Mandeville Care Services Limited

Mandeville Grange Nursing Home

Inspection report

201-203 Wendover Road
Aylesbury
Buckinghamshire
HP21 9PB

Tel: 01296397512

Date of inspection visit:
03 August 2018
07 August 2018

Date of publication:
31 August 2018

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

Summary of findings

Overall summary

This inspection took place on 3 and 7 August 2018.It was an unannounced visit to the service.

We previously inspected the service on the 21 February 2017. That was a focused inspection to follow up on a previous breach of the regulations. We found the service had met the breach of the regulation, however, we found a further breach of another regulation as the service was not ensuring all the required pre-employment checks were carried out prior to new staff commencing work. At this inspection we found significant improvements had been made.

Mandeville Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is a mixture of a traditional Victorian build and new build. Accommodation is located over two floors. People had access to several seating areas on the ground floor and were able to enjoy spending time in a well-established and maintained garden area.

The service is registered to provide accommodation up to 31 people. At the time of our inspection 23 people were living at the 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 received positive feedback from people, their relatives and staff on how the service was led. Comments included "I certainly wouldn't criticise them, especially the manager, she is excellent, salt of the earth" and "This place is very well run."

People were supported by staff who knew how to protect them from abuse. The likelihood of harm to people was reduced as potential risks were assessed and reduced.

People told us the environment replicated a traditional family home and was well maintained. People and their relatives told us Mandeville Grange was a "Home away from home" and "I see this as my home, I have freedom to move about and I can make choices."

People told us they really enjoyed the food. There was a selection of meal options available to people.

People were cared for by staff who demonstrated compassion and kindness. People told us they liked living at the home and felt the staff provided a good service. Comments from people included "I couldn't think of anywhere else to live," "There is not a better place to live," "Everyone is kind, when I mean that I mean

compassionate, from the cleaner right up to the top."

People were supported to engage in meaningful activities and keep in contact with family and friends. A wide range of activities were available to people, both in a group an individual basis.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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.

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's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were aware of their roles and responsibilities.

People were supported to access healthcare professionals to help them maintain their health.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to attend meaningful activities, both within the home and away from the home.

Is the service well-led?

Good

The service was well-led.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission.

People told us the registered manager was approachable and managed feedback about the service in a timely manner.

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.

The inspection was carried out on 3 and 7 August 2018 and was undertaken out by one inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider an opportunity to share what improvements they had planned to make during the inspection. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We looked at four people's care plan records, observed four people receiving their medicines and checked their medicine records. We looked at four staff recruitment files and checked training records. We spoke with seven people who lived at the home and six relatives. We spoke with the registered manager, two of the provider's directors, the deputy manager, three nurses and four staff, the chef and the activities co-ordinator. We spent time observing interactions between people and staff. We cross-referenced practice against the provider's own policies and procedures. We checked maintenance records and safety certificates.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe and that staff promoted their safety. One person told us "I have never felt so safe and happy. I can say that because I used to be a shrivelled flower and now I have become an open flower." Another person told us "I feel very safe here, the staff always support me. This was supported by what relatives told us. Comments from relatives included, "I have confidence that [Name of person] is being well cared for," "I do not live locally so it is a great relief for me that they [Family members] are being cared for safely."

The provider was aware of the requirements and procedures for recruiting staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Where qualified staff were appointed, appropriate checks were in place to ensure they could practise as a nurse

People told us there were enough staff to support them; this was supported by what relatives told us. However, when we spoke with staff they told us they were stretched and they could do with more help, especially in the morning. We fed this back to the registered manager. They advised they were reviewing staff deployment. We observed call bells were responded to quickly and found that people's needs were attended to in a timely manner. External agency staff were used to fill gaps in the rota and staff worked additional shifts to ensure people received safe care. The registered manager received a profile of agency staff to ensure they had the required skills to support people.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge of recognising abuse and how to respond to safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority.

People who required support with managing and taking their prescribed medicine had this detailed in their care plans. Medicine administration records (MARs) detailed what the medicine was and when it was required. We found MARs to be completed appropriately. People told us they were supported with their medicine in a safe manner. Staff told us medicines were managed well within the service. Some people were prescribed medicines for occasional use(PRN). We found these were also recorded on the MARs. In addition, further information was available for staff on when the PRN medicines should be given. One person had been assessed as being able to be left with their medicine, so they could take it when they were ready. This had been clearly risk assessed and a care plan was in place. Staff demonstrated a good level of knowledge of people's medicines.

