Loxley Health Care Limited

# The Mews Nursing Home

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 27 April 2016. The service was last inspected on 7 August 2013 when we found it to be meeting all the regulations we reviewed.
The Mews Nursing Home comprises of three units situated over four floors. Nursing care is provided by qualified nurses who are supported by care assistants. The staff are able to access specialist nursing services when required. On the day of our inspection there were 47 people living in the service.

The service had a registered manager in place at the time of our inspection. 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.

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

We looked in one shower room and found the ceiling was stained, the shower seat was ripped with the foam exposed causing an infection control risk. A toilet we looked in had wall tiles missing and stained flooring. Two toilets we looked in did not have hand wash facilities in place for people to wash their hands after using the toilet or providing personal care. These issues posed an infection control risk.

Overall medication arrangements in place were satisfactory however, one of the medicine administration records (MARs) we looked at on The Huntington Unit showed that the person was prescribed a medicine that was to be given 'when required'. We found that information was not available to guide staff as to when they may need to administer medicines prescribed in this way. If information is not available to guide staff about 'when required' medicines need to be given, people could be at risk of not having their medicines when they actually need them. The registered nurse agreed to put this information in place straightaway.

The service had a nutritional policy and procedure in place which stated that "All healthcare professionals who are directly involved in patient care should receive education and training, relevant to their post on the importance of providing adequate nutrition." However, records we looked at and confirmation from the registered manager showed that none of the staff employed at The Mews had received training in nutrition.

Some training had been undertaken by staff members although not all staff were up to date with mandatory training requirements. The service had induction training in place for new staff members. A small percentage of staff had received a recent supervision.

Care records we looked at contained risk assessments. We saw these were reviewed on a regular basis to ensure they remained relevant.

We found robust recruitment processes were followed by the registered manager when recruiting new staff. All the relevant checks were undertaken ensuring their suitability to work at the service.

Staff we spoke with told us and records we looked at showed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate a sound understanding of their responsibilities in relation to this.

The care records showed that people had access to external health and social care professionals. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

There were a number of communal areas where people could socialise and we saw these being used frequently.

We observed saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

We found the atmosphere in the service was warm and friendly. We saw that staff had time to sit and talk to people who used the service. We observed call bells were answered in a timely manner and people were not rushed.

Two registered nurses had received accreditation in the Six Steps to End of Life training. This training aims to guarantee that every possible resource is made available to people in order to facilitate a private, comfortable, dignified and pain free death.

Care plans we looked at showed that people's religious and/or cultural preferences were identified.
The registered manager told us that some people had visited Lourdes in Frances to meet their religious wishes.

Records we looked at showed that satisfaction surveys were sent out to gain feedback from staff, service users and relatives. Regular residents and relatives meetings were held.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe. We found a number of infection control risks, including a ripped shower seat with foam exposed, stained flooring, missing wall tiles and a lack of hand wash facilities in two toilets.

People who used the service told us they felt safe. Staff members we spoke with told us they had received training in safeguarding adults. All of them were able to describe examples of situations that may be classed as abuse and what action they would take if they suspected anyone was at risk.

We saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service and were accessible in an emergency situation.

### Is the service effective?

**Requires Improvement**

The service was not always effective. Records showed a large number of staff were overdue training in many areas, for example, 31 of 74 staff were up to date with training in moving and handling. None of the staff members had completed training on equality and diversity or diet and nutrition.

Records we looked at showed that people had been assessed in relation to their capacity. These assessments had been undertaken by the relevant and appropriate people and had involved the person.

We saw the kitchen had been awarded a five star rating from the environmental health which meant food was stored and served safely. Kitchen staff kept a record of all the meals they served to follow an audit trail.

### Is the service caring?

**Good**

The service was caring. People who used the service appeared comfortable and confident around the staff. We noted that humour was used appropriately and laughter was heard throughout the service during our inspection.

We noted that all care records were stored securely; this helped

to ensure that the confidentiality of people who used the service was maintained.

The registered manager told us that there were no restrictions on when visitors could attend the service to see their loved ones.

## Is the service responsive?

Good

The service was responsive. People who used the service told us there were plenty of activities on offer at The Mews.

Records we looked at showed that prior to moving into The Mews Nursing Home a pre-admission assessment was undertaken to ensure people's needs could be met by the service.

