

Mahogany House (Newtown) Limited

Mahogany Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Mahogany Care Home provides residential and nursing care for up to 51 people, some of whom are living with dementia. The accommodation is on the ground floor and consists of en-suite bedrooms, two large communal lounges and a dining room. There is a large internal courtyard/garden. At the time of this inspection there were 49 people living at the home.

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

Leadership at the home had been inconsistent due to the lack of a stable management team. This had led to a shortfall in the oversight of a number of areas, such as staff supervision. However, the recent appointment of a new registered manager had increased staff morale and they had already put plans in place to address areas where issues had been noted and had started to make the required improvements. Quality assurance systems to monitor the service were in place. There were procedures to ensure any accidents, incidents or complaints were fully investigated and people and relatives involved and informed of the outcome. Staff understood how to manage risks to people's health and wellbeing.

Staffing levels were allocated based on people's needs, with regular agency staff used to cover staff absences. An activities coordinator had recently been recruited. Pre-employment checks ensured staff were suitable to work in the care service. Staff had completed training in safeguarding and knew how to recognise and report abuse or neglect. Relatives we spoke with were happy with the home and its staff.

We found medicines were managed safely across the home. However, we recommend reviewing and updating all people's medicines information and care plans to ensure they are up to date and accurate.

The home was clean and well maintained. Staff followed good infection control practices.

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 23 December 2019).

Why we inspected

This inspection was prompted by a review of the information we held about the service. This report only covers our findings in relation to the key questions of Safe and Well led. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same This is based on the findings at this

inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mahogany 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a member of the medicines team 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

Mahogany Care Home is a care home with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have 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.

At the time of our inspection a new manager had recently been appointed to the service and registered with the CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection so that we could check the service was free from any COVID-19 infection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we looked at a variety of records, including multiple electronic care records and risk assessments and three staff recruitment files. We also looked at records relating to the management of the service, including quality assurance tools, policies and minutes of staff meetings. We reviewed the management of medicines. We talked to the manager, deputy manager, regional manager, head chef, three care assistants, and the care home assistant practitioner (CHAP). This role has recently been introduced at the home and is for a senior carer who has undertaken more advanced training which enables them to support the nursing staff.

The Expert by Experience spoke with three people who use the service and six family members. They also observed the lunchtime meal and undertook general observations of how staff interacted with people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at several other documents, including some policies and supervision records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives were happy with the care and support provided at Mahogany Care Home. Observations made during our inspection showed the staff to be caring and patient with people.
- Staff had completed training in safeguarding. Staff we spoke with knew how to recognise signs of abuse or neglect and were aware of the procedure for reporting safeguarding concerns.
- There was a system in place to document, report and learn from safeguarding incidents. This included reporting to the local authority safeguarding team and the CQC.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Annual servicing of equipment was up to date.
- Weekly and monthly maintenance checks and fire safety checks had been completed. However, the equipment used to test people's blood sugar levels was not being checked as per the manufacturers instructions. We could therefore not be sure its readings were accurate. The manager implemented the correct checking following our inspection.
- The service had assessed risks to people's safety and wellbeing. Guidance around managing people's risks was contained in their electronic care records, for staff to follow. Each person had an evacuation plan in place, in case of emergencies.
- Accidents, incidents and falls had been logged on the home's electronic system, including what had occurred, the action taken and outcomes. We saw a recent untoward incident had been thoroughly investigated through a 'root cause analysis' approach. This is a way of identifying the underlying cause of an incident. The service had ensured lessons were learnt following this incident.

Staffing and recruitment

- Safe recruitment practices had been followed. All relevant pre-employment checks had been completed, including obtaining references from previous employers and checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were allocated in line with the home's dependency tool, which is a system to determine how many staff are required per day to support people safely. The home used agency staff to cover some shifts to ensure safe staffing levels. However, where possible regular agency staff were used, which helped ensure staff continuity.
- Due to sickness absence, there was no regular activities coordinator, which meant that activity provision at the home was limited. However, a new activities coordinator had recently been employed and was due to

start working at the home within the month.

Using medicines safely

- Medicines were stored, handled, administered and disposed of safely.
- Staff who administered medicines had received the relevant training. Records showed staff received yearly competency checks.
- People on covert medicines (hidden in food or drink) had the appropriate paperwork in place to ensure the medicines were administered safely.
- Diabetes medicines were given accurately and on time. However, more detail was needed in diabetic care plans to inform staff what action needed to be taken if people's blood monitoring results were outside the recommended range.

We recommend reviewing and updating all people's medicines information and care plans to ensure they are up to date and accurate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The visiting arrangements implemented by the manager followed current government 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The service had been through a period of instability due to a lack of consistent leadership at the home. This had had an impact on some areas of managerial oversight. For example some staff supervision had fallen behind. However, a new manager had recently been employed and we found them to be knowledgeable and proactive in their approach. They had already identified a number of areas where they felt improvements were needed and had started to take steps to address these. We will look to see if improvements have been sustained at our next inspection.
- We found improvements were needed in the detail in diabetes care plans.
- Both the registered manager and deputy manager were registered nurses who were able to provide clinical leadership to the staff team. The deputy manager told us, "We're trying to develop a culture where staff learn, rather than a blame culture."
- The registered manager and deputy manager used a range of audits and checks to monitor the quality of the service. These included regular audits of medicines management, health and safety and infection control. The service had recently carried out a more robust audit of people's weights and had subsequently improved weight management.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC when required.

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

- In our conversations with relatives they were complimentary about the home. Two visitors told us, "The staff know what they are doing." They said they had no complaints, and the staff were, "Very welcoming and transparent."
- Staff spoke positively about the culture at the home and told us staff morale had improved considerably under the new registered manager. They told us they felt supported and valued. One care assistant told us how she had recently been praised by the registered manager and this had encouraged her.
- The service had an 'employee of the month' award to reward staff for their hard work and commitment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people's health needs were met.

- Due to a number of anonymous concerns raised about the service over the past few months, the provider was in the process of introducing a weekly 'staff surgery' so that staff could speak confidentially with a member of the provider's human resources team. The registered manager hoped this would enable people to speak freely about any worries they did not feel able to discuss with them.
- Daily shift handover meetings ensured information was shared between staff.

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 home was meeting the requirements of the duty of candour.