

Minster Care Management Limited

Mowbray Nursing Home

Inspection report

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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

Mowbray Nursing Home is a care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

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

People told us they felt safe living at the home. People's safety was promoted by the registered manager and staff who understood their responsibilities to identify and report potential harm and abuse. The management team consistently reviewed accidents and incidents to reduce the possibility of people being harmed. Risks to people's health and wellbeing were known by staff and well managed.

People's medicines were managed, stored and administered by staff who had received the training to promote safe practices. The registered manager and staff maintained close links with external health and social care professionals to promote people's welfare.

People were supported by staff who had the knowledge about how to prevent and reduce cross infections. People were complimentary about how the home environment was kept clean and free from unpleasant odours.

People and staff said there were sufficient numbers of staff available to meet people's needs without unreasonable time delays. The registered manager kept staffing levels under review alongside people's individual needs to reduce risks to people's wellbeing. The provider's recruitment procedures were followed, and all the appropriate checks had been completed on new staff's suitability to work at the home.

Staff understood people's needs and abilities because they read care plans and received an induction where they worked alongside experienced staff until they knew people well. Staff received training and support to develop their skills and knowledge. Staff had opportunities to reflect on their practice and learn from other staff, so people's needs were effectively met and promoted.

People 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.

People were offered meals and drinks which were suitable for their individual needs and met their preferences to keep people healthy and well. Staff made sure people obtained advice and support from health professionals to maintain and improve their health or when their needs changed.

The provider and management team continued to make ongoing improvements to the home environment and facilities to meet people's needs. People enjoyed spending time in their rooms which they had furnished with personal objects to make these feel homely.

People were cared for by staff who knew them well and who they described as caring. Staff knew about people's individual preferences for care. Staff respected people's dignity and privacy and responded to people's likes and dislikes to support people in following their own interests.

People knew how to raise any concerns and who they should report any concerns to. The registered manager responded to people's complaints and took action to improve care as a result of complaints.

The registered manager and provider were aware of their responsibilities and had developed checking arrangements to monitor the quality of the service people received. The management team were continually looking at how they could provide better care for people. In doing so they valued people's views about the services provided and used these to drive through improvements and further develop services people received.

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

Rating at last inspection

The last rating for this service was good (report published 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mowbray Nursing Home on our website at www.cqc.org.uk.

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 well-led.

Details are in our well-Led findings below.

Good ●

Mowbray 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. 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

One inspector and an Expert by Experience carried out this inspection. 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

Mowbray Nursing 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. 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

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received about the service since the last inspection. We sought feedback from the local authority, the clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spent time with people who lived at the home and spoke with 15 people and five relatives about their experience of the care provided. We spoke with a range of staff including a nurse, two care staff, domestic staff and head of domestic staff team and activities coordinator. This was to obtain the staff teams views of their roles and working at the service. We also spoke with the registered manager, area manager and provider about managing the service provided.

We looked at a range of records. This included three people's care documentation and multiple medication records. In addition, we looked at a variety of records about the management of the service, including meetings with people, relatives and staff, and the arrangements for monitoring the quality of the service provided within the home.

After the inspection

We looked at the additional information sent to us by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the home because of the support they received from staff and the premises were secure. One person said, "I feel safe yes, I have never thought I was otherwise."
- People's care risks were assessed and regularly reviewed to provide guidance to staff. Staff used this knowledge when supporting people. For example, when people needed assurance and comfort to reduce the risks to their mental and emotional wellbeing.
- Checks to the home environment were completed regularly to provide assurances it remained safe for people who lived there. Fire prevention systems and any trips and hazards formed part of the managements checking arrangements.
- A defibrillator was in place and staff had received training in the use of this.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in recognising signs and symptoms of potential abuse and shared an understanding of who they should report concerns to. One staff member said, "Staff are kind here, [I have] never seen any unkind practices. [I] would report to nurse and manager if I did see any abuse."
- The registered manager understood their responsibility to report allegations of abuse to the local authority and the Care Quality Commission.

