

Malvern View (SW Care) Ltd

Malvern View Care Home

Inspection report

Cleeve Hill
Cheltenham
Gloucestershire
GL52 3PW

Tel: 01242672022
Website: malvernviewcarehome.co.uk

Date of inspection visit:
27 January 2020
04 February 2020
05 February 2020

Date of publication:
25 March 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Malvern View Care Home is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. Some people using the service were living with physical disabilities, some were living with dementia. The service can support up to 47 people. Six (of the 47) beds available are commissioned for GP admissions, for people who need additional support and care during acute illness, but do not need hospital treatment or admission. These six beds are known as the 'Winchcombe observation beds'.

Malvern View provides accommodation over two floors. 36 rooms have en-suite facilities and three rooms could be shared by a couple. People had access to fully-adapted bathrooms. Stairs or a passenger lift were used to access the first floor. The ground floor was fully wheelchair accessible. People had access to two lounges and a choice of two dining rooms.

People's experience of using this service and what we found

People felt safe and risks to them were managed. Nobody we spoke with had any concerns about people's safety and staff followed the systems in place to keep people safe. There were enough experienced staff to meet people's needs and staff had been recruited safely. Lessons were learned in response to adverse outcomes, following which improved systems had been put in place.

People were supported by a stable and experienced staff team who knew and cared them as individuals. This included timely referral to external health care professionals, preventative healthcare and emergency services. Staff worked in partnership with other health professionals to maintain people's well-being and avoid unnecessary hospital admissions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were proactive in overcoming barriers related to people's disabilities. They used a variety of techniques to communicate with people. Staff worked in partnership with people, their relatives and health and social care professionals to ensure people's needs were met in line with their wishes.

People were treated with kindness, respect and dignity. Feedback to the service was highly positive with relatives commenting on staff's "kindness", "excellent care" and "sustained welcome and support". People's feedback was sought regularly and acted upon. People and their relatives understood how to raise concerns but told us they were happy with the service they received. One complaint had been received in the last 12 months. This had been fully investigated and improvements to the service were made as a result of this.

People were cared for by a staff team who worked flexibly to meet their needs, to ensure people had a good quality of life and were able to follow their interests. Staff were happy to take a person led approach, particularly when planning activities to meet people's social and emotional needs. Relatives

were welcomed to join people for meals, celebrations and social events.

People benefitted from a service with an open and inclusive culture, where they were respected as individuals and their needs were put first. People's feedback was acted upon to ensure the service continued to meet their needs. The leadership team were working to improve their audit and governance systems. This was needed to ensure these systems were more effective in driving improvement and embedding best practice recommendations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection to allow us to rate the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Malvern View Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by two inspectors and one 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

Malvern View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. As they no longer worked at the service, we requested they apply to de-register. A new manager was in post and they had applied to register with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with 14 staff members including the manager, operations manager, director of nursing services (who is also the nominated individual) deputy manager, clinical lead, activities coordinator, four care workers, the cook, head housekeeper, one domestic staff member and the hairdresser. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one visiting health care professional. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and audits were reviewed.

After the inspection

We looked at training data and quality assurance records. We received feedback from three professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Malvern View and said they could talk to staff about any concerns. Their comments included, "I'm safe, there is always somebody here. They [staff] could not be better if they were family" and "I feel quite safe here because I do not have any worries. Security or anything. I can talk to the carers or nurses".
- The systems in place to protect people from the risk of abuse were effective. An explanation was sought for any skin marking, possible causes were considered and acted upon. Outside agencies were informed of all safeguarding concerns.
- All staff we spoke with had a good understanding of their role in safeguarding people and the roles of outside agencies. Staff knew how to identify possible signs of abuse and understood how to protect people from harassment and discrimination.

Assessing risk, safety monitoring and management

- Risk assessments were carried out when people arrived at Malvern View, these were reviewed regularly. People's support plans described how risks to them were managed, while taking their needs and wishes into account. A health care professional said, "I believe they [staff] are very safety conscious, being particularly aware of the risk of falls in some residents".
- Advice was sought when staff identified a new concern, which could not be managed by the nursing team. People's support plans were updated to include any recommendations by health care professionals, for example, from the on-site physiotherapist. Changes to people's support needs were communicated in staff handover and shared with people's close relatives.
- Health and safety checks and cleaning schedules were completed regularly. The required environment and equipment safety checks were up to date and appropriate risk assessments were in place. Repairs or replacements had been carried out promptly when issues were identified.
- A record of incidents and accidents was kept and these were reviewed for trends.
- Staff were trained in fire safety and first aid. Emergency medical help was sought appropriately. A healthcare professional said, "On occasion it has been necessary and appropriate for staff to call an ambulance when a resident has become less well, urgent action is required, and no GP is available. This is, however, a rare occurrence as we all endeavour to have an appropriate care plan in place for residents. Out of hours, staff appear to use NHS 111 wholly appropriately".
- People's needs in the event of an emergency/unplanned event had been assessed. Business contingency plans and personal evacuation plans were in place to assist staff as needed.

