

# Minster Care Management Limited

# Mowbray Nursing Home

## Inspection report

Victoria Road  
Malvern  
Worcestershire  
WR14 2TF  
Tel: 01684 572946  
Website: [www.minstercaregroup.co.uk](http://www.minstercaregroup.co.uk)

Date of inspection visit: 20 April 2015  
Date of publication: 29/06/2015

## Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection at Mowbray Nursing Home was unannounced inspected and took place on the 20 April 2015. The provider of Mowbray Nursing Home is registered to provide accommodation for people who require nursing or personal care for up to 39 people. At the time of the inspection 35 people lived at the home.

There was 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.

Some people felt that at times staff did not always respond effectively and in a timely manner when they needed care and support having rung their call bell. We found with the exception of delays answering the call bell that people felt safe. People who lived at the home told us that they felt safe. These comments were shared by relatives that we spoke with. Staff were knowledgeable

# Summary of findings

regarding their responsibility to keep people safe and were aware of the actions they would need to take if abuse took place. We found that people were cared for in a supportive way which did not restrict their freedom.

We found that some improvement was needed with the management of medicines to ensure that people always received the correct dose and that any changes to their regime were acted upon.

People were cared for by staff who had received training and support to enable them to meet people's care needs. People had access to healthcare professionals who were complimentary about the level of care and support provided.

People we spoke with were complimentary about the food provided and received regular drinks throughout the day. Staff were aware of people's dietary needs as well as their individual likes and dislikes. We found that these were reflected in the care provided.

We saw that staff were caring and respectful to people who lived at the home and ensured that their privacy and dignity was maintained. People told us that they were listened to and that they were involved in the planning of the care. People's personal history and past experiences were known. People were able to participate in hobbies that interested them.

People we spoke with were confident that any concerns they raised would be listened to and that the registered manager would take the necessary action to improve things. People who used the service as well as relatives and staff told us that they had found the registered manager to be supportive and approachable.

The provider had systems in place to ensure the quality of care provided was monitored. Audits and surveys were in place and showed what actions had been taken.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe

People told us of delays in receiving care and support to meet their needs as call bells were not always answered promptly.

People's medicines were not always consistently managed to make sure they were always administered correctly.

People told us that they felt the service was safe. Staff recognised signs of abuse and knew how to respond to any concerns. Risks to people's welfare had been considered.

Requires improvement



### Is the service effective?

The service was effective.

People were supported to make their own decisions and choices.

People's needs and preferences were supported by trained staff.

People had access to health care professionals and were supported to attend doctor's appointments. People were supported to have sufficient food and drink to keep them healthy.

Good



### Is the service caring?

The service was caring.

People told us that staff were kind. People were encouraged to make their own decisions about their care.

We saw that people's privacy and dignity was respected by staff members.

Good



### Is the service responsive?

The service was responsive.

People felt that they were able to choose how they spent the day and were able to engage in their personal interests and hobbies.

People felt confident to raise a complaint and concerns should they need to do so.

Good



### Is the service well-led?

The service was well led.

People who lived at the home were given the opportunity to be included in the way the service was developed.

The provider promoted a positive culture within the home and had a registered manager in place to oversee this.

Good



# Summary of findings

Procedures were in place to monitor the quality of the service, where issues were identified action was taken.	
--	--

# Mowbray Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2015. The inspection was unannounced and was carried out by two inspectors.

As part of the inspection we spoke with representatives from the local authority for their opinion of the home. They have responsibility for funding and monitoring the quality of the service provided.

We reviewed information the provider had sent us since our last inspection. We asked the provider to complete a

provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our inspection we checked the notifications sent to us by the provider. Providers have to tell us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents and injuries. We also looked at the findings from our last inspection. We used this information to help us plan our inspection.

We spoke with six people who lived at the home. We also spoke with two relatives and two visiting professionals. In addition we spoke with registered manager and the area manager. We spoke with four members of staff including a nurse, care assistants and catering staff.

We looked at a sample of records including six people's care plan, medicine records of five people and quality assurance audits.

