Dania Care Homes Limited

Marwa Nursing Home

Inspection report

27-29 Manor Road
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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

About the service:
Marwa Nursing Home is a care home with nursing that provides personal and nursing care for up to 38 older people. At the time of the inspection, there were 22 people living at the service.

People's experience of using this service:
People who were able to communicate with us told us they felt safe. People who were not able to tell us about their experiences looked comfortable and relaxed in the presence of staff. They were cared for by a consistent staff team who had received sufficient training to carry out their roles. People received assistance to take their medicines as prescribed.

People were supported to access health care services and weekly visits were undertaken by the GP. People's dietary needs were assessed and where needed, people received support to eat and drink.

People received care that was kind, respectful and responsive to individual needs. Care plans were comprehensive and reviewed each month. People and their relatives knew how to complain, although no complaints had been received in the last 12 months. No people were receiving end of life care at the time of our inspection visit.

The registered manager had a clear vision about the quality of care and service they aimed to provide. They worked in partnership with other organisations to make continuous improvements and develop best practice.

More information is in detailed findings below.

Rating at last inspection:
Good (report published in August 2016).

Why we inspected:
This was a planned inspection based on the rating from the last inspection. The service remained rated Good overall.

Follow up:
We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Marwa Nursing Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Marwa Nursing Home is a care home that provides nursing and personal care to older people. Most people who used the service were living with dementia. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced so the provider, registered manager and staff team did not know we would be visiting.

What we did:
Before the inspection we reviewed information we held about the service and the service provider. The registered provider completed 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with six people who used the services and three relatives to ask about their experience of the care provided. We observed how people were being cared for in their rooms and in

communal areas. We spoke with the registered manager and six staff that included a registered nurse and care, catering and activities staff.

We reviewed a range of records that included three care plans, daily monitoring charts and medicines records. We checked staff supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

After the inspection we received feedback from three health care professionals to obtain their views about the service.

Good

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with comments including, "I can't walk. I'm hoisted. I feel very safe with the staff. I trust them," and, "I feel safe because if I get into difficulty when using the toilet, I just press my call bell and they come straight away and sort me out. They don't make me feel like I'm a nuisance."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance, with external contact details was readily available.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition, moving and handling, malnutrition and dehydration.
- Risk management plans clearly set out the actions needed to mitigate the risks identified. These included completion of monitoring charts for food and fluid intake and for change of position. The monitoring records we checked were fully completed and up to date.
- The premises were safely maintained and regular checks were completed that included electrical, gas, legionella control and fire safety. Equipment, such as lifts and hoists were regularly checked by external contractors. One hot surface temperature radiator was in use. The health and safety executive provide guidance about the use of this type of equipment because of the risks of people sustaining burns if they are in contact with it. After the inspection, the registered manager sought advice from their health and safety consultant and sent us details of actions taken that mitigated the risks of using this equipment.

Staffing and recruitment

- People, relatives and staff told us staffing levels were safe and sufficient to meet people's needs.
- Support was provided by a consistent team of staff who were familiar with people's needs.
- No new staff had been recruited since our last inspection. At that time, we found staff recruitment procedures were safe. The registered manager was able to clearly describe the recruitment checks they completed.

Using medicines safely

- People were supported to take their medicines safely and as prescribed. One person told us, "The nurse always comes and puts my patch on, and on time. Whenever I need the gel, they rub it in."
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) provided details about each person and the medicines prescribed. Records were fully and accurately completed.
- We checked the records for one person who was being given their medicines covertly. The GP and a pharmacist had been consulted, and had agreed it was in the person's best interests to receive their

medicines in this way.

Preventing and controlling infection

● Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed. One person commented, "The cleanliness here is second to none!"

Learning lessons when things go wrong

● There was a clear procedure in place for reporting and recording accidents and incidents.

● The registered manager analysed information to identify trends and themes within the home. Actions were taken to help make reduce future recurrences.

● Staff were attentive and anticipated the needs of one person who was prone to falling and often tried to stand and walk unaided. They reminded the person they may need help and we heard a member of staff say, "Would you like to walk or would you like to have a seat now. The chair is behind you."

Good

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met.
● Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, actions taken included provision of pressure relieiving mattress and support to change position.
● People's needs were reviewed on a regular basis and when their condition changed. Relatives told us they were confident staff recognised when people weren't well and that appropriate actions would be taken.

Staff support: induction, training, skills and experience
● People and relatives told us their needs were met and that staff were, "Well-trained," and, "Know what they are doing."
● Although no new staff had been appointed since our last inspection, we saw the induction programme was comprehensive and thorough. Staff told us they were well supported with supervision and training. Refresher and update training was provided, along with more role specific training, such as syringe driver, venepuncture and catheterisation training for registered nurses.