Staffing and recruitment

- People received care when they needed it, so their safety was not compromised. One person said, "I don't have to wait long at all."
- Staffing rotas were set out in advance and staff we spoke with said they felt they were able to meet people's needs without people waiting unreasonable amounts of time. We saw this was the case during our inspection as staff responded to people's requests for assistance in an unhurried manner.
- The registered manager described to us staffing levels were maintained using the provider's dependency calculation tool and processes which were reviewed regularly.
- The provider continued to follow safe recruitment procedures to assure themselves prospective staff were suitable to work with people living at the home.

Using medicines safely

- People told us they received their medicines when they should, and staff took steps to ensure they did not run out.
- We saw staff followed good practice guidelines when administering medicine. They told the person what they were taking and ensured the person had swallowed the medicine safely before leaving them. When

people declined pain relief their wishes were fully respected.

- Staff were following safe protocols for the receipt, storage, administration and disposal of medicines.
- Where people received medicines 'as required', there were clear guidelines in place about when these medicines should be taken, and the reasons they may be required recorded.

Preventing and controlling infection

- People who lived at the home and relatives were complimentary about the work staff did to make sure the home environment was clean and there were no unpleasant odours.
- The domestic staff we spoke with described how they took pride in keeping the home environment clean for the benefit of people who lived there. They were knowledgeable about preventing and controlling cross infections. This included using the cupboards which had been installed in communal toilet areas to store toilet rolls, so the risk of cross contamination was further reduced.
- Staff had access to and used a range of equipment to prevent and control infections. These included disposable gloves, aprons and hand gel dispensers located around the home environment.
- The management team were continually taking action to further improve infection prevention and control practices. This included making sure where required each person had their own hoist sling and these were kept in their personal rooms.

Learning lessons when things go wrong

- Staff were aware of the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the home. These were reviewed by the management team with staff, to identify any learning which may help to prevent a reoccurrence.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 care needs were assessed in advance of them moving into the home to ensure effective care and support could be planned and provided. This helped to ensure people were supported by staff in the way they preferred, and staff could meet all their identified needs.
- People's cultural and social needs were identified so staff could be aware and meet these.
- Health and social care professionals' views were also considered when people's needs were assessed so care remained as effective and responsive as possible.

Staff support: induction, training, skills and experience

- People who lived at the home and relatives were confident in the skills and knowledge of staff.
- The provider's induction programme was followed for all new staff. New staff received an induction which included shadowing more experienced staff and completing the nationally recognised care certificate. This supports staff to gain the skills needed to work in a care environment.
- Staff we spoke with told us training opportunities were readily available and felt confident their training supported the care needs of people who lived at the home.
- The registered manager gave staff the opportunities of leading in various subjects such as dignity and oral care which helped to support the sharing of knowledge and improved outcomes for people.
- Staff received appropriate support which promoted their professional development and assessed their competencies.

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

- People told us they liked the food provided and made their choices the day before.
- People were supported to maintain a healthy diet. During mealtimes staff were on hand to support people if needed. Staff also enabled people to eat undisturbed and unaided unless the person indicated they needed assistance.
- Staff worked together to effectively meet people's food choices, specific dietary needs and any food allergies.
- People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted such as the GP.

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

- People told us staff supported them to attend routine health appointments including chiropodists and the

GP regularly visited so they would remain well.

- People's health needs were assessed, and care plans developed to support people's medical conditions, such as Parkinson Disease and diabetes. In addition, an oral health assessment tool had been implemented to support people with their oral health care.
- The management and staff team worked with a variety of health and social care professionals to ensure people were provided with consistent care.
- Staff assisted people to access community healthcare services or, where appropriate, emergency medical services should they become unwell.

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

- People had their own rooms which they enjoyed spending time in. Where people shared a room, this was agreed beforehand, and curtains were in place to provide people with privacy.
- People were able to personalise their personal rooms with photographs and other treasured items to make them homely.
- There were an accessible garden which people used during good spells of weather.
- The provider had plans to ensure continual improvements to the home environment were made, including redecorating and laying new flooring.