# Is the service safe?

## Our findings

We spoke with people who lived at the home about the number of staff on duty at any one time and how they (the staff) responded to call bells when used. Four people told us that after they rang their call bell they had to wait periods of time before they received the help or support they needed. One person told us, 'Sometimes I have to wait a long time. Sometimes staff answer and say they will be back later. This can take some time'. One relative told us of similar experiences when they visited. On one occasion we sought the attention of staff ourselves as they had not responded to the call bell after seven minutes and the person concerned was in need of personal care. A member of staff told us that at times it was difficult to respond to call bells if a person needing two care workers could not safely be left. We spoke with the registered manager and the area manager about our findings. They told us that they had not identified this as a concern. However we found that comments about the length of time it took to answer calls bells had been raised as part of the provider's questionnaires completed by relatives.

The registered manager showed us that they had a system in place to assess people's care and support needs. From this, the manager could then ascertain the number of staff needed to meet the needs of people who lived at the home. One member of staff told us that they felt there were generally enough staff on duty. When staff were seen working with people they did not appear to be rushing people.

People we spoke with told us that staff dealt with their medicines and that they were happy with these arrangements. One person told us, 'We have them at the right time'. We observed nursing staff administer medicines to people and saw that this was done safely whereby staff checked medicines before they were given. We found that one person had recently had a change in their medicine regime after a regular blood test. However, nursing staff had not noted and implemented this change. As a result

the person had received the old dose of one of their medicine on two occasions. The nurse on duty and the registered manager were not aware of this error until we brought it to their attention. Following our inspection the registered manager confirmed the actions they had taken to reduce the risk of a similar incident occurring in the future.

People at Mowbray Nursing Home told us that they felt safe living at the home. One person told us that they felt safe because they could raise issues with staff at any time and that they [staff], 'Will deal with it.' Another person told us, 'If I need to live in a home this is the best one to be in'.

Staff we spoke with were able to explain to us what they believed poor practice to be and told us about the actions they would take in the event of them witnessing or becoming aware of abusive practices having taken place. The registered manager was aware of their responsibilities and the agencies to be informed in the event of abuse having taken place.

Risks to people were recognised and assessed. We saw that staff had up to date information to promote people's safety. The information we saw match what staff told us about people's care. We saw that people were supported by staff who knew how to manage their individual risks so that these were reduced. For example people were well supported when transferring from a wheelchair into an armchair in order to minimise risks to people.

Staff confirmed that before they commenced work at the home a Disclosure and Barring Service (DBS) (formerly the Criminal Records Bureau) check had been carried out. Having appropriate additional checks such as references in place further helps ensure that potential staff members are suitable to work with people who live at the home. We also saw that a check against the nursing register was carried out by the registered manager on a monthly basis to ensure that nursing staff remained registered to care for people.

# Is the service effective?

## Our findings

People told us that they believed staff knew them well and were confident that staff would care for them.

Staff told us about the training they received and about the support they received from the management. Staff told us that new staff received induction training and that they worked alongside existing members of staff so that they were supported to learn about people who lived at the home and how to effectively meet their identified care needs. Staff told us that they had good access to training to ensure that they were knowledgeable about how to care for people and ensure that people were kept safe. We saw that staff checked that people were comfortable once they were in a chair and that they did not need any additional support. We saw information on display for staff regarding forthcoming training opportunities. These opportunities covered a range of subjects such as catheter care and safeguarding and were aimed at different staff roles. Staff told us that they found the registered manager to be supportive to them. Staff demonstrated a clear understanding of their role and responsibilities while working at the home. We were told by staff that they had meetings with the registered manager and that they received guidance to enable them care for people in order to meet their care needs.

People we spoke with confirmed that staff sought their permission before they provided care and support. Throughout our inspection we saw staff seek the views of people such as where they wanted to sit, what they wanted to do and whether they wanted a drink. We saw a member of staff check that One person told us that, "We can choose when we go to bed and when we get up".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. Staff we spoke with had an understanding of the implications of the MCA and how it affected their practice. The registered manager had a good understanding of MCA and its principals. We saw that people's capacity was considered when consent was needed and that people who received care and support were able to give an informed decision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. People we spoke with confirmed that they were happy to have equipment in place such as bedrails as they made them feel safe. At the time of our inspection the registered manager informed us that no applications had been made to the local authority and that no application were needed as nobody was deprived of their liberty. The registered manager was able to describe situations when they would need to make an application.

