

Coate Water Care Company (Church View Nursing Home) Limited

Mockley Manor Care 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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mockley Manor is a residential care home providing personal and nursing care to 50 people at the time of the inspection. The service can support up to 63 people including younger and older adults, people with physical disabilities and dementia.

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

Staff received safeguarding training to help them identify and recognise potential safeguarding concerns. Overall, risk assessments provided staff with the information they needed to provide care in the safest possible way. Staff told us staffing levels enabled them to keep people safe and deliver the care outlined in people's care plans. Medicines were ordered, stored and administered safely. We were assured by the infection, prevention and control procedures and there were no restrictions on visiting. Accidents and incidents were recorded, reported and analysed for trends or patterns to minimise the risk of them happening again.

People's needs were assessed prior to moving to the home, to ensure these could be met safely. Staff shared key information about changes to people's health to ensure their care remained up to date and relevant to their needs. People received access to external healthcare when they needed it. Staff received training relevant to their roles and continuous training and development was promoted. People were given a choice of meals and supported to eat and drink enough to stay healthy. Nutrition champions received enhanced training to improve knowledge and care in this area.

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 understood the importance of person-centred care and recognised it was important to some people to maintain their preferred routines. People's communication needs were recorded and library books were available in large print and audio. The home had two dedicated staff members who were responsible for planning and supporting people with activities. Staff understood the importance of caring for people at the end of their life. Learning was taken from all complaints received across the provider group and this was shared with people and their relatives.

We received positive feedback from people and their relatives about Mockley Manor Care Home. The registered manager and provider had an open and honest approach if things went wrong with people's care. Governance systems and checks provided effective monitoring and oversight of the quality and safety of care people received. Relative and resident meetings provided an opportunity for people to give their suggestions and views on how the service could improve. The provider and registered manager were committed to continuous learning and development, to improve care and people's outcomes.

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 (published 13 November 2020).

Why we inspected

We received concerns in relation to pressure care and end of life care. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well led only. 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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and responsive sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mockley Manor 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?

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The home was well led.

Details are in our well led findings below.

Mockley Manor 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 team consisted of 2 inspectors, 2 Expert by Experiences and a Specialist Nurse Advisor (SPA). 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

Mockley Manor is a 'care home'. 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. Mockley Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 and sought 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

We spoke with 12 staff including the registered manager, deputy manager and clinical lead, the provider's representative, senior care staff, care staff, a nurse, activities coordinators, chef and a housekeeper. We carried out general observations and spoke with 10 people and 5 relatives for feedback on their experiences of care. We also sought the views of other organisations who work with the home, and health and social care professionals, to find out their views on the care provided. We reviewed 6 care plans, 2 end of life care plans and a range of electronic medicine administration records (EMARs). We also reviewed a range of records relating to the management of the home including audits and quality assurance checks, recruitment records, policies, meeting minutes and maintenance 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. 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

- Staff received safeguarding training to help them identify and recognise potential safeguarding concerns. Information about safeguarding procedures was displayed in the home to inform people how to report if they felt unsafe.
- Staff understood their responsibilities to keep people safe and told us they were confident to report any concerns to their managers. One member of staff told us, "I would report it without hesitation."
- Whilst staff told us senior staff and managers would immediately respond to any safeguarding concerns, there were processes staff could follow to escalate concerns directly to the provider. One staff member explained, "We have got a new system, a Speak Up group, and if you have a concern then you can send in an email, and they will address it."

Assessing risk, safety monitoring and management

- People gave positive feedback about how staff supported them and kept them safe. One person said, "The nurses here have been fantastic because they've helped heal my leg wound", another comment was, "If I need any help I'll get it. I can't imagine the carers being any better."
- Overall, risk assessments provided staff with the information they needed to provide care in the safest possible way.
- We found some improvements could be made to ensure information was consistent in risk management and care plans, but this has already been identified through the provider's own checks and audits. The registered manager assured us this was being addressed.
- Staff shared important information at daily 'flash' meetings and through handover meetings between shifts, to minimise risks to people and help ensure they received the care they needed.
- The provider had taken measures to minimise the impact of unexpected events. Each person had a personal emergency evacuation plan to ensure their individual needs for support in an emergency were known.