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.

- Staff had completed MCA training. We saw staff asked people for their consent before they provided any care by using people's preferred style of communication.
- Where people were assessed as not being able to make a specific decision, the registered manager and staff followed best interests' processes. This included the involvement and views of those who were important to each person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People who lived at the home and relatives we spoke with said staff were caring and respectful. One person commented, "They [staff] have always been nice. We have a chat and laugh, [I] get on with them [staff] all." One relative told us, "It's lovely and friendly. I have great confidence in them [staff]. They [staff] always make time for me."
- We could see from people's body language they had developed positive affectionate relationships with staff. Staff knew people well and understood what was important to them.
- Staff we spoke with told us they enjoyed working with the people they supported. One member of staff said, "I enjoy working here. I love helping residents [people who lived at the home]."
- Staff showed through their conversations with people they respected people's individuality and diversity. In addition, the registered manager was proactive in displaying a variety of information about subjects which included sexuality and intimacy for people who lived at the home, visitors and staff.
- The registered manager had a caring approach toward people who lived at the home and their staff team. For example, they introduced people to the inspector and expert by experience. The registered manager showed they knew each person well and used the warmth of touch such as hugs. The registered manager had a strong drive to lead by example to make sure people were provided with care which was centred around them and staff took pride in their caring roles.

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

- People were offered choices about their everyday lives. People were offered the choice of going into the dining room or staying in the lounge for their lunch. They were offered a choice of meals each day and where people had chosen to, they had a fridge in their room, so they could keep items they enjoyed eating.
- People were able to make decisions about where they spent their time, either in their own personal rooms in the lounge or dining room. There were seated areas around the home environment where people could choose to stop and sit. People could choose when they got up and when they went to bed.
- Information about advocacy services was available for people. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected. One person said, "The [staff] are always respectful, [staff] are very polite to me."
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, a staff member supporting people with their medicines always knocked on

people's door and waited for a response before they entered.

- One person who told us they would like all staff members to keep their door open and the registered manager assured us staff would be reminded about the person's wishes.
- The registered manager had recognised people may not want their full names on their individual room doors and so fully respected people's choices in relation to this.
- People's level of independence was recognised and promoted by staff who cared for them. This included providing people with the aids they required so people could eat and drink as independently as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they felt involved in how they liked and wanted to receive care and support. One person told us, "They [staff] make sure my care is right for me, I'm very satisfied here." Another person said, "I have an iPad and smart phone I have the Wi-Fi in my room they [staff] put it in for me."
- Relatives were also positive about the care and support their family members received. One relative said, "I am quite happy they are all good [family member] is always nice and clean [family member] seems to like the staff and the food."
- Some people told us they would like the opportunity of having more showers. The registered manager gave assurances action would be taken to check again with people their preferences for baths and showers.
- Care records contained personalised information, likes, dislikes and preferences, and set out how staff should meet people's needs. Where people had long term health conditions there was information in their care plan to support them together with when concerns should be raised with healthcare professionals.
- Staff we spoke with knew people's needs and were able to tell us about the care people needed this matched the information recorded in the care plan. Staff were kept up to date with people's needs in the sharing of information between shifts.

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.

- Staff showed through discussion, and conversations they had with people who lived at the home, they knew people's individual communication needs. current needs.
- The registered manager was able to provide information to people in different formats such as pictures or large print. For example, the activities planner had pictures and words to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had support to participate in fun and interesting things. The provider employed an activities coordinator who took the lead in planning and conducting activities. These activities included one-to-one time with people, group games, reminiscence work, sing-alongs and hand massages.
- We saw natural conversations going on about the topics of the day and people enjoyed a ball game. One person said they enjoyed going to a club to meet the friends they had made there. A relative commented how staff had been thoughtful in ensuring their family member had their pet with them.