Staffing and recruitment

- People were protected from those who may not be suitable to work with them. Required pre-employment and professional register checks were completed before new staff started work.
- The provider's induction and six-month probationary period ensured new staff understood the systems and processes to be followed to keep people safe. During probation, the suitability of new staff was monitored through feedback from people they supported and other staff members.
- People were supported by a stable and experienced staff team. Regular staff covered additional staffing needs, (including staff absences), whenever possible. No agency staff had been needed in recent months.
- People were happy with staffing levels and response times were monitored by the manager. People said, "Very good when I ring the bell, somebody always comes to help me" and, "I ring the bell three times a night, no problems at all".

Using medicines safely

- People received appropriate support to take their medicines safely. When people wished to be independent with their medicines, checks were carried out to ensure their safety. One person said, "I have never been so regular with medicines, marvellous. Did not always remember at home".
- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' medicines had been followed. A health care professional said, "Medication appears to be dispensed in a timely and careful way".
- Staff who administered medicines had received training and their competency was checked regularly. Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and disposed of appropriately if unused.

Preventing and controlling infection

- People were happy with the level of cleanliness at Malvern View. One person said, "Absolutely spotless. Had a friend who came in the other day and said the kitchen looked absolutely spotless; it was immaculate. The cleaners are in everyday".
- Infection risks were managed safely. Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included use of the national colour coding scheme for care home cleaning materials and following a cleaning schedule. There had been no infection outbreaks at the service in recent years. The service was rated 'very good' (five stars) for food hygiene when last rated in November 2018.
- Gloves, aprons and handwashing facilities were available throughout the home and an infection control audit was carried out regularly. Any improvements needed had been completed.

Learning lessons when things go wrong

- Medicines errors were investigated and action taken to improve safety when indicated. While there were few medicines errors at the service, we saw robust action was taken in response to an error involving use of a syringe driver. (This equipment is used to deliver medicine to the person over a prolonged period of time.) One staff member received additional support, competency checks and refresher training in use of syringe drivers and all nursing staff had been booked on a course to refresh their knowledge
- A root cause analysis was completed in response to a complaint in 2019, following which improvements had been implemented. This included improved communication between the NHS referrals service and staff at Malvern View and increased accountability for the admitting nurse.
- Lessons learned following feedback at another of the provider's services had been implemented at Malvern View. This included improvements to managing people at risk of constipation and risks associated with anticoagulant treatments.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People's support needs were reviewed regularly with them. One person, admitted to the Winchcombe Unit during our inspection, told us staff had spoken with them to assess their needs; They felt listened to and their wishes had been respected. This person's relative said, "The staff have made us feel at ease". They were confident their needs would be met.
- People's close relatives and a range of health and social care professionals were involved in reviews when people's needs changed. In feedback to the service, one relative said, "You gave us complete confidence in the daily care given to mum and resolved any concerns we had concerning mum's health".
- The provider ensured policies included up to date national guidelines and legislation for staff to refer to. People's individual characteristics, under the Equality Act (2010), were recorded and consideration was given to their age, religion and any disability when planning their care.
- Technology was used to ensure people's needs were met in timely way and risks to them were reduced. For example, sensor alarms were used for people at risk of falls, who were unable to use a call bell to ask for help. Care records had been transferred to an electronic system, which all staff could access through pocket-sized tablet devices.

Staff support: induction, training, skills and experience

- Staff were supported through regular one to one meetings [supervision], their annual appraisals were underway. Nursing staff were supervised by the nominated individual who was also a registered nurse. Staff were positive about the training and support they received. Their comments included, "We work as such a close-knit team. Everyone helps everyone. We're such a strong team [experienced] as well".
- Staff completed the provider's basic training, which included, safeguarding, first aid and health and safety. Training specific to the needs of people who used the service included dementia awareness and end of life care. One staff member told us about additional support and training they were receiving in preparation for their new role as a team leader. Additional clinical skills training had been booked for nurses.
- The manager monitored the service's compliance with training requirements. Staff competency checks were carried out annually. The head of care ensured care staff with the right skills and experience were allocated appropriately on each shift. People said, "The staff know me pretty well and know how to look after us" and "Staff seem very well trained; Diabetes, they know all about it. I have regular blood tests, insulin at the right time".