People told us that they liked the food and that they enjoyed it. One person told us, 'The food is excellent'. Another person described the food as, 'Very good' and, 'Plentiful'. A further person described the food provided as, 'Good'. People told us that they were given a choice of food. One person told us that if they wanted something different that staff would provide it. Two people told us that staff had a good knowledge of their individual dietary needs and that food that met their individual needs was provided. We spoke with the chef as well as care staff and found that they had an awareness of people's individual dietary needs and told us that they met with people to discuss their likes and dislikes. People were offered hot and cold drinks throughout the day and we saw that people who had access to drinks within easy reach.

People we spoke with told us that they had access to health care professionals when they needed it and that visits or appointments were arranged in a timely manner when they were requested. One person told us about sore skin they had prior to their admission to Mowbray Nursing Home. They told us that this had now healed under the care of staff at the home. Documents held by the registered provided confirmed this. Another person told us, 'If I am not feeling very well they [staff] will check you over and get the GP out'. A further person told that they had asked to see a doctor earlier that morning because they did not feel well and that staff had requested a visit for them. We spoke with two healthcare professionals. One professional told us that they worked together with staff at the home to ensure people's needs were met. They also told us that they had found that staff were able to anticipate potential healthcare problems and had taken suitable action. The nurse in charge was described as, 'Brilliant.' We saw in the care records that people were visited by doctors as well as other professionals such as chiropractors.

# Is the service caring?

## Our findings

People we spoke with told us that they felt well cared for by the staff. One person told us, 'The staff are all very caring.' Another person told us, 'The care is really good' and, 'I cannot speak highly enough of the staff'. A further person told us that they found the care provided to be, 'Very good' and described the staff as, 'Very caring' and that staff looked after them well. A visitor told us, 'All in all I am pleased with the care my [relative] receives. Throughout our inspection we heard and saw staff provide support for people with kindness and compassion. We saw people respond to staff with a smile.'

A healthcare professional described the staff as, 'Very caring' and 'Helpful'. Another told us that they found that the area of expertise they visited for to be well managed and that they had had no concerns regarding the care provided.

Many of the people who lived at the home choice to spend time in their own bedrooms. We heard staff engage in friendly conversations with people. When in the lounge area of the home we found the atmosphere to be relaxed

and caring. Staff spoke with people in a respectful manner and we saw that people were given time to make choices and respond to staff for example when asked where they would like to sit or whether they wanted a drink.

People told us that they had involvement in their care plans and that their views were included. The care plans we saw showed that people and their relatives had had involvement with devising their care plan and that they agreed with the care provided to meet their individual care needs.

People we spoke with told us that staff promoted their privacy and dignity. One person told us that staff knocked their bedroom door and waited for an answer before entering. During our observations we saw that staff did knock bedrooms doors. We saw that staff closed doors before any personal care was delivered. We spoke with staff who were able to demonstrate a range of ways whereby they ensure that people's privacy was maintained for example by ensuring that people were suitably covered while personal care was provided.

We saw that visitors were able to see their relative in private and that there were no restrictions to when people could visit. One relative told us that from their observations they could not, 'Rave about the place enough.'



# Is the service responsive?

## Our findings

People who lived at the home told us that they believed the staff knew them well and that they were cared for. One person told us 'I am very happy here. I think you will find we are a happy group. We all get on well together.' Another person told us, 'I am getting on alright. I get on with the staff'.

We found that care staff knew people well and their likes and dislikes. We saw that people were able to make day to day decisions about things that were important to them such as how they spent the day. This included remaining in their own room if they wished or spending time in the lounge area. People told us that they were involved in the planning of their care and in decision making. People told us that they felt listened to and understood by the staff.