Staffing and recruitment

- Staff told us staffing levels enabled them to keep people safe and deliver the care outlined in people's care plans. One staff member told us, "You can't expect every day to be the same, but I would say it is a safe staffing level." Another staff member explained how they worked as a team to ensure people's needs were met. They commented in, "Every area of the home, we have at least three staff and we help each other out if one area is a bit busy."
- The provider followed a recruitment process which included checks to ensure staff were suitable for the role they were employed for. This included references and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were ordered, stored and administered safely.
- The electronic medication system ensured safe procedures were followed for administering patch medicines, to ensure it remained in place and was rotated safely, according to guidelines. This is important because patches are prone to falling off, and rotation minimises the risk of skin sensitivities and the skin thinning which can cause the body to absorb the medication at a quicker rate.
- Medicines prescribed 'as required' had accompanying protocols which included the maximum dosage in a 24-hour period, indications and frequency of dosage. When these were administered this was recorded on the system and the effectiveness of the medication was also recorded, which followed best practice guidelines.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Overall, the home was clean and tidy. However, we identified a fridge in a communal lounge needed cleaning and the food inside had not had the date of opening recorded on it as required. The registered manager immediately addressed these issues.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting and people were supported to receive visitors when they wished.

Learning lessons when things go wrong

- Accidents and incidents were recorded, reported and analysed for trends or patterns. Actions were taken to minimise the risk of them happening again.
- The provider had an open culture and approach to learning from incidents. When accidents or incidents occurred, or concerns were reported, learning was shared with the staff team.
- Staff told us learning was shared following an accident or incident. One staff member told us, "When we do have pressure sores or falls, we have a senior meeting to discuss preventative measures. Also, if [the provider] found a surge in pressure sores, they would refer us to further training in how to prevent pressure sores."

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 our last comprehensive inspection we rated this key question requires improvement. At this inspection, the rating has changed to 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 needs were assessed prior to moving to the home, to ensure their needs could be met safely.
- This information was used to develop care plans which included information about people's choices and preferences.

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

- When people's needs changed staff shared key information at handover and during daily flash meetings, to ensure people's care reflected those changes. For example, the chef was kept informed about people's individual risks, how they required their food to be prepared, and who was losing weight. This ensured meals and drinks were prepared according to people's needs, and that changes to those needs were implemented.
- Staff worked closely with external health professionals in response to changes or concerns regarding people's health and well-being.
- People's health was regularly reviewed by their GP and people received timely care.
- A healthcare professional gave positive feedback about their experiences of working with the home. They said, "Staff are always expecting me when I arrive, know that I am due to assess a resident and know which resident it is, are available and join the assessment."

Staff support: induction, training, skills and experience

- Staff received training in areas such as moving and transferring people safely, safeguarding and infection control when they started working at the home.
- A programme of on-going training enabled staff to update and develop their knowledge and skills and ensure they continued to work safely and effectively. One staff member told us, "Training is regularly updated and if I am interested in something particular, such as dignity or nutrition, [registered manager] always has some source material available to me."
- Staff told us they were supported to study for nationally recognised qualifications in health and social care and undertake further courses to support their personal development.
- Staff had opportunities to discuss their work and training needs during supervision meetings. One staff member explained, "It is good for staff to see things they need to improve on, to talk about any things they have a problem with and any training they may need. At the end of the day, I do value it."