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs had been assessed and were met by staff. When staff had concerns about a person's weight loss or ability to swallow, they informed the GP. We saw the GP's recommendations, for

example, to alter the consistency of people's food and drinks, were followed. The GP was responsible for referrals to speech and language therapists (SLT).

- People as 'at risk' of malnutrition or dehydration were assisted to eat and drink enough, through ongoing staff support and monitoring. The cook was informed about people's special dietary needs and allergies and prepared all special and modified texture diets. People's weight was checked regularly and their food was fortified, to add extra calories, when needed.

- People benefitted from a healthy balanced diet, prepared from fresh ingredients. Their dietary needs and choices were included in their support plans and were catered for. The cook routinely got feedback from people to ensure their preferences, including any cultural or religious needs, were met. People were positive about the food. One said, "The food is excellent here, homemade type, good wholesome stuff. Good choice, plenty of it. Cakes, biscuits, snacks when you want it".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were registered with a GP and were supported to access preventative health care, dental and optical care. People told us they had regular access to health care professionals. One person said, "The GP is here every Wednesday, nurses are here all the time. I see a chiropodist; it is important that my feet are looked after because I am diabetic".

- Staff worked with others to ensure people received consistent, timely and effective care. A GP told us, "I have been impressed to see the way they have stepped up the co-ordination and communication of care of residents, between staff members, by the use of 'tablets'. This has meant it has been easier, as a GP, to access information regarding the care of a resident and ensure all aspects of care are joined-up."

- People had opportunities to maintain and improve their health and well-being, through regular exercise-based activities and healthy eating.

Adapting service, design, decoration to meet people's needs

- The building design and facilities were suitable for the needs of people living at Malvern View.

Improvements to update the environment and décor were underway. People enjoyed panoramic views from communal rooms and their bedrooms. One person said, "I can see all the fields and animals from here and it's lovely".

- People were encouraged to bring personal items with them to make themselves at home. People told us they liked their rooms which were highly personalised.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent was routinely sought by staff, before providing care or support to them. We saw staff offering choices, using a variety of ways to communicate options to people. One person said, "Staff do ask

for my permission to do anything".

- Staff understood the principles of the MCA and the MCA Code of Practice was followed. Assessments had been carried out when people's capacity to consent was in question. Mental capacity assessments and related best interest decisions informed risk assessments and support plans, to ensure people were supported in the least restrictive way. Support plans described decisions people could make for themselves, such as everyday choices.
- Where people had made legal arrangements for decision-making about their care, including power of attorney, these were respected. The service's January 2020 action plan included immediate action to be taken by senior staff to improve records of 'best interests' meetings.
- DoLS applications had been submitted as required. The manager sent a monthly update to the local authority to advise them of any changes to existing applications. Renewal dates were tracked to ensure applications were submitted in a timely manner. The two DoLS authorisations in place had no conditions attached to them.

Is the service caring?

Our findings

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff developed positive relationships with people and their relatives. One person said, "Staff are very good, in fact very, very good. We have a good relationship with them. They have time for a chat." In feedback to the service, a relative said, "Words cannot express how amazing and caring all your staff at Malvern View Care Home are."
- Staff had received training in equality, diversity and inclusion. They were inclusive in their approach with people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality.
- Staff were attentive and provided emotional support to people and their relatives when needed. One person said, "The carers [staff] are all very, very nice, very kind. They always find time for you". Feedback to the service included, "We as a family enjoyed how friendly and thoughtful you all were. Nothing was ever a problem for you".
- Staff described a caring working environment, where their well-being was supported. One healthcare professional said, "I have no doubt whatsoever regarding the caring ethos at Malvern View, towards residents and also family members. I have never witnessed anything but the most caring behaviour from all of the staff, and this was reflected by feedback I received from the friend of one resident who was admitted for end of life care and died peacefully some time later. This is not unusual. I have also been impressed with the gentle friendly way staff have dealt with some residents with very challenging behaviour at times."