Plans were in place to give staff guidance on how to support people with their identified needs and preferences such as personal care. Care plans included a personal history as a means to assist staff understand people's previous experiences and background.

People spoke with us about the activities provided at the home and how people were able to maintain hobbies and interests. Some people told us that they did not wish to join in any activities by choice but that they were regularly invited to participate. One person told us that they liked having their hair done and nails cared for but otherwise did

not want to participate. One person was engaged in word searches and told us that they were happy doing that. People told us that they enjoyed having discussions amongst themselves but that at times joined in with entertainment such as sing songs or joined in quizzes. One person told us that they enjoyed poetry and that at times they read poetry to each other.

We asked people and their relatives if they were aware of the provider's complaints procedure. People told us that they would share their concerns with the registered manager or a member of staff. One person told us, 'If I was unhappy I would speak with the [registered manager] or get the family to find me somewhere else. I've not needed to do this as I'm very happy here' One relative told us that they were aware of the procedure but never needed to use it as, 'Care is good'.

We saw that questionnaires were sent to relatives and healthcare professionals in March 2015 in order to gain their views of the service and as a means to encourage feedback. The results were analysed and we saw that where any points had been raised these were suitably followed up. For example we saw that the registered manager contacted people if they raised any areas which they believed could be improved. We saw that the registered manager had a supply of letters and cards received from people who had received a service at the home or people's relatives showing their satisfaction with the care provided.

# Is the service well-led?

## Our findings

People we spoke with knew who the registered manager was and felt that they would be able to approach her if they wanted to or needed anything. We saw that people were comfortable when they spoke with the registered manager who had a good understanding of people's individual care needs. Throughout the inspection we saw the registered manager speak with people. One person told us after speaking with the registered manager told us that they were, 'Good' and 'If we need any help she is there for us.' Another person told us, 'I have never come across anybody who is unhappy. I think something would be done (indicating the registered manager) would be done if they were. People told us that because they regularly saw the registered manager they were listened to. Relatives we spoke with spoke highly of the manager and that they were approachable. We saw that the results were available from recent surveys. We saw that these showed relatives satisfaction with the registered manager and as well as the atmosphere within the home and the quality of the staff employed. This showed that the registered manager was aware of the importance to be transparent and available to people who lived at the home.

One member of staff told us that they found the home to be a, 'Really nice place to work' and that they found the registered manager and other staff to be, 'Very supportive.' Another member of staff told us that the home was a, 'Brilliant place to work. It is like one big family.' A further member of staff told us that they believed the service provided to people had improved significantly since the registered manager had commenced employment at the home. Staff told us that the registered manager thanked them and that they felt appreciated.

Staff told us that they had opportunities to contribute to the running of the home. Staff we spoke with confirmed that staff meeting took place and that they could raise issues or any concerns as part of these meetings. Staff

members were confident that any issues raised would be acted upon where possible. Information was on display which showed arrangements for a forthcoming staff meeting.

We saw that audits and quality assurance checks were in place. Some of these were carried out by the registered manager while others were completed on behalf of the provider by the area manager. Audits included infection control, care planning and health and safety. The layout of the audits had been amended to match the five domains under which inspections carried out by the Care Quality Commission are now done.

Regular audits were carried out regarding accidents and incidents within the home. We saw that accident records described the event and what happened as a result to ensure the person was safe as well as any injury the treatment required. The audit was conducted to identify and patterns and anticipate how accidents could be managed.

We saw that the provider had recognised the importance on the completion of written records. We saw that some records were not always fully maintained to evidence that staff had completed the care and support detailed within individual care plans and risk assessments. This meant that at times it was difficult to be establish whether care had taken place and not recorded. The records we saw were however well organised and easy for staff to follow regarding people's identified care needs.

We found that the registered manager and staff employed at the home understood their roles and responsibilities. The provider is required by law to notify CQC of certain events or serious incidents which have occurred in the home. The registered manager was aware of this requirement. The registered manager responded to the findings of our inspection and undertook to make the necessary improvements in the area we identified. These undertakings were followed up with written confirmation shortly after our inspection.