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 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)

- Where people were identified as potentially being deprived of their liberty, DoLS applications were made to the authorising body as per legal requirements.
- Staff explained the importance of gaining people's consent before providing them with care and support. One staff member told us, "When I go in, I go in a calming manner and ask them what they want and then I will explain to the person what I want to do. If they refuse, it is all documented."
- Staff understood when they may need to act in people's best interests to keep them safe and told us they would seek guidance from managers or clinical staff. One staff member explained, "I would try my best to advise them and let them know why I thought it [the care] was urgent. I would get the nurse or [deputy manager], but I have never left anyone who was in serious need of being repositioned or left them highly at risk."

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

- People were given a choice of meals with visual prompts.
- Information about specialised diets was included in people's care plans. For example, where people required their meals pureed or their drinks thickened, to assist with their safety.
- Relatives gave us positive feedback about the food and how the home had promoted good nutrition and hydration. One relative said, "The food here is all lovely, my relative is enjoying it so much they have put on nearly a stone which is good as they had lost a lot of weight before they came here." Another comment was, "In the short time that my relative has been here, my relative has gained weight."
- People's weights were monitored and monthly nutrition meetings identified where people might need changes to their diet in response to specific needs, or to promote weight gain. This included offering high calorie snacks, adding extra calories to meals and information about people's preferences to ensure nutrition was focused on knowledge of how best to encourage people to eat and drink.
- Some staff were nutrition champions who received enhanced training to improve people's outcomes. One champion said, "As champions we work with all of the other staff members to try and teach the importance of nutrition and hydration, as it affects so many parts of life. Not only weight and hydration but for skin integrity, avoiding deterioration of skin, avoiding skin tears and damage, cognitive impairment from lack of fluids, and confusion; which are all big issues in elderly care. "

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question good. The rating for this key question has remained 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

- Staff understood the importance of person centred care and recognised it was important to some people to maintain their preferred routines. One staff member told us, "There is one person who always has to be up and showered and in their chair by a certain time. You have to cater to what people want and what they are used to."
- Staff were responsive to people's emotional needs. One member of staff told us how they brought in their sewing machine to alter people's clothes if they had lost or gained weight. They explained how this was good for people's wellbeing and added, "We had a lady who did not want to get rid of all her old nighties, so I made it into a blanket for her, and she won't go to bed without it now."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included information about any hearing or sight loss, and whether people wore hearing aids or spectacles.
- An easy read version of how to make a complaint or submit a compliment was displayed on the noticeboard.
- The home's library provided a variety of books including audio and large print versions.

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

- The home had two dedicated staff members who were responsible for planning and supporting people with activities. One of the activities staff explained their role as, "Ensuring mental and emotional wellbeing as well as stimulating them [people]. We make sure the activities we provide are suitable, but also have an impact and make a difference to the residents."
- An activity board displayed information about what activities were taking place in the home and included regular 'bake offs', exercise sessions, music, games and quizzes.
- Staff were encouraged to participate in activities to generate a feeling of shared experiences. For example, some activities around dignity had involved staff experiencing 'being a resident for a day' and people sharing with staff what dignity meant to them.

- People's religious and spiritual needs were recognised and celebrated in an inclusive way. This included Easter, Ramadan, Christmas and other cultural festivals.
- People's special occasions and birthdays were celebrated. One person was brought into the dining room and the staff sang happy birthday to them. A staff member explained, "When there is a special occasion for a resident, we are there to make their day a bit better."
- The activities staff member told us they spent one to one time with those people cared for in bed or who preferred to spend time in their rooms. They told us, "One lady earlier in the week said, 'Just be with me' so I sat and held her hand."
- People were supported to maintain their links with the local and wider community. For example, there was guidance for people about maintaining their right to vote in the upcoming local elections.
- Visitors were encouraged to spend time with people living at the home to reduce feelings of isolation. One staff member told us, "We encourage regular visits from family members and encourage them to get involved in activities. A lot of the people here are people's grandparents and parents, and it is very important to keep those good relationships."