People who used the service told us they knew how to make a complaint. One person told us, "You can go to any member of staff or the manager and they listen to you. They would if I had a complaint".

## Is the service well-led?

Good

The service was well led. People who used the service told us the registered manager was approachable. One person told us, "You can talk to the registered manager when you want. His door is open and I talk to him a lot."

The service had quality assurance systems in place and these were sufficiently robust to identify areas for improvement.

We asked the registered manager what visions and values they had for the future. They told us, "I want to maintain the standards and reputation we have for providing specialist and complex care."

# The Mews 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 checked 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 27 April 2016 and was unannounced.

The inspection team consisted of three adult social care inspectors.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised with us.

During the inspection we also carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service. We also spoke with the registered manager, three qualified nurses, one care staff member, a cook and kitchen assistant, a laundry assistant and two activity coordinators.

We looked at a number of records during the inspection including eight medication administration records, six care records, four staff personnel files and records relating to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

People who used the service told us, "They keep my room clean and tidy but I do a lot myself and they encourage that", "They keep the whole home very clean but I like to keep my own room tidy with staff support", "My room is clean but I do that mostly myself. The whole home is clean though" and "I keep my own room clean but they do my laundry."

The service had a policy and procedure in place in relation to infection control. This covered topics such as hand hygiene, personal protective equipment (PPE), sharps and housekeeping. This was accessible to staff members. The registered manager told us they were the nominated person for infection control within the service.

We looked at the on-site laundry facilities, situated in the cellar. The laundry was equipped with three industrial washing machines; however two were out of order. The washing machines had a sluice facility to deal with soiled laundry. We were told by the registered manager and the laundry assistant that they were waiting for them to be repaired. There were two tumble driers. Hand-washing facilities and protective clothing of gloves and aprons were in place. Red alginate bags were in use. The laundry had a clean and dirty area, although we saw clean bed linen stored in laundry skips waiting to be taken onto the units. We asked the laundry staff to ensure they were removed to the clean area.

We looked in one shower room and found the ceiling was stained, the shower seat was ripped with the foam exposed causing an infection control risk. A toilet we looked in had wall tiles missing and stained flooring. We spoke with the registered manager regarding this who informed us that a refurbishment plan was in place; some of the bathrooms had been refurbished and others were waiting to be completed. The manager did not know when this would be completed. Two toilets we looked in did not have hand wash facilities in place for people to wash their hands after using the toilet or providing personal care. This poses an infection control risk.

These matters are a breach of Regulation 15 (1) (a) (c) (e) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they felt safe. Comments we received included, "I feel safe here. Much safer than when I was at home," "I feel safe here now I know everybody," "I feel safe, why wouldn't I," "I feel very safe here. Nobody bothers you" and "I feel very safe and you can walk around with no trouble."

Staff members we spoke with told us they had received training in safeguarding adults. All of them were able to describe examples of situations that may be classed as abuse and what action they would take if they suspected anyone was at risk. The service had a safeguarding policy and procedure in place. This gave staff clear examples of the types of abuse and signs that they needed to observe for and report on. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

We saw the service had a whistleblowing policy in place which gave staff clear steps to follow should they need to whistle blow (report poor practice). Staff we spoke with told us they were aware of the whistleblowing policy and knew what to do if they had any concerns. They told us they would approach the manager or another member of the management team and felt confident to do so.

Care records we looked at contained risk assessments. These were in relation to assessing risks if people had problems with certain aspects of their health, such as a history of falls, a need for support with moving and handling or poor nutrition. We saw these were reviewed on a regular basis to ensure they remained relevant.

We saw risk assessments had been completed for the environment such as fire, falls from heights, lifting equipment, legionella, bathing and use of wheelchairs. This showed the service had considered the health and safety of people using the service.

Records we looked at showed that equipment throughout the service such as hoist's, were serviced on a regular basis to ensure they were suitable and safe for use.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm system, electrical installation, gas appliances and portable electric appliances. Hot water outlet temperatures were checked to ensure they did not scald people. However on the day of our inspection we checked a number of hot water outlets and found the water to be extremely hot to the hand. The registered manager informed us that there was a fault with the thermostatic valve and that this was in the process of being fixed. We asked the registered manager to inform us when this had been fixed. The morning after our inspection the registered manager informed us that this had been fixed and the water temperatures were within required limits. Windows had a suitable device fitted to prevent people who used the service from falling out accidentally and radiators did not pose a threat to people's welfare.