Medicines that required additional controls because of their potential for abuse were stored appropriately. When staff administered a controlled drug, the records showed the signature of the person administering the medicine and a witness signature. Accurate stock records were maintained and checked on a regular

basis. The service had been visited by a community pharmacist in June 2018 who had carried out a medicine management audit. A number of actions for completion had been identified. We checked if the actions had been completed and the deputy manager confirmed they had.

Risks posed to people as a result of their medical condition were assessed. Risk assessments were written for a variety of elements of providing care and support to a person. Where people were identified as being of at a high risk of falling, a plan was in place to advise staff on how to minimise the risk. For instance, one person needed to wear hip protectors as they fell frequently and was at risk of hip fractures. We found the risks to skin integrity were assessed and routinely reviewed. Equipment used to minimise skin damage was in place and routinely checked to ensure it was working.

Environmental risks were checked and routine maintenance was carried out to ensure equipment was safe to use. Water safety checks were shared between the person responsible for maintenance and domestic staff. We checked the records relating to the management of water safety. We found the water temperature had been recorded too low on three separate occasions. We asked the registered manager to confirm what action had been taken as a result. They were unaware of this. A water sample had been recently been sent off for bacterial analysis. We have asked the registered manager and provider to share the result with us and take remedial action on the water temperature. The registered manager confirmed with us that action had been taken prior to us leaving the home.

Staff were aware of the need to report incidents and accidents and made sure safety concerns were escalated when needed. This ensured lessons were learnt and to prevent a future similar event. The registered manager gave us a number of examples on how they had changed practice as a result of learning from when things did not go as planned. They also received alerts on medical devices which had deficiencies. As a result of one alert received about diabetes, the registered manager had commenced an audit to ensure the home provided safe care to people with diabetes.

The home was well maintained and free from offensive odours. A team of domestic staff worked throughout the day. Cleaning tasks were carried out without affecting people and the activity they were undertaking. The home had received a five-star rating from it's last food safety visit. Staff had access to personal protective equipment. The registered manager had completed an infection prevention and control audit in March 2018. This was used to identify any areas of improvement required.

Good

Is the service effective?

Our findings

Prior to people moving into the care home their needs were assessed by a senior member of staff. The assessment gathered information for the management to decide if they would be able to meet a person's needs. The assessment captured information about people's communication, mobility, expressing sexuality and cognition, as examples. Where people were admitted from another health or social care setting, information was gathered from that provider.

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. Staff had received training on the MCA and associated safeguards. Staff were able to tell us how they encouraged people to make their own decisions and were able to demonstrate how they supported people to make choices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had referred people to the local authority for a DoLS assessment. They had received decisions on some and were awaiting decisions on other applications. We asked the registered manager if they maintained a log to record when applications and decisions had been made. They told us a record was maintained in the main diary. We spoke with the registered manager about how the recording of application and decision could be better managed. They confirmed they would make these changes.

Staff told us they felt supported by the management. We checked if staff were offered one to one meetings with a manager in line with the provider's policy. There was a clearly defined structure for staff management. A yearly calendar was used to monitor staff support. Where staff were being supported to develop their skills through the 'Assistant Practitioner programme (a foundation degree used as an introduction to either a therapy or nursing career), additional meetings and observations took place. The registered manager was keen to help staff develop their skills. One member of staff who was undertaking the assistant practitioner course told us "The next step is for me to do my nurse training". The registered manager told us the staff member had commenced their employment in the home as a domestic staff member. This really demonstrated a commitment from the registered manager to help staff develop.

New staff were supported to study the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff need to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person-centred way as examples. Staff were supported to keep their skills and knowledge up to date. Refresher training was offered in areas the provider deemed mandatory. Qualified staff attended study days that the local authority's quality-in- care team facilitated.