Supporting people to eat and drink enough to maintain a balanced diet
● People received a healthy and nutritious diet. Most feedback was positive and included, "It's good homecooked food and there's plenty of it," and, "The food is good, they will do anything you want." One person did comment that the meat was often "too spicy for me" but also added they were always offered an alternative.
● People were supported as needed to eat and drink and when people lost weight actions were promptly taken. The chef was aware and kept updated with people's likes, dislikes, preferences and needs. They introduced themselves to people when they moved into the home and they regularly asked people for feedback and suggestions. They told us that one person was allergic to an ingredient in the sauce that accompanied the main meal that day. They prepared another sauce so the person could still have the main meal of their choice. The meals we saw looked hot and appetising.
● The nursing home was participating in the local CCG 'Hydrate' in care homes initiative, which focussed on looking at ways of making sure people received sufficient fluids.
● People were supported in their rooms and in the dining room with meals. Staff prompted and encouraged people and provided assistance when it was needed.

Staff working with other agencies to provide consistent, effective, timely care
●The service made sure everyone living in the home had access to opticians and chiropodists, community nurses, occupational therapists, social workers and mental health teams. The GP visited each week.
● Staff recognised the importance of seeking advice and guidance from community health and social care teams so that people's health and well-being was promoted and protected.

● When people were admitted to hospital, hospital passports had been developed and contained additional information, for example, about a person's diabetes or catheter management.
● The registered manager and staff team worked proactively with the NHS specialist nursing team for nursing and residential homes. They introduced initiatives aimed at improving health care outcomes, such as better hydration, reduction in falls and improvements in skin condition. This in turn, aimed at reducing the need for people to be admitted to hospital. The home had dedicated champions in key roles that included, 'falls' and 'pressure ulcer' champions. These staff had additional responsibilities for ensuing good practice developments and initiatives were consistently followed and embedded in the home.

Adapting service, design and decoration to meet people's needs
● Overall, there was homely feel throughout. The standard of décor varied with the older part of the home looked 'tired' in some areas. Bedrooms were clean and tidy. Some rooms lacked personal possessions, although the registered manager told us they encouraged people to bring in personal effects. They also told us about refurbishment plans, that may take place in 2019 and 2020, to upgrade parts of the home.

Ensuring consent to care and treatment in line with law and guidance
●The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.
● Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority,

Good

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● People looked comfortable with the staff that supported them. There were friendly, yet professional interactions, and staff were attentive to people's needs. It was clear that staff enjoyed their work, and a member of staff told us, "We all like being here, so it's easy to be caring and to treat people well."

● One person told us the staff were "Lovely" with another person commenting, "When you first come in you feel like a stranger, but staff are very welcoming."

● Staff reassured people in a kind, calm way. One person was concerned about their son being at home, and wasn't sure if they were safe on their own. A member of staff spoke kindly, with good eye contact and told the person, "He's ok, he's eating his lunch at home right now. Here's yours too. You have your lunch." The person relaxed and ate their meal.

Supporting people to express their views and be involved in making decisions about their care

● Most people needed support to make decisions about their personal care and where they spent the day.

● Staff told us how they ensured people were as involved as they were able. They told us how they got to know people well, and understand how they wanted to be care for. One member of staff told us, "It is really important, especially for people who can't tell us exactly what they want, that we introduce ourselves each time, explain what we would like to help with, and offer choices at all times. We need to wait until the person is ready, and sometimes that means going away and coming back later."

●We did receive comments that communication was sometimes a challenge, and for some staff who did not speak English as their first language. One person said, "The care is very good, apart from the language problem."

Respecting and promoting people's privacy, dignity and independence

● We saw staff knocking on people's doors and waiting before they entered. One person commented, "They always close my door for personal care and they cover me with a towel." Another person told us they managed to shower independently, and were reassured that staff were always available if needed to provide assistance. They told us, "I can shower on my own, but they're always around and call through the curtain to check how I'm doing."

● One person and their relative told us how they had made improvements, and had become more independent since they had lived in the home. They had been immobile when they first moved into the home. The registered manager organised physiotherapy, and the staff team supported the person each day with their exercise programme. They were now able to walk with a walking aid, and, "Have a chair behind me in case I get tired and need to sit down."

● People were supported to be smartly dressed and staff were quietly attentive as they supported people with their appearance. For example, one person had food crumbs on their mouth and clothes. A member of staff gently wiped the person's mouth, brushed the crumbs off their clothes and adjusted their clothing to make sure they were comfortable.

Good

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● A relative told us they were encouraged to make their views known and they were actively involved in discussions and reviews of their loved one's care and, "next steps." An electronic care planning system was used. Care plans were personalised and provided details of how to support people to meet their individual and assessed needs.

● 'This is me' information in people's bedrooms provided a snapshot of people's likes, dislikes, preferences, what was important to them and what they liked to be called.

● Staff attended handovers when shifts changed and they were provided with updated information about people and their needs on handover sheets. In addition, the registered manager or person in charge held daily meetings with staff mid morning. This gave staff the opportunity to update and share information relevant to that day and to discuss how people's needs had been met.

