M & PJ Ltd

Malvern House

Inspection report

10 St. Stephens Road
Saltash
PL12 4BG

Website: www.malvernhousenursinghome.co.uk

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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

Summary of findings

Overall summary

We carried out an unannounced inspection of Malvern House on 24 January 2019. Malvern House is a 'care home' that provides nursing care for a maximum of 22 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 19 people living at the service, some of these people were living with dementia.

The accommodation is on two floors, with access to the upper floor via stairs and passenger or chair lifts. Bedrooms have wash hand basins and vanity units. There are shared bathrooms, shower facilities and toilets. Shared living areas included a lounge, dining room, garden and outside seating area.

This was the first inspection for the service since it re-registered as a new legal entity in February 2018.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

During the inspection we spent time in the shared living areas to observe staff interaction with people and how people responded to the care and support provided. We observed that people were relaxed and comfortable with staff, and had no hesitation in asking for help from them.

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I came back here on respite because the staff make me feel safe", "All the staff here work hard and are superb" and "The staff are so kind."

People received care and support that met their needs because there was a stable staff team who had the skills and knowledge to provide responsive and personalised care. Staff knew how to recognise and report the signs of abuse. There were enough staff on duty to meet people's needs.

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. New staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge.

Care plans contained personalised information about people's individual needs and wishes. Risks were identified and included guidance for staff on the actions they should take to minimise any risk of harm. When people were assessed as needing to have specific aspects of their care monitored records showed this was well managed. Care plans and risk assessments were kept under regular review. Staff were provided

with information about people's changing needs through effective shift handovers and daily records.

Staff worked with healthcare professionals, such as tissue viability nurses, GPs and speech and language therapists to help ensure people had timely access to services to meet their health care needs. Care records were updated to provide staff with clear instructions about how to follow advice given by external professionals.

People were supported to eat a healthy and varied diet. Comments from people about their meals included, "The food's pretty good", "I like the bacon and egg sandwich I get for breakfast" and "It's good to get lots of fresh vegetables."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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.

There were safe arrangements in place for administration, storage and disposal of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained and medicines records were completed appropriately.

People were able to take part in a range of group and individual activities. These included puzzles, board games, reading books and craft work. External entertainers, such as singers and bell ringers, regularly visited the service as well as the local church. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong and supportive leadership. People, their families and healthcare professionals were all positive about the management of the service and told us they thought the service was well run.

People and their families were given information about how to complain and details of the complaints procedure were displayed at the service. The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff were subject to a thorough recruitment process to help ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines safely by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff received appropriate training so they had the skills and knowledge to provide effective care for people.

The service had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support

in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in a range of social activities.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with strong leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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.'

This unannounced inspection took place on 24 January 2019. The inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 13 people living at Malvern House, nine relatives and a visiting healthcare professional. We looked around the premises and observed care practices on the day of our visit. We also spoke with four care staff, the cook, three laundry and domestic staff, two nurses and the registered and deputy managers. We looked at five records relating to the care of individuals, 19 medicines records, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I came back here on respite because the staff make me feel safe", "[Person] is safe here because the care is excellent" and "[Person] is happy here because he is nice and safe."

There were policies and procedures in place to minimise the potential risk of abuse or unsafe care. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training in safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. They told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training in this area as part of the induction process. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff about signs that might indicate people were beginning to become anxious. For example, one person's care plan stated, "[Person] can get frustrated if they cannot remember things. Give [person] time to think and with a calm approach and explanation they can be easily reassured."

Where people had been assessed as being at risk from developing skin damage due to pressure, airflow mattresses were in place for these people. People were weighed regularly and if their weight changed mattress settings were adjusted accordingly. There was a system in place to check if mattresses were set at the correct level for the person using them, when first put in place and on an on-going basis.

There were safe arrangements in place for the administration, storage and deposal of medicines. The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose of medicine given. From these records it could be seen that people received their medicines as prescribed. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. Records of when staff applied creams for people were accurately completed.

The service was holding medicines that required stricter controls. We checked the records against the stock held. The stock held was accurately recorded. Some people required medicines to be given as necessary or occasionally. It was clear, from discussions with the nurses on duty, that they knew in what circumstances these medicines might need to be given to each person.

There were enough staff on duty to meet the needs of people who lived at Malvern House. Rotas showed there were three care staff in the morning and two in the afternoon, with a nurse on duty all day. Staffing levels were adjusted as people's needs changed. For example, at the time of the inspection an extra care worker, to make four, was working in the morning to assist people who wanted a bath. The registered and deputy managers (who were both nurses) were available to support people if needed. In addition, as well as nursing and care staff the service also employed kitchen staff, laundry and housekeeping staff.

People and their relatives told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were answered promptly. People said, "You just ring your bell if you need anyone and they come quickly" and "Staff always respond promptly to my bell even during the night."

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

The environment was clean and there were no unpleasant odours. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training in infection control and personal protective equipment (PPE) such as aprons and gloves were available for staff to use. Some people needed help from staff to move from one place to another, with the use of a hoist and a sling. Each person had been allocated their own individually assessed sling, which was suitable for their needs. This meant they could be supported to move safely while reducing the risk of cross infection.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. People had Personal Emergency Evacuation Plans (PEEPs) in place outlining the support they would need if they had to leave the building in an emergency.

Good

Is the service effective?

Our findings

People's needs and choices were assessed before moving into the service. This helped ensure people's wishes and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and had the appropriate knowledge to meet their needs. Comments included, "I am pleased with the care I receive", "The staff do the best they can for us", "The staff are very good here" and "The staff are top class, top drawer."