We looked at all the records relating to fire safety. The service had a fire risk assessment in place that had been carried out on 4 March 2016 by an external contractor. We saw regular inspections were undertaken of emergency lighting, fire alarm, fire extinguisher sites and smoke detectors. We saw the service had only started undertaking fire drills in April 2016 of which nine out of 74 staff had been involved in. We spoke with the registered manager regarding this and were informed that they were working their way through all the staff to ensure that everyone had the opportunity to be involved in a fire drill.

We saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. They were kept in a central file in each staff office so they were easily accessible in the event of an emergency arising. The care records also had a 'traffic light system' of stickers attached to the outside of the care records to further identify the assistance required. This information assists the emergency services in the event of an emergency arising, helping to keep people safe.

We saw that emergency plans were on display throughout the service. These contained detailed floor plans, the evacuation procedure and suitable alternative locations that people could access in the event of an emergency such as fire.

The service had an accidents policy in place. This gave staff clear guidance on the reporting of accidents, the procedure that should be undertaken, if and when to notify the Commission, investigating and training. Our records showed that the service had appropriately notified us of all relevant accidents.

We found robust recruitment processes were followed by the registered manager when recruiting new staff.

We saw the service had a policy and procedure to guide them on the relevant information and checks to be gathered prior to new staff commencing; ensuring their suitability to work at the service.

We examined the files for four staff members. We saw the service obtained two written references and an application form (where any gaps in employment could be investigated) had been completed. The service undertook a criminal records check called a disclosure and barring service (DBS) check prior to anyone commencing employment in the service. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We asked people who used the service if they felt there was enough staff on duty to meet their needs. One person told us, "They can be short staffed sometimes in the afternoon but I never have to wait long for assistance. On Monday they were short, normally there is five or six on but there were only four but they have said they are waiting for the checks on new staff before they employ them." One staff member told us, "Staffing is the problem. They are recruiting though for a unit manager."

We spoke to the registered manager to ask if they undertook a staffing level assessment to determine the staffing levels they required. They informed us that they did not undertake staffing level assessments and they had "Inherited the current staffing levels." The registered manager told us current staffing levels consisted of three qualified nurses, three senior care staff members and between seven and eight care staff members during the day. Night time staffing levels consisted of one qualified nurse and between five and six care staff members. The majority of the people who used the service required two staff members to manoeuvre them. The registered manager told us they were short staffed and had been using 80 hours per week on agency staffing. However they had recruited another four staff members and another cleaner which they felt should see staffing at acceptable levels.

We spoke to people who used the service about their medicines. Comments we received included, "I take four tablets twice a day. I take Paracetamol in the day. I get them when I need them", "I get my medicines on time" and "They give you your medicines on time and get a doctor for you if you need one."

We looked to see how the medicines were managed on two of the three units; The Huntington Unit and Fern View. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of eight people who used the service. We found on each unit that the medicines were stored securely in a locked trolley in a locked medicine room. The system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

One of the MARs we looked at on The Huntington Unit showed that the person was prescribed a medicine that was to be given 'when required'. We found that information was not available to guide staff as to when they may need to administer medicines prescribed in this way. If information is not available to guide staff about 'when required' medicines need to be given, people could be at risk of not having their medicines when they actually need them. The registered nurse agreed to put this information in place straightaway.

We saw that some people were prescribed topical skin creams. The MARs we looked at showed that the registered nurses had documented that they had applied the prescribed creams. Following a discussion with the registered nurses it became apparent that the care staff were, in the main, responsible for applying the creams. The registered nurses we spoke with agreed that this was inaccurate recording. They agreed to rectify this by ensuring the administration charts for prescribed topical creams would be kept discreetly in the service user's rooms; enabling the care staff to sign for them when they had been applied.

We saw that some people who used the service were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes to food, for people who have difficulty swallowing. They may help to prevent a person from choking. Although staff we spoke with were aware of how much thickener was to be added to the persons' drinks, there was no accurate recording of when the thickeners were being given. The registered nurses were recording that they were giving the thickeners but it was, in the main, the care staff. They agreed to rectify this by ensuring the administration of thickeners would be recorded on the fluid intake charts by the care staff who administered them. There was no evidence of any harm to people and we have confidence the provider rectified the issues raised.