● Most people spent the day in one of the lounge areas. A weekly activity programme was displayed. Activity staff told us they usually provided group activities in the morning. They visited people who chose to stay in their rooms during the afternoon for one to one activities such as hand massages. One person spent time knitting squares. They told us they knitted, "All the time," and, "I like to join in with the quizzes and the games when she does them." There was some involvement with the local community. The registered manager told us they were looking to expand the range of activities and engagement and additional activity hours were currently being recruited for.

● People were supported to communicate in ways that were meaningful to them. For example, one person used a letter board and pointed to letters to spell out the words they were not always able to say.

Improving care quality in response to complaints or concerns

● The registered manager told us they had not received any complaints in the last 12 months. They told us they spoke on a regular basis with people who used the service and their relatives and regularly checked and actively welcomed feedback about the service provided. It was clear on the day of the inspection; the registered manager had developed good relationships. They actively and regularly engaged with people and their relatives, and asked how they were.

● Each person was a nominated 'Resident of the Day' once a month. On these days the nominated person was the focus for that day. They had their care plan reviewed and were encouraged to provide feedback, suggestions or comments.

● A health professional told us the registered manager, "Knows every resident and has a good relationship with all the relatives."

End of life care and support

● The provider told us in the PIR that, 'Advanced care plans are completed and updated, following discussion with residents and relatives, to ensure staff know how to manage, respect and follow residents wishes and choices when end of life approaches.'

● Staff had received some lovely written comments from relatives after a loved one had passed away. One

family had written, "It's been some months now since [name of person] passed away and now that things have settled down somewhat we thought it time to express our heartfelt thanks to those who looked after him to such a high standard…Things are seldom easy for anyone when loved ones can no longer be looked after at home. Knowing he was in such good and caring hands eased things greatly."

Good

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred, high-quality care and good outcomes for people

- The registered manager and the staff team had a strong focus on making improvements to the service people received.
- People who used the service and relatives all spoke highly of the registered manager. They all knew who he was, and said they saw him regularly. Comments included, "The boss is great. If I have any problems, I discuss it with him when I go down for my meal," and, "[Name of registered manager] is a very nice man. He comes in to see me. He got me a new bed which is remote controlled," and, "The manager is such a lovely man. In the mornings when he comes in, he always puts his head round the door and says, 'Morning.' Today I had a cooked breakfast and he brought mine in himself."
- Relatives told us the staff were well managed and feedback included, "The staff are all very confidential here. They don't talk about other residents or staff, no details are discussed. They are very organised and have a strict routine. I was very surprised at how clean the place is, and how genuinely kind and caring the staff are. They are very honest with me." The relative did go on to comment the only improvement they would like to see, was for staff to spend more time sitting and talking with people.
- Staff were motivated, spoke positively and felt well supported. It was clear they had good relationships with the registered manager. They told us, "We know what he wants from us and he shares that vision with us," and, "Very approachable, especially as we are so multi-cultural here. I will always be listened to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst everyone was clear about their roles and responsibilities, the registered manager told us they actively encouraged cohesive team working. They told us they never wanted to hear staff say, "It's not my job."
- The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
- Policies and standard operating procedures provided clear guidance and direction for staff. Night staff completed night reports that were checked each day by the registered manager or senior staff.
- Systems were in place to monitor and evaluate the quality of the service provided. For example, accidents and incidents were reviewed and information used to minimise future risk and prevent recurrence.
- Regular audits were undertaken that included care records, medicines management involving external auditors, health and safety and tissue viability. In addition, reports were sent to the NHS specialist nursing teams that included information about infections and falls. Action plans were developed where areas for development or improvement were identified.

Engaging and involving people using the service, the public and staff.

- The service actively encouraged open communication amongst everyone who used, worked in, and visited the service.

● Surveys were completed for people using the service and a suggestions box was available for people to provide feedback.
● Staff meetings were held on a regular basis and staff felt valued and confident their views and feedback would be listened to and acted upon.

Continuous learning and improving care and working in partnership with others
● The registered manager and staff team had developed good working relationships with external health professionals. We received positive feedback that included, "I have no concerns about Marwa at all…the registered nurses are always able to answer my questions, are proactive with the needs of the residents and will contact me with any questions they may have. Tissue viability in the home is very good. Residents who have been admitted with pressure ulcers are well looked after and the ulcers resolved," and, "I found the staff and management at the home enthusiastic and committed to improving and maintaining their high food safety standards."
● The registered manager and registered nurses worked in partnership with others. They attended local NHS nursing home forums, received regular visits from specialist nurses and shared training sessions with other local care homes.
● Staff were supported to gain qualifications in care and to extend their roles and become the homes' champions. These included champions for dignity, diabetes, falls and pressure ulcers. This showed the homes' commitment to developing staff and to driving improvements.