- People were supported to be involved different seasonal events by making items associated with these such as pumpkins.
- The registered manager and staff team were continuing to make further improvements to support people in having fun and interest such as having a 'men's shed.'
- Relatives and visitors were always welcome at the home. Relatives described to us the positive experiences they had had in feeling welcome at the home. One relative told us, "The loveliest thing is I always have lunch when I come, I don't pay they [staff] say it's your [family members] home and we don't expect you to pay, the staff do things with such a light touch."
- Another relative said, "When my daughter got married I asked them [staff] if we could come here first they put [family member] in the quiet lounge and we all had pictures taken together. I can come whenever I like even have a meal if I want to."

Improving care quality in response to complaints or concerns

- People who lived at the home and relatives understood how to raise concerns if needed.
- People showed they were comfortable in raising any issues and the registered manager took action to resolve these.
- Arrangements were in place to promote, manage and respond to any complaints or any concerns raised.
- Staff could tell us how they would know if a person was unhappy and what they would do to try and identify their concerns.

End of life care and support

- People were consulted to make decisions about their preferences for end of life care. Staff we spoke with told us there was opportunities to review this with people who lived at the home and relatives sensitively and where appropriate.
- Professionals had been involved as appropriate to support people at the end of their life. One relative told us staff had contacted the hospice for their family member.
- Staff understood people's needs, were aware of good practice and guidance in planning and providing end of life care. This included respect for people's religious beliefs and preferences.
- The registered manager was passionate about supporting people who lived at the home and staff during times of bereavement. The registered manager told us, "It's a real privilege" to be with people and support them during the end of their lives.
- We looked at compliments from people who had appreciated the end of life care their loved ones had received. One person's read, "I have enjoyed meeting you all and laughing over the years on sharing the care of my dad, you are all prepared to go that extra mile in the care you all give."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed an open culture within the home and promoted positive team working practices. People who lived in the home, relatives and staff told us they felt supported by the registered manager and could speak with her whenever they wished to.
- We saw the registered manager was visible within the home and showed a clear understanding of people's individual needs and preferences. For example, the registered manager was open when discussing people's issues that had arisen during the inspection and took action to resolve these.
- Staff were confident in the management team. One member of staff told us they felt supported by the registered manager. They told us the registered manager was readily available when they needed support.

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 registered manager understood their responsibility to be open and honest with people in event things went wrong regarding the care provided.

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

- The registered manager was supported by a clinical lead, the area manager and the provider. The registered manager told us the area manager and provider visited regularly to provide support and monitor the quality assurance systems. This happened during our inspection as the area manager and provider were present to provide support.
- The registered manager and area manager carried out regular quality checks of areas such as care records, medicines and accidents and incidents. Where issues were identified, actions had been taken to make improvements. Staff we spoke with told us the registered manager kept them informed of the outcomes of quality checks, so they could develop and improve their practice.
- Staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member told us, "I am enjoying working here, it is my second home. There is a nice atmosphere. [Staff and management] team are fantastic." Another staff member said, "She [registered manager] helps us all, she is a massive support."
- The registered manager understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who lived at the home. They had also ensured that their rating was displayed in the home.

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

- The registered manager was involved in the day to day running of the service including working hands on, alongside staff where required.
- People who lived at the home and relatives could share their views about the home and express any ideas they had. They told us they could do this during meetings and daily conversations.
- Staff told us they were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views.
- The registered manager had put systems in place, so people would have the support they needed. These included referrals when appropriate to the local hospice to support people at the end of their lives.

Continuous learning and improving care

- Throughout our inspection where people had raised any issues the registered manager took action to resolve these. In addition, the registered manager sent us information to show the actions they had taken.
- The registered manager was undertaking a course which they were enjoying. They and were passionate about bringing learning from this back to share with their staff team to continue to improve the quality of care provided.
- The registered manager and area manager shared a sense of wanting to continue to learn and improve care. The registered manager told us their ambition was to, "Continue the good quality care."

Working in partnership with others

- The registered manager had developed partnership working with external agencies such as GP's and commissioners. This assisted people to access the right support when they needed it.
- People had formed pen pals with local children and enjoyed sharing their news and lives. The registered manager told us, "It melts my heart. Residents [people who live at the home] and children are so excited when they come in to see their pen pal."