One of the MARs we looked at showed that the person was given their medicines covertly (hidden in food and/or drink). We saw that the home had obtained consent from the person's GP for this to happen. The registered nurse told us this had been discussed with staff, family and the GP and was considered to be in the person's best interest to give their medicines covertly. This helps to protect people against the risks of not being given their medicines whilst at the same time safeguarding them against the risk of abuse.

Although records were kept of medicines waiting to be returned to pharmacy and the medicines were kept in a locked room, they were not kept in a tamper-proof container. We discussed this with the registered manager who told us they would make arrangements to obtain a suitable container.

We saw there was a medicine management policy and procedure in place. The registered nurse we spoke with told us that only the registered nurses administered medicines and they had all undertaken medicine management training. The registered manager told us they undertook regular medicine audits which included checking MAR's, daily handover sheet for medicines and if daily checks had been undertaken such as fridge temperatures and controlled drugs. We were also told by the registered manager that registered nurses had their competencies checked on a regular basis to ensure they remained knowledgeable and able to safely administer medicines.

Requires Improvement

# Is the service effective?

## Our findings

We spoke to people who used the service about the knowledge and skills of staff members. Comments we received included, "They know what they are doing. They are well trained", "The staff know what they are doing so I think they are well trained" and "The staff are well trained and friendly as well."

Records we looked at showed staff completed an induction when they commenced employment. The induction consisted of a booklet to be completed which covered, values, equal opportunities, communication, confidentiality, policies and procedures, continence, pressure areas, behaviours, moving and handling, health and safety, fire safety and food hygiene. New staff members that did not have a national vocational qualification (NVQ) were enrolled on the new Care Certificate as part of the induction process.

We spoke to one staff member about the training they had received since working in the service. They told us, "I am happy here; training is up to date as [registered manager] sees to that."

We looked at the training records for a number of staff members. We saw that courses available included mandatory training such as, manual handling, safeguarding, infection control, food safety, fire safety, control of substances hazardous to health (COSHH), health and safety, dementia awareness, diet and nutrition, medicine administration, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), first aid, equality and diversity. These were to be completed 12 monthly, two yearly or three yearly. However records showed a large number of staff were overdue training in many areas, for example, 31 of 74 staff were up to date with training in moving and handling, 21 of 74 staff were up to date with safeguarding training and 24 of 74 staff were up to date with fire safety training. None of the staff members had completed training on equality and diversity or diet and nutrition. We spoke with the registered manager regarding this and were informed that the service was in the process of changing training providers and once this change had been made the focus would be on staff members getting up to date with mandatory training. Other courses we saw available included behaviours that challenge, mental health, catheter care and person centred planning.

The registered manager told us that most of the training was completed online. The service provided two laptops for staff to use in order to complete training during their working hours. One staff members record we looked at showed they had discussed their training wishes in an appraisal and since this had completed their Diploma Level 5 in Leadership and Management.

We saw that 25 out of 74 staff members had received a recent supervision with the remainder being scheduled for the near future. Supervision meetings helped staff to discuss their progress at work and also discuss any learning and development needs they may have.

These matters are a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as training and supervision of staff members was not up to date.

We were told that verbal and written 'handover' meetings between the staff were undertaken on every shift. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood. We were shown one of the written handover sheets in use. It gave sufficient information about a person's needs and whether or not they were subject to a deprivation of liberty safeguard.

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. Then they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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). 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.

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.

Staff we spoke with told us and records we looked at showed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate a sound understanding of their responsibilities in relation to this. The service also had a policy and procedure in place in relation to MCA and DoLS at the time of our inspection which was accessible to staff.

Four people within the service were subjected to a DoLS, with a further two applications having been submitted and awaiting an outcome. The registered manager confirmed that the majority of the people using the service had capacity to make their own decisions.

Records we looked at showed that people had been assessed in relation to their capacity. These assessments had been undertaken by the relevant and appropriate people and had involved the person. We also saw that best interest meetings had been undertaken for those people who lacked capacity to consent. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. Those people that had capacity had consented to the care and treatment being delivered.