Where people required support with eating and drinking, this was detailed in their care plan. People's

preferences of food were highlighted. We spoke with the chef who was knowledgeable about people's food likes and dislikes. People told us they enjoyed the food. Comments included "I had a delicious dinner, the food is really good," "The food is excellent, they give you what you want" and "I had a lovely dinner, pork, mashed potatoes and cabbage, I love cabbage." People who required a soft diet were provided with it. The chef told us he had attended a training course provided by the local authority on preparing fortified milkshakes. We observed drinks were freely available to people and visitors. One visitor told us "I used to be offered a drink as soon as I came into the home, but now I have confidence to just get one myself." Staff were aware of the importance of keeping people hydrated in the warm weather.

The management team supported staff to work together to promote effective care to people. This included ensuring a handover meeting was undertaken each day. This was an opportunity for important information to be shared amongst staff. Staff told us that they felt communication was good within the team. Where people moved between the nursing home and other services, such as hospital, the staff ensured important information was shared to make sure people were kept safe.

People were encouraged to maintain their health. People were referred to external healthcare professionals like chiropody, dentist and audiologist when needed. One person told us someone was going to see them the day after we spoke with them to "Sort out my hearing aid." The service worked well with the local GP practice. We observed where a change in a person's health was noted it was quickly acted on. One person had become very poorly during our inspection. The nurses and registered manager ensured the GP was contacted and a change to the person's prescribed medicines was made.

The activities co-ordinator offered people activities which encouraged mental and physical health. For instance, gardening and quizzes. It was clear from our observation people enjoyed taking part.

People had access to the garden. We observed people who used a wheelchair for mobility routinely accessed the garden area. People we spoke with gave us positive feedback about the environment.

Good

Is the service caring?

Our findings

We received positive feedback from people and their relatives. People told us staff were kind and compassionate. Comments from people included "I couldn't think of anywhere else to live," "There is not a better place to live," "Everyone is kind, when I mean that I mean compassionate, from the cleaner right up to the top."

Staff had developed good working relationships with people. Staff were knowledgeable about people and their complex needs. It was clear when staff were talking about people, they liked working with them. We found staff enthusiastic and keen to provide a good service. We observed staff were kind and caring in their approach to working with people. Staff always acknowledged people. We observed this at every level. For instance, from domestic staff to the registered manager. This was supported by what people and their relatives told us. Comments included, "Whenever a member of staff passes someone, they always stop and say hello and ask the person how they are," "What I like is that you are not ignored, everyone without question always acknowledges you. I do not feel invisible." Another person told us "Staff are so kind, they really are."

People and their relatives told us Mandeville Grange felt like home and they considered it their home. One person told us "I see this as my home, I have freedom to move about and I can make choices. When I go out and come back staff ask me what have you been doing? This makes me feel I have come home. Staff are interested in me, and that means something." A relative told us they had taken their family member out and when they had returned they said, "It is good to be back home."

People told us they were involved in decisions about their care. One person told us "When I first came here I talked through my care needs with staff. I was involved in my care plan. Although I didn't know what it was to start with, well you don't if have never had care before do you?" Another person who had completed a satisfaction survey stated "I was met by the manager who sat with me and with a warm smile and kind personality. I felt safe straight away, the manager sat with me on admission and completed my care plan."

People were treated with dignity and respect. One person told us "The staff are really respectful, without question." Another person who was supported to move position using a hoist, told us they always felt safe whilst being moved and staff always spoke with them about what was going to happen.

Family and friends were able to visit at any time. We received lots of positive feedback from relatives. One relative told us "There wasn't a week that went by when one of family were not visiting. They [Staff] never knew we were going and we always found dad to be well looked after." Another relative told us "We are able to visit at any time as are other members of the family." People were encouraged to maintain important relationships with family and friends. One person routinely visited their wife who lived in another care home in the same town.

Relatives told us they had chosen for their family member to live at Mandeville Grange because it looked like a traditional family home. One relative told us "We liked it 'cos it is not clinical." Another relative told us "It's

a home away from home, as much as you can get it."

Good

Is the service responsive?

Our findings

People received a personalised service. Each person had care plans in place which reflected their individual needs. Their likes and dislikes were well known by staff. Where changes to people's needs were noted, a review of their support was held.

People were encouraged to participate in meaningful activities. The service was supported by an activities co-ordinator. Everyone we spoke with gave us positive feedback about the member of staff responsible for activities. There was a programme of activities, however, this could be changed to accommodate people's individual wishes. Group and individual activities took place. Where people chose to stay in their room, the activities co-ordinator visited people in their room. In the recent past people had been supported to go on a boat trip. One person told us "It was a lovely day out." We noted another person had written to the activities co-ordinator thanking them for the trip. They wrote "Thank you for arranging such a lovely trip on the boat at Henley on Thames. I really enjoyed the day so much, it made such a change for me to be out with others."