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

- People's views and wishes about the care they received were explored before care was provided. One person said, "They made an appointment to see me and organised my care here. We talked about what I wanted". People's relatives felt involved and described the service as having a, "welcoming" and "friendly" atmosphere. One relative said, "I talked to the manager about care needs when [name] came in".
- People chose how to be cared for and how to spend their day. We saw staff listened to what people wanted and acted on their requests. This included being taken to a communal area and help with repositioning. One person said, "They do ask for my permission to do anything".
- People's support plans described which decisions people were able to make for themselves and how staff could communicate with them effectively, to support them to make decisions. For example, how to phrase a question in a way the person could process and respond to.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their independence was encouraged. We saw staff knocking on people's doors and asking for permission to enter. One person said, "I am now able to use a walker. I was having falls when I came in, so they had to help me to the toilet, but now can get there on my own".
- People were well-presented and their privacy and dignity were maintained. People were dressed in freshly laundered clothes. Attention had been paid to peoples' hair and their glasses were clean. Staff spoke with people kindly and called people by their preferred name.
- Personal care was provided in privacy and staff understood the need to maintain people's confidentiality. One staff member described how, when one person was going through an unwell period, they spent time in bed and rang their call bell when they wanted reassurance. This distracted them and helped them to relax.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans reflected their needs and some preferences for how their care was provided. A provider audit had identified more detail was needed in some support plans, to ensure care was consistently provided in a person-centred way. This was included in the provider's action plan. Despite this, outcomes for people were good, as staff understood people's support needs. In staff handover, staff were given detailed instruction in how to support a newly arrived person to move safely, as agreed with them.
- A full-time physiotherapist was employed at the service, which manager's felt had a positive impact. One person said, "I have a [walking frame] at the moment. I didn't walk at all when I came in, for many weeks. I've had good support and can get about now, but still need them [staff] to be with me, to support me".
- People and relatives said they felt staff knew them personally, which was supported by our observations. We saw staff interacting with people in a calm and gentle manner which reduced their anxiety. While supporting one person with dementia, we saw staff using short questions to find out what was bothering them and offering suitable distractions which reassured and calmed the person. This approach was consistently successful in preventing an escalation in distress behaviours with this person. One staff member said, "Most care staff are experienced. They know their residents, they are good at communicating with them and their families as well"
- Support plans were reviewed when people's needs changed or at least every six months. Comments from people and relatives included, "I do know what is happening, I can ask if I need to" and "No formal reviews but I can get extra care if I need it, I just ask". Staff told us when people's behaviours changed, they would assess them for the possibility of an acute infection. A healthcare professional said staff were, "Much more proactive in their management of residents". They added, "When asked to see residents with an acute cough, I am presented with a full set of observations beforehand. Sometimes staff share their own insights into a resident's condition, perhaps relating periods of difficult behaviour to certain events".

Supporting people to develop and maintain relationships to avoid social isolation

- People had opportunities to socialise and form new relationships through group activities and social events held at Malvern View. Comments from people included, "We have a lot of entertainers. I enjoy singing", "I go to the entertainment and the activity person comes up [to person's room] from time to time" and "I do not join in much but the activity person comes around for a chat and tries to persuade me". The staff team spoke a variety of languages, we heard how this had assisted them to support people whose first language was not English.
- People had opportunities to get out and about with others. Trips to Weston-Super-Mare, the garden centre and shops happened on a regular basis. People recently had the opportunity to visit a local inn for a pub lunch. One person said, "I have been on trips in the minibus". A staff member said, "I think the residents

have a nice lifestyle".

- People's relatives were welcomed and invited to join celebrations and special events. This included seasonal and religious events, such as the upcoming Easter fayre and the bonfire night display, which people's relatives and staff's families were invited to. Feedback to the service included, "A huge thank you to all the team, who made my family lunch today so very enjoyable" and "Thank you also for enabling us to celebrate Boxing Day as a family, in our own way. It is the little details which speak the clearest".

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- A full programme of activities was available which took people's personal interests into account. At the time of the inspection these included gardening, cooking and arts and crafts. One person said, "I do lots of knitting. I am knitting for the [service's] Easter fayre. I also knit hats and clothes for premature baby units".
- People enjoyed a variety of popular group activities and specialised activities for people with additional needs were available. For example, virtual reality headsets enabled people to 'be inside' a variety of environments, including on safari and underwater. Staff told us these had been particularly effective with people living with dementia. People said, "There are always activities going on. Yesterday piano playing and singing" and "I liked the singing, I do quizzes, and I love doing jig-saws".
- People's spiritual and religious needs were met through links developed between Malvern View and the local churches. The activities coordinator told us communion was held at Malvern View fortnightly and local church communities were "only too willing" to visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were highlighted in their support plans. This included use of glasses and/or hearing aids and any support people needed and/or wanted with these.
- Staff helped people communicate by asking questions in a way they could understand. While helping people eat, we saw staff showing people the options available to them and using simple closed questions to communicate effectively with them.
- People were assisted by staff or relatives during hospital appointments and visits by health and social care professionals, to support them to understand the information they were given.