The care records showed that people had access to external health and social care professionals such as, Hospital consultants, GP's, district nurses, specialist nurses, dentists, opticians and chiropodists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving would be sent with them.

We spoke to people who used the service to ask them what they thought of the meals provided. Comments we received included, "On Wednesday and Saturday we have a lovely cooked breakfast", "The food is all right. We get a choice of meal. I just think it is a bit repetitive. I always know what is on the menu. I eat in the dining room with my friends here", "The food is pretty good and you can ask for something else if you want.

If they have it they will make it", "They cater for diabetics as best they can but we always want what we cannot have", "The food is good and you get a good choice", "The food has gone down a bit lately but we have had a meeting about it" and "The food is very nice."

We spoke with the registered manager regarding some of the negative comments we had received about the food. They informed us that they were aware people were not always happy with the food so they had sat and had a meal to experience the food. They also told us they were going to get a staff member to be supported to eat a meal in order to experience how this felt. This was on-going and being addressed.

During the lunchtime meal service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed tables were nicely laid with cutlery and condiments and the meal looked appetising. We saw staff had time to sit and support people who used the service to eat their meal, without being rushed. Staff interacted well whilst supporting people. Drinks were observed to be offered during the day and during the meal including tea, coffee, juice and water.

We spoke with the cook and the kitchen assistant. They told us, "They have a full breakfast twice a week and usual breakfast meals the rest of the time. People have a choice at all meal times and this includes the sweet. Tonight tea choice is chicken pie or spaghetti. We have just changed over suppliers and we are getting used to the new menus and delivery of food. We have a four weekly menu cycle. There are no problems with supplies as a rule but some foods are now delivered just once a week which can be awkward if something does not come but we would then use what we have. All fresh foods are delivered more often so meat, bread, milk etc. is no problem. We had a meeting with people who used the service and once we have settled down with the suppliers we are going to offer more options and they are going to help plan the menu. They are hard to please. Even the different floors like different foods."

Records we looked at confirmed that people were offered a cooked breakfast on Wednesday's and Saturday's. During these times a light lunch was served with the main meal being served in the evening. The remainder of the week the main meal was served at lunch time. We saw snacks were offered between meals and a supper was offered. Records also showed that diabetic, kosher and halal options were available for those people who required an alternative diet. We saw that there were separate cooking utensils, crockery and cutlery for the people on these diets.

There was a profile for any person who had special dietary needs which contained individual advice from speech and language therapist's and dieticians. This included fortified meals and what to use and advice on posture. We saw that information relating to the use of thickeners was precise, for example 1 spoonful of thickener per 100mls of fluid. This should prevent any confusion about the consistency each person required for their fluids to be given safely.

We looked at menus covering a four week period and found that these were varied and nutritious. We questioned why hot dogs were on the menu on a weekly basis and were told "Because they like them." We saw there was menu with pictorial support for those people who may struggle to read or understand a written menu.

On special occasions such as Valentine's Day, Christmas, Burns Night and evenings such as karaoke evenings, a special menu was developed to match the theme. There was also a vending machine in the service where people could purchase drinks and snacks of their choice.

We saw the kitchen had been awarded a five star rating from the environmental health which meant food

was stored and served safely. Kitchen staff kept a record of all the meals they served to follow an audit trail.

The service had a nutritional policy and procedure in place which stated that "All healthcare professionals who are directly involved in patient care should receive education and training, relevant to their post on the importance of providing adequate nutrition." However, records we looked at and confirmation from the registered manager showed that none of the staff employed at The Mews had received training in nutrition. This meant the service was not following its own policy and procedure. Other records we looked at showed that people were being weighed regularly, dietician, speech and language therapist and an Abbott nurse (a nurse who specialises in peg feeds) input was requested as and when required and no concerns had been raised in relation to people's nutrition. The registered manager told us that fluid intake was recorded daily for people who used the service. The system used highlighted if people were receiving less than they should and action would be taken to address this.

People who used the service were complimentary about their bedrooms. Comments we received included, "I have made my room my own little house" and "I have filled my room with photographs of my friends and family." We saw a number of bedrooms throughout the service and found these were very personalised and people were encouraged to bring in their own furniture and decorate to their own tastes. One person liked tropical fish and we saw a large fish tank in their room. We saw some people had their own telephone line and Sky television.

