Cedar Care Homes Limited

# Saville Manor Nursing Home

**Inspection report**

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## Ratings

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|---|---|
| **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** |

## Overall summary

Saville Manor provides nursing care for up to 42 people with enduring physical conditions or conditions resulting in physical disability. On the day of our visit there were 40 people living at the home. The visit took place on 23 October 2014 and was unannounced.

We last inspected the home on 2 July 2013 and no concerns were found.

A registered manager had recently left the service after five years. There was a new manager who had been in post for three days when we visited who was not yet registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with the staff who supported them because they provided them with safe and suitable care. They were also helped to stay safe because staff were aware of how to recognise and respond to abuse in a way which would protect them.

# Summary of findings

The number of staff on duty at any time had been worked out based on how much support and care each person required. Five people we spoke with said there had been occasions recently when staff were extremely busy. However, we found there was enough staff to provide people with the assistance they needed.

There were positive and caring relationships between staff and people who lived in the home. Where possible, people were involved in making decisions about how they were looked after.

People's privacy and dignity were maintained at all times. One person said they were; "very respected" by staff. Another comment was; "they are very good, very caring, in particular [name] is a very lovely member of staff".

People said they were happy and enjoyed daily life at Saville Manor. Comments included one person telling us; "I feel like a member of a big family". Another comment was; "I can well recommend the place".

Our observations of the staff team interacting with people showed they were supported to lead meaningful lives.

We saw individual activities took place as well as group ones. Entertainers performed at the home regularly including a singer who performed for people on the day of our visit. We saw how much people living at the home appreciated the entertainment.

People were assisted by staff who were trained in their work to improve and develop their skills. Nurses were able to go on training courses to help them understand how to provide people with effective care and assistance.

The staff team had been led by a registered manager who left in September 2014. Based on our findings at the inspection we saw how the previous manager had been very much involved in the day to day running of the home. Clear leadership had been provided and the staff team had felt well supported. We met the new manager who had been in employment for three days .They spoke positively about the challenges of their new role.

There were quality checking systems in place which ensured the overall care and service people received was properly monitored and improved where needed.

# Summary of findings

## 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.

People felt safe with the staff who assisted them. The staff provided safe care and support to people with their needs.

People were supported by staff who understood their responsibilities in relation to safeguarding them from harm and reporting to any concerns.

People were given the medicines they needed at the right times. Medicines were stored safely however action was needed to ensure the lock on the medicines cupboard was totally secure.

Risks to people's health and well-being were being properly managed. Risk assessment records guided staff to be able to support people to take informed risks while maintaining their optimum independence.

People were supported by staff who understood the Mental Capacity Act 2005. The staff knew how to ensure they promoted people's freedom and protected their rights.

**Is the service effective?**

Good

The service was effective.

People received care and support from staff who were suitably trained and understood how to provide effective care

People were supported to have enough to eat and drink at times of their choosing. When people were at risk of poor nutrition or dehydration, action was taken to monitor and address the risk.

People were supported so that their health care needs were met. The staff worked with GPs and healthcare professionals to ensure people had access to the relevant services.

**Is the service caring?**

Good

The service was caring.

People were treated in a manner which maintained their dignity and was respectful.

People, their relatives and friends were complimentary in their views of staff who supported them. People told us staff were kind and respectful.

People were looked after in the ways they chose to be. People were assisted by staff who fully took account of their individual choices and preferences.

People's views were being actively sought and they were involved in decisions made about the care and support they received.

**Is the service responsive?**

Good

The service was responsive.

# Summary of findings

People's preferences, likes and dislikes were written in their care records and were known by the staff team. The staff understood the needs of the people they were assisting. Staff were able to demonstrate how they provided care in line with people's particular wishes.

People were able to take part in a variety of activities. Some were for groups of people and others were on a one to one basis in the company of a member of staff. Entertainment was regularly provided in the home and this was a popular leisure activity for people.

People were able to tell us how they were receiving the specific care and support they felt they required. They told us they had been asked their views by staff as part of the process of making decisions about how they were looked after.

**Is the service well-led?**

Good

The service was well-led.

People told us they felt the home had been well run and this was largely due the manager who had recently left. Relatives and staff said the manager had been well regarded and had very high standards.

There was an open culture at the home and people said they felt able to raise any concerns and these would be dealt with properly. People and their visitors approached the staff and we observed they felt able to raise matters with them easily.

There were quality checking systems in place to monitor the service people received. We saw evidence people living at the home and relatives were actively involved in this process.

# Saville Manor Nursing Home

**Detailed findings**

## Background to this inspection

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

The inspection took place on 23 October 2014 and was unannounced. The previous inspection was completed in July 2013 and there had been no breaches of legal requirements at that time.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included person centred care as well understanding the impact of caring for a relative with a disability.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Return (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to look at important information about the service. We were able to see what the provider feels the service does well and improvements they plan to make. The PIR was thorough and gave us information about how the service ensured it was safe, effective, caring, responsive and well-led.