End of life care and support

- People's care plans included the Recommended Summary Plan for Emergency Care and Treatment form (ReSPECT). This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.
- There was some information in people's care plans about their preferences for where they spent their final days. We found further information in respect of any religious, cultural or personal wishes would ensure people spent their final days as they wished to. The registered manager told us this was an area they were already working on.
- Staff understood the importance of caring for people at the end of their life. One staff member told us, "To provide end of life care is very special and you should feel quite honoured you are spending their last days with that person."

Improving care quality in response to complaints or concerns

- The provider's complaint procedure was displayed in the home.
- Learning was taken from all complaints received across the provider group and this was shared with people and their relatives. This demonstrated a transparent approach to complaints and demonstrated how they had been used to improve people's experiences in the home.

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. 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.

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

- We received positive feedback from people and their relatives. One person said, "They are all really friendly and create a nice atmosphere. I was waking up at 4am recently and the night staff would bring me a cup of tea."
- Relatives' comments included, "[Registered manager] is very approachable and proactive. She has given us outstanding support and I am very impressed with how this home is run and how they treat everyone here." Another comment was, "When my relative was not very well last year, they could not attend a family wedding. I asked [registered manager] if there was anything we could arrange at the home and she got a professional photographer in to take pictures of [person] in her wedding dress with her husband and both her grandparents. This will stay with all my family for the rest of their lives and we are so grateful."
- Staff spoke of a registered manager who was supportive and had a 'hands-on' presence in the home. Comments included: "I feel the home is really important to her and she goes above and beyond. She comes out of the office and assists people, she is very hands on" and, "It is nice to come to work knowing it is a place you are not uncomfortable, and you are not afraid to speak to your manager."
- Staff told us they had regular meetings where information was shared, and they were encouraged to give feedback. One staff member told us meetings covered, "Any issues or concerns in the home, any health and safety issues, if people have got any ideas and if there are any policy changes." Another said, "At our last meeting, [registered manager] went round everyone and asked what our input was."

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 the requirements in relation to duty of candour. Relatives were informed of incidents in the home, and there was a transparent approach in responding to incidents.
- Events and incidents were notified to CQC and the current rating for the home was prominently displayed, as per regulatory requirements.

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

- Governance systems and checks provided effective monitoring and oversight of the quality and safety of care people received.
- A variety of audits were carried out to monitor different aspects of care and the environment, to identify where improvements could be made. These audits contributed to the provider's Continuous Improvement

Plan (CIP). The CIP covered all aspects of the service including training and development plans, to improvement and changes to the mealtime experience.

- The provider was in the process of implementing new electronic auditing systems, to provide a more streamlined approach to quality and safety improvement and oversight. The provider's representative said, "With the new auditing system we can request images and pictures to corroborate what the audits are saying, so we are not just going on face value. Then when we visit we can validate that."
- Regular health and safety, fire and environmental checks limited the risks to people's safety.

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

- Relative and resident meetings provided an opportunity for people to give their suggestions and views on how the service could improve.
- Relatives, staff and visiting healthcare professionals were invited to give feedback through a 'suggestions box' and annual questionnaires. Actions taken in response was shared with people so they could understand how their feedback had been used.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager were committed to continuous learning and development, to improve care and people's outcomes.
- The registered manager had commenced a research project on pressure care, which started with questionnaires for all staff to complete to gather up to date information about their knowledge, understanding and skills. The results were going to be used to deliver targeted training, then reviewed 8-9 months later, to check how staff knowledge and skills had improved.
- The provider worked in partnership with Coventry University as a student nurse placement provider. We received positive feedback from the facilitator at Coventry University who said, "[Registered Manager] appears to understand and value her staff and students and is always friendly, approachable and communicates fully with the practice facilitator team. [Registered manager] and her deputy are always reaching out to ask relevant questions around assessing students and regularly seek advice on how they can improve or develop their care of pre-registered students."
- The home worked in partnership with speech and language therapy and were in the process of undertaking further training to become a 'Dysphasia Friendly Environment.' Dysphasia is a health condition that affects people's swallowing and side effects can include weight loss and chest infections.