Corridors and doorways within the service were wide enough to accommodate wheelchairs and hoists to make it easy for people who used the service to manoeuvre around. There were a number of communal areas where people could socialise and we saw these being used frequently.

Good

# Is the service caring?

## Our findings

We asked people who used the service if they felt staff members were caring. Comments we received included, "They've done a lot for me here", "The staff are brilliant", "The staff are all nice. They are all equally kind. Some are easier to talk to than others but overall great", "The staff are very caring", "The staff are brilliant. They are all very caring", "The regular staff have a good laugh and joke with us", "All the staff are hard workers and extremely caring. Occasionally they have agency who are not as good", "You can make friends with the staff", "The staff and girls are brilliant" and "The staff are very caring."

We observed that staff members' approach was calm, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We noted that humour was used appropriately with people and laughter was heard throughout the service during our inspection.

One person who used the service told us, "My family visit and they know I am happy here. They can come when they want and at least once a week." We were told by the registered manager that there were no restrictions on when visitors could attend the service to see their loved ones. The registered manager also told us that one person who used the service had a boyfriend and they accommodated him visiting until late at night time as requested. This showed people's wishes were considered and acted upon within safe limits.

We asked people who used the service if they felt staff members respected their privacy and dignity. Comments we received included, "They always ask me first if I need any care and give all my care privately" and "Staff are careful to give any care in private. I think they preserve my dignity." We observed saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

People who used the service told us, "I do not think I could find a better place to live", "I am happy here. Like any family you can have the odd disagreement with another resident. You can talk to members of the staff if you have and concerns or a problem. The nurse listens to you", "Medically the place cannot be beat", "I was in another home and they cannot hold a candle to this one. The care here is ten times better", "I like it here. We all have a bit of fun" and "The staff are great and they are my friends. We have a laugh all the time. I am happy here and I like it."

One staff member we spoke with told us, "I love it here. We are like a family; staff and residents." Another staff member told us, "I enjoy working here." We asked the registered manager to describe the atmosphere in the service. They told us, "Bubbly, lively, relaxed and homely."

We found the atmosphere in the service was warm and friendly. We saw that staff had time to sit and talk to people who used the service. We observed call bells were answered in a timely manner and people were not rushed.

The registered manager told us that an advocacy service was available to everyone who used the service.

Records we looked at showed that advocate's had attended multi-disciplinary meetings held for people as and when required and would regularly visit the service on a drop-in basis. The registered manager told us, "It is a good service, we use it a lot."

Records we looked at showed that two registered nurses had received accreditation in the Six Steps to End of Life training. This training aims to guarantee that every possible resource is made available to people in order to facilitate a private, comfortable, dignified and pain free death. Whilst there was no one on end of life care on the day of our inspection, this training should ensure that staff are prepared when someone is at the end of their life.

We noted that all care records were stored securely; this helped to ensure that the confidentiality of people who used the service was maintained.

Good

# Is the service responsive?

## Our findings

People who used the service told us there were plenty of activities for them to be involved in. Comments we received included, "I like to watch television. Football especially. I have a large collection of CD's and listen to music a lot. No particular artists – all kinds of music", "I go on the internet which I have in my room and Sky television so a good choice of what to watch. I also have hobbies like collecting beer glasses, key rings and pens. I also collect football memorabilia", "I am going out shopping tomorrow and to Manchester on Saturday. I also go to the supermarket to buy what I need. I don't really join in with the activities girls but they take me out. I have joined in the activities when I wanted to", "I collect perfume bottles as you can see. That is my hobby. We take it in turns to go out. I have been out shopping and on trips like to Coronation Street. You can see the photographs of where I have been on my wall", "I attend the activities and have played bingo at the Mecca in Rochdale and joined in the raffle lately. They take us out to places of interest but I don't want to do any art work", "I have lots of pictures of the activities and have a good friend here. We go together. We like the singers and karaoke. I have also had a massage which was good. I go shopping a lot and like Primark. I like to read my magazines" and "I have been on holiday twice."

Records we looked at showed a participation chart was in place. This showed what activities each person had undertaken each day. There was also a daily log in place to show who had been invited to participate in activities, who had attended and who had refused. This was analysed over a two month period and individual profiles for activities were then completed which also included peoples likes and dislikes. They also recorded how the activity had gone and the abilities people had for the kind of activity they had participated in; for example if someone had poor concentration and only partly attended.