We contacted two GPs prior to our visit. We also contacted a specialist nurse and the optician. We asked for their views about the service. We have not received any feedback.

We spoke with 21 people were who living in the home, six relatives or friends who were visiting and eight members of staff These included the manager, nurses and care staff, the receptionist, domestic and catering staff.

We read the care records of four people, staff training records, staff recruitment files, supervision records, staff duty rotas and a number of other records relating to the way the home was run.

Good

# Is the service safe?

## Our findings

People told us they felt safe and happy living at Saville Manor. Comments people made included; "they handle the delicate matter of care well" and they are "very respectful around personal care".

Every person we spoke with who lived at the home expressed the view that if they had concerns around their safety they could talk to members of staff and they would be approachable and warm in response.

There was a reporting system in place to keep people who lived at the home safe from abuse. Staff demonstrated an understanding of safeguarding adults issues and were able to tell us how to report concerns if they had them. They said they would speak to the manager or the nurse in charge. Staff said they had been on training to ensure they knew how to recognise and report abuse. Staff were also guided to keep people safe by safeguarding policies and procedures with the contact details for reporting any issues of concern.

Staff told us what whistleblowing in the work place was and what it meant for them. They knew it meant to report to someone in authority if they thought there was malpractice at work. We saw that the whistle blowing procedure had the contact information of who staff could report concerns to. It was also prominently displayed so it was easy to see.

Risks assessments had been written about people to minimise harm in relation to a range of areas in their life. These included nutritional needs, the likelihood of developing pressure ulcers, falls, use of bed rails and mobility. We saw staff attended to people's needs in the ways set out in their particular risk assessment records. For example, staff used hoists safely and ensured people were assisted with their mobility by following the right procedures.

Medicines were stored, administered and disposed of safely. We checked a sample of medicines administration records and staff had recorded when they had given the person their medicine or recorded the reason if the person had not taken their medicine. This meant it was clear whether people had been given their medicines as prescribed. Overall, suitable arrangements were in place for the storage of the medicines. However, the lock to the medicines cupboard had become slightly loose and would benefit from being replaced. The new manager told us this was going to be arranged. A medicines fridge was used for medicines needing to be stored in this way.

Suitable arrangements were in place for obtaining medicines. We met a nurse who was arranging for prescriptions written by the GP to get to the pharmacy. We looked at the controlled drugs records and checked the stock and records for four people. We saw staff recorded each time a controlled drug had been given. They checked with another member of staff how much stock was left. This showed there were systems in place to ensure controlled drugs were given and stored safely. Controlled drugs are strong pain relieving medicines that need to be stored with extra security.

Accidents and incidents which involved people living at the home were and analysed and learning took place. For example, we read about one person who had a number of falls. We saw guidance was sought from other health and social care professionals to offer the staff and the person specialist advice. We read in one person's care plan how their diabetes was being managed in the home based on guidance from other healthcare professionals.

Safe recruitment procedures were in place to ensure suitable staff were employed. A range of checks were undertaken before people were employed. These included three written references and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to find out if people have been convicted of offences which may make them unsuitable to work in certain jobs including in care homes.

Staffing numbers were sufficient to support the needs of the people who lived in the home. The majority of people said there were always staff available to help them. However, there were some comments from people who felt there was on occasions a shortage of staff. One person said; "they certainly need more staff". Another comment was; "there's a lot to handle, but they handle it well". We observed staff assisted people in a prompt and safe way. We found there were enough staff with suitable experience and training to meet the needs of people living in the home. The new manager told us staffing levels were worked out based on people's needs and how many people were in the home.

Good

# Is the service safe?

We saw up to date maintenance checks of the premises were carried out. These included checks of fire alarms, firefighting equipment, water temperature checks and the hoists. The catering staff told us checks were done of the fridge and freezer temperatures and hot food temperatures to ensure food was stored and served at safe temperatures. An environmental health officer last visited in October 2013 and gave the home the maximum award of five stars for food hygiene standards.

Good

# Is the service effective?

## Our findings

People's individual needs were effectively met. We observed staff assisting people to eat their meals and drinks to ensure their nutritional needs were met. We also saw staff assist people with their mobility needs and to take their medicines safely.

We observed lunch being served to people where they preferred to be. A copy of the menu was displayed prominently for people to know what choices were on offer each day. We saw that menu choices looked varied and nutritious. Some people chose to eat in the lounge area. People were encouraged by staff to eat their meals independently if they were able. Staff provided support where needed and they sat next to people and helped them eat their meals discretely. We heard care staff explain what the food was and speak with the people they were supporting. The staff were organised and communicated among themselves to ensure everyone had their meal promptly and in a calm and unhurried manner. Care records clearly showed staff how to provide people with effective nutritional support. An assessment had been undertaken using