Staff respected people and celebrated people's diversity. One person observed a particular religious belief. Information had been made available to staff to ensure they respected the person's religion. One person we spoke who had not lived at the home for a long time, told us they would welcome the opportunity to speak with a clergyperson. We spoke with the registered manager about this and they contacted the local Church of England representative.

The provider had systems in place for people and their relatives to provide negative and positive feedback. Complaints made to the registered manager were used as opportunities to develop the service. People told us they would not hesitate to contact the registered manager. It was clear from the interactions we observed people felt the registered manager was approachable. This was supported by what people and relatives told us.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager and staff told us about how they communicated with one person who no longer lived at the home. The person used a letter board and would point to letters to spell out words. If required, information would be made available in large font or a different language.

People who were identified as needing end of life care were supported by staff who were professional, sensitive and kind. One relative whose father had lived at the home told us "He received superb care… kindness flowed throughout the home." They went onto say "They [Staff] dealt with his death sensitively, they not only looked after dad, they were very good at looking after us." We observed thank you cards from relatives who had family members who had lived at the home. Some comments from relatives in the cards included "You all did a great job in looking after mum, making her last years as comfortable as possible. We were always impressed when we visited just how friendly and caring everyone was. It is a difficult job you all

do, but you do it with enthusiasm and love. Mum could not have been in better hands or in a nicer environment."

Good

Is the service well-led?

Our findings

People, their relatives and staff gave us positive feedback about how the service was run. Comments from people included "They [Registered manager] are wonderful, they do anything you ask," "Very obliging," "I certainly wouldn't criticise them, especially the manager, she is excellent, salt of the earth" and "This place is very well run."

Staff told us they felt valued and liked working at the home. Staff felt supported by the registered manager. Comments from staff included "I love working here," "I love it, I really enjoy working her, not just for the residents but the staff as well" and "[Name of registered manager] is so good, a special person, very supportive."

The registered manager operated a 'open door' policy. We observed them to say good morning to each resident on entering the home. On the first day of the inspection they were not aware we were in the building and we observed they walked around the home to ensure they spoke with every resident.

The provider met with the registered manager on a weekly basis. This was an opportunity to discuss improvements or challenges. New admissions to the home were discussed and any staffing issues. Actions identified were followed up at future meetings. The provider told us they were implementing a new quality assurance process. This included an external quality audit, which would be carried out three monthly. At present the registered manager carried out audits to monitor the quality of the service provided. In addition, feedback was sought from people via a questionnaire. However, the service only received two replies from the last questionnaires sent out.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an allegation of abuse had been made. We checked our records and found we had been notified of events when required.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. Since our last inspection, there had not been any event which would trigger the DOC threshold. However, the registered manager was aware of the required action if the threshold was met.

The provider had a number of policies and procedures in place to help them manage the service. These were updated when changes were identified and were routinely reviewed to ensure they provided adequate information.

The provider and registered manager worked in partnership with external agencies. They had forged good links with the local authority's quality-in- care team and facilitated contract monitoring visits by the Clinical

Commissioning Group (CCG) and the local authority. The activities co-ordinator informed us they had arranged for a local mum and toddler group to visit the home.

Throughout the inspection we found the registered manager and staff were receptive to and supportive of the inspection. The registered manager demonstrated they were open to develop the service, they attended the local provider forums, facilitated by the local authority and had completed a 'My Home Life' programme. My Home Life is a UK-wide charitable initiative promoting quality of life for people living, dying, visiting and working in care homes, through relationship-centred and evidence-based practice. The local authority's quality-in-care team facilitated the programme. The registered manager told us how much they had enjoyed the programme.

Systems were in place for the registered manager to share learning with staff. They received medical device safety alerts and had responded to them. An audit completed by the registered manager had identified areas of improvement for the care of people with diabetes. The next audit completed demonstrated a marked improvement. We found the registered manager was committed to providing a high-quality service to people who lived at Mandeville Grange and encourage staff to excel and support people to have a dignified and caring service.