Management and staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Care records confirmed people had been supported by healthcare professionals such as, tissue viability nurses, physiotherapists, GPs and speech and language therapists (SALT). People's care records were updated to provide staff with clear instructions about how to follow advice given by external professionals. This helped to ensure people's health conditions were well managed.

Where people had been assessed as being at risk of losing weight their weight was regularly checked and appropriate action taken should the person's weight change. When people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. These records had been consistently completed, analysed by senior staff, and action taken when potential concerns were identified.

People were supported to eat a healthy and varied diet. Staff were aware of any specific dietary needs or likes and dislikes people had. Drinks were provided throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. Comments from people and relatives about the meals included, "The food's pretty good", "I like the bacon and egg sandwich I get for breakfast", "It's good to get lots of fresh vegetables", "My drinks are topped up through the day" and "My husband has a big appetite and he enjoys his meals here."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). The 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. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff provide support in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time.

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. A manager met regularly with staff for one-to-one supervision meetings and annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

The design, layout and decoration of both building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there were passenger and chair lifts to gain access to the first floor. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. There were ample safe and secure outside spaces that people could access independently or with assistance from staff.

Good

Is the service caring?

Our findings

We spent most of the inspection in the shared lounge and dining room observing and talking with people. There was a calm and relaxed atmosphere throughout the day of the inspection visit. People and staff welcomed us into the service and were happy talk to us about their views of living and working there.

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, during lunch one person became agitated and stopped eating their lunch. Staff quickly responded, gently reassuring them and supported them to eat their meal and have a drink. After this intervention from staff the person became calmer and was seen to enjoy their meal.

People spoke positively about staff and their caring attitude. People and their relatives said staff treated them with kindness and compassion. Comments included, "All the staff here work hard and are superb", "The staff are so kind", "The staff are very patient, they don't rush me", "Staff are lovely and caring", "Fantastic nursing staff here" and "My husband is looked after and is happy here."

Staff were clearly passionate about their work and were motivated to provide as good a service as possible for people. Comments from staff included, "I am happy in my job. It is a nice friendly home to work in", "I love my work very much", "I've learnt a lot, I can't fault it. I love coming to work" and "This job is very fulfilling."

People told us staff treated them with dignity and respect, commenting, "The staff are very respectful in everything they do" and "I can't see so staff always check with me first before they do anything." Staff members were seen to knock on people's bedroom doors and wait to be invited to enter before going in. When staff asked if people needed assistance, offers of care were made discreetly.

People's preferences were respected. People told us they went to bed and got up in the mornings at the time they chose. People were able to choose where to spend their time, either in the shared lounge or in their own rooms. We saw people, who were able to mobilise independently, moved freely around the building as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Bedrooms were decorated and furnished to reflect people's personal tastes. People had photographs and possessions in their bedrooms. There were also photographs and pictures hanging throughout the building, which helped to create a homely atmosphere.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Comments included, "My relative visits most days and is made to feel welcome". "The staff are very welcoming and treat me and my relative well" and "I'm always offered a

drink."

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings with people and their families.

Records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs.

Good

Is the service responsive?

Our findings

A manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. The management team were knowledgeable about people's needs. Decisions about any new admissions were made by balancing the needs of people living at the service and the new person.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes.

Care plans were reviewed monthly or as people's needs changed. Files were well organised and information was easy for staff to find. Staff told us care plans were informative and gave them the guidance they needed to care for people. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and staff would regularly talk to them about their care.

Staff attended handovers at the start of their shift. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately. A healthcare professional told us, "Their end of life care is very good."

The service employed a part-time activities co-ordinator who arranged activities within the service and

themed events. These included puzzles, board games, reading books and craft work. External entertainers, such as singers and bell ringers, regularly visited the service as well as the local church. People told us they had enjoyed a recent local history talk and an event to commemorate Armistice day.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives told us they knew how to raise a concern and they would be comfortable doing so. People told us, "I would talk to the staff or the Manager", "I've never had any concerns but if I did I would speak to one of the staff and they would sort it I'm sure" and "I would speak to the manager or the deputy manager."

Good

Is the service well-led?

Our findings

This was the first inspection for the service since it re-registered as a new legal entity in February 2018. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also one of the owners of the service, had overall responsibility for the day-to-day running of service. They were supported by a deputy manager and a team of nurses and care staff.

Staff had a positive attitude and the management team provided strong and supportive leadership. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. They did this through informal conversations with management, at daily handover meetings, regular staff meetings and one-to-one supervisions. Comments from staff included, "I have worked in other homes but this is the most family orientated, meeting the needs of the residents", "Managers do listen and support us" and "It's a lovely home to work in and I would be happy for my relative to live here."

The service sought the views of people, families and other professionals and used feedback received to improve the quality of the service provided. The management team were visible in the service and continuously sought people's views on an informal basis. Questionnaires were given to people, families and professionals, on a regular basis, to ask for their experiences of the service. There were regular meetings for people and their families, which meant they could share their views about the running of the service. Where suggestions for improvements to the service had been made, the management team had taken these comments onboard and made the appropriate changes.

People, visitors and healthcare professionals were all positive about how the service was run and about the care provided for people. Comments included, "It's a lovely home. I would recommend it if I had a relative looking for somewhere. Staff are compassionate throughout the home, including the cleaners", "There's a good team here who communicate well with each other and get things done", "Staff work well together and keep me informed" and "There is a positive caring culture here and many staff have worked here for a long time which says a lot to me."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a programme of monthly and weekly audits in areas such as, falls, medicines, infection control, catering and equipment. In addition, because the registered and deputy managers worked alongside staff this enabled them to check if people were happy and safe living at Malvern House.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training or

adjusting working hours.

It was clear there was good partnership working with GPs, local authorities and healthcare professionals. The manager understood their responsibilities to act in accordance with regulations and to report any significant events and notifications.