The service had two activities co-ordinators. They told us they took people to football matches, bingo halls, had one to one chats with people, arranged evening entertainers and karaoke, parties, shopping, supported people to see their families and to go to college, one to one for those people on palliative care, massage, pedicures, nail painting and to the local pub for lunch.

Records we looked at showed that prior to moving into The Mews Nursing Home a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if The Mews Nursing Home could meet the needs of people being referred to the service prior to them moving in. The registered manager told us they ensured that people "fit with the service and if the service fits with them." They also told us they had recently refused to admit a referral as they did not feel able to meet their needs.

We looked at the care records for six people who used the service. The care records contained detailed information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. This showed a person-centred approach to providing care. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs.

We spoke to the registered manager about meeting people's religious needs. They told us that people from

the local mosque visit on a regular basis and three times per week someone from the local catholic church came into the service. We were also told that in the past they had supported people to attend Lourdes in France to meet their religious wishes. Care plans we looked at showed that people's religious and/or cultural preferences were identified.

One person who used the service told us they were able to make their own choices. They told us, "I choose when I get up and go to bed." Throughout our inspection we observed staff members giving people choices such as what they would like to eat and where they would like to go.

We asked people who used the service if they knew how to make a complaint or if they had ever needed to complain. Comments we received included, "If I had a complaint they would listen to me", "I complained about an agency worker and have never seen her again so I think they must have listened", "You can go to any member of staff or the manager and they listen to you. They would if I had a complaint" and "You can tell them if there is something in the home you do not like and they will listen and do something about it."

The service had a complaints policy and procedure in place. This gave detailed information relating to the complaints process and time frames for responses. Records showed no complaints had been made.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout this inspection.

We asked people who used the service if they felt the registered manager was approachable. One person told us, "You can talk to the registered manager when you want. His door is open and I talk to him a lot." One staff member we spoke with told us, "[Registered manager] is supportive. You can go to him with a problem and he understands and will deal with it."

On the day of our inspection we were made very welcome by the registered manager and staff members. We observed the registered manager interacting with visitors, relatives and people who used the service in a friendly and personalised manner. The registered manager was able to speak in great detail about people who used the service.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement. The audits we looked at included medicines, care plans, invasive devices, mattresses, falls and infection control. All of which were undertaken on a regular basis. A further audit was undertaken by the provider's quality assurance team. These audits focussed on staffing, safeguarding, whistleblowing, medicines, premises safety, health and safety, infection control, accidents and incidents, risk assessments, communication, premises, activities and complaints.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included recruitment, safeguarding, risk assessments, accidents and incidents, infection control, nutrition, whistle blowing and complaints. These were accessible for staff and provided them with guidance to undertake their role and duties.

The registered manager told us that surveys were sent to staff at their home address. These had recently been sent out and were awaiting their return.

Surveys were also given to people who used the service. The ones we looked at showed that food was covered; however the registered manager told us that new surveys were being developed and they would not cover the topic of food, instead a suggestion box was available which had been used. We were not told what topics the new survey would contain.

Records we looked at showed that regular resident and relative meetings were held. We looked at the notes from the last meeting dated 8 January 2016. We saw that two relatives and 13 service users had attended. Topics of discussion included activities, fund raising ideas, facilities and decorations, meals and birthday celebrations. The registered manager told us that as a result of these meetings the service had purchased new furniture and security lighting and external CCTV had been installed.

We saw the service had received a compliment from an external professional. They stated, "[Staff member] was very professional, always friendly and approachable. They always showed patience, compassion and understanding. One relative had also stated, "We are so pleased with [name of service user] progress since arriving at The Mews.

We asked the registered manager what visions and values they had for the future. They told us, "I want to maintain the standards and reputation we have for providing specialist care and complex care. The home has a good reputation. The doctors are happy when they come. I am not afraid to challenge when issues occur." The registered manager also told us there were improvement plans in place including having a path put around the garden to accommodate those people who required stretchers so they could still enjoy the garden and internal decoration.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>Some equipment and parts of the premises were not clean, maintained or suitable for their required purpose. This presents as a risk to infection control. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staff had not always received mandatory training and supervision in line with the provider's policies and procedures. |