Improving care quality in response to complaints or concerns

- Information about the complaints process was accessible to people and available in the entrance hall. This outlined how to make a formal complaint and if necessary, how to escalate them to the provider and beyond. One complaint had been received in the year before our inspection, multiple compliments were received in this time period.
- People knew how to complain and were happy to speak with staff about any complaints or concerns. The people we spoke with had no complaints about the service. One person said, "We have not [got] any complaints but [are] sure staff and managers would sort things".
- In response to a significant complaint in 2019, the provider and manager carried out a full investigation and identified areas for improvement. Improvements had been implemented in partnership with commissioners. A commissioner said, "I am more than happy with what they have done and put in place".

End of life care and support

- People's wishes for the end of their lives had been explored and recorded. This included who they wished to be present and where they would prefer to die. When a do not attempt resuscitation decision had been

made, these were kept under review and this information was readily available to staff, in case of emergency.

- Staff received training in end of life care and ensured anticipatory medicines were prescribed and available for use, as and when needed. Our discussions with staff showed they recognised when a person was approaching end of life. Staff adjusted their approach, in response to the person's fluctuating needs, including helping them to eat small amounts of what they enjoyed.
- People's comfort and dignity was maintained throughout end of life care. One staff member told us about the special care staff took when a person passed away. Feedback to the service included, "It was so peaceful" and, "Thank you for taking such great care of my mum in her final days. I knew she liked all the staff and appreciated your kindness. We particularly appreciate the sympathy shown to all our family, not just mum".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Governance systems did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems to monitor the quality of the service were in place, including regular audits and good communication between the service and directors. However, the governance systems needed further development to ensure they were effective in driving improvement and delivering best practice. Action was being taken by the provider, including introduction of monthly provider visits. However, it was too early to say how effective these improvements would be.
- Leaders were inconsistent in driving implementation of best practice recommendations. A consistent approach had not been taken in implementing tools which may assist staff in monitoring and responding to people's wellbeing, such as distress behaviours and pain. Despite this, we found outcomes for people at Malvern View were good, as staff knew people very well and supported them skilfully. Feedback from people and relatives was positive. People said, "Good carers [staff], kind people about, I don't want to go home. I would recommend it to anyone" and "Very happy with the lovely service".
- Learning from feedback from inspections at the provider's other services and in response to complaints had been implemented at Malvern View. This included improvements to managing risks associated with constipation and anticoagulant treatment, managing DoLS applications, evidencing environmental checks and improved systems in place in relation to managing GP admissions to the Winchcombe Unit.
- A manager was in post and had applied to be registered with CQC. They met with the operations director weekly to monitor progress on the service's action plan. The manager understood regulatory requirements and had notified us when required to do so.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider and manager promoted an open and inclusive culture that put people's needs first. People, relatives and staff told us the manager was approachable and visible in the service. One person said, "The manager has called in a couple of times. Definitely well managed, good training, everyone knows what they are doing".
- Feedback to the service was highly positive and outcomes for people were good. Many compliments were received including, "wonderful care", "kindness", "sustained support" and "marvellous last two years". Malvern View was rated 9.6 (out of 10) on the carehome.co.uk website. There were few incidents or accidents at the service which, which we found had a peaceful and calm atmosphere.
- The service worked closely with commissioners and other professionals to ensure improved outcomes for people. Comments from professionals included, "My relationship with all staff and managers at the home

has been, I believe, very good and I have always found staff and managers very welcoming and helpful" and "They are easy to work with. They are happy to work with us and make changes".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their responsibility to be open and honest when things went wrong. The one complaint received in the past year had been thoroughly investigated and meetings held with commissioners to agreed necessary improvements. The complainant had been invited to meet with the provider and commissioners but had declined to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to enable people and staff to provide feedback on the service. This included quality assurance surveys and meetings. Action was taken as a result of feedback, including updating of décor and furnishings.
- Staff were committed to meeting people's needs and were proud of the service they provided. For example, when speaking with us, it was evident one staff member's priority was to get back to supporting people, as it was lunchtime and people needed more support during meals. All staff said they would recommend Malvern View to their friends and family.
- A variety of links had been developed between the local community and Malvern view. This had resulted in placements for health and social studies college students at Malvern View and visits from a local Brownie pack and local playgroup.