgers and Bang" evening was arranged. Some activities happened on a monthly basis for example Colour Calm Art and a Ladies and Gents Club. A hairdresser visited weekly. One person told us "There's plenty for me to do."

There was an activities log in peoples care plans. We saw they had been completed however one record showed that one person who stayed in their room had five recorded activities for the month of September 2015 in the activity record. We asked staff what the standard or expectation was and were told that each time an activity took place it was recorded. It was unclear in the care plan if the activities recorded, were sufficient to meet this person's needs. We discussed this with the registered manager who told us they had advertised for additional activity coordinator hours to provide more activities across the week.

One member of staff told us they would like to spend more time talking with people however they told us their time is spent supporting people who needed assistance with their physical needs such as personal care. However one other member of staff told us every time they assist someone in any way they make sure it is a positive experience for the person, they told us they "have a chat every time."

People received personalised care and support based on their individual preferences, likes and dislikes. Care plans contained detailed information about peoples preferred daily routines for example one person liked to go to bed early and get up early, they had specific requests related to their personal care which was documented and staff were able to describe to us. People's likes were recorded, such as one person liked "chip butties" Staff were aware of peoples' likes and preferences and were able to talk with us about people they were supporting.

One member of staff bought their dog into work each day, people who chose to, had daily visits from him. The appropriate checks had been followed through to ensure it was a safe and appropriate activity to offer people. There was positive feedback from people about this experience, one person told me "it lights up my day".

People had their care plans reviewed on a monthly basis, relatives were invited to contribute to a review meeting and people were asked for their views.

There was a complaints policy and complaints were logged and there was an investigation of the complaint. For example there was one complaint about room cleanliness, following an investigation the registered manager arranged staff training to make improvements and concerns were raised in staff supervision.

Good

Is the service well-led?

Our findings

The service was well led. There was a clear management structure which included the registered manager and a deputy manager. The home was subject to monthly unannounced visits from senior management who carried out a quality check of the home which included looking at all aspects of care and the home environment. The registered manager was responsible for ensuring there was an action plan for areas that required improvements. For example following the quality check in October 2015 some of the actions included ordering a noticeboard, a suggestions box and new style meeting minutes. These actions had been signed off to say they were completed. The action plan was checked at subsequent quality checks.

People told us the home was well managed and were able to tell us who the managers were and they felt comfortable approaching them. Staff told us the registered manager was supportive and flexible. For example one member of staff told us the registered manager had given them time to listen to some personal concerns they had. The registered manager told us they valued the work that staff did and described strategies they had to show staff their appreciation. For example a "pay day breakfast" and staff massages. They told us they always thanked staff for their hard work. Staff told us this was important for them. One member of staff stated "I feel valued by my manager."

There was a system for quality monitoring within the home and there was a schedule of when checks were due. For example care records were checked on a monthly basis, there were quarterly checks of infection control and health and safety. We saw actions had been completed for example one person did not have a cognitive assessment and this was subsequently rectified. One member of staff had carried out checks on the continence supplies in people's rooms; following this actions were put in place to ensure people had sufficient supplies. This meant people were not kept waiting while staff had to go and get supplies from a central store. This was evidence that the staff team were motivated to make continual improvements to peoples care.

Accidents and incidents were reported in accordance with the policy. There was a monthly log which was monitored by the registered manager. Trends in incidents and accidents were monitored to ensure risks could be minimised. For example a falls analysis showed a higher incidence of falls in the evening. One member of staff told us how they reallocated staff to ensure people have closer observation during this period and this was being monitored for effectiveness.

The registered manager told us they monitored staff absence and implemented the company policy to ensure that staff that were unwell followed the necessary reporting procedures. Staff was supported by attending a return to work interview. The registered manager monitored trends in sickness absence patterns and when staff had more than three episodes within a specified timeframe, they were invited to attend group supervision with the operational manager. The registered manager highlighted the importance of maintaining a constant workforce to ensure continuity for people living in the home.

There was a daily Heads of Department Meeting, which was used to encourage effective communication. For example there was a discussion about a new person who was moving into the home. Information about the person was shared with the appropriate staff so they could plan for the persons' arrival this helped in planning a smooth transition from their own home into The Mellowes Nursing Home. One person told us how difficult it had been for them making the move from their own home but how well the staff supported them to ensure the move went smoothly and staff reassured them through "my anxieties."

There were a range of meetings held within the home. Which included a meeting for people and their relatives, There was an opportunity for people to make suggestions for example there had been a request for a gentleman's club, which had been started. One person told they appreciated and enjoyed this and that it was an opportunity for men to socialise together. Staff told us how they encouraged community involvement for example, there were visits to the home from local primary schools and nursery groups and there had been a flower show and local competitions.

There were meetings for all staff and specific staff group meetings, such as, team leaders, administration meetings and registered nurse meetings. The meetings provided an opportunity for staff to talk about how improvements could be made, for example in a team leaders meeting there was a discussion about how staff were allocated. The actions from this included ensuring senior staff considered skill mix so that the right staff were allocated to support people in the right way.

Good

Is the service well-led?

On entering the building there was a member of staff at reception and visitors were greeted in a friendly manner. There was information about the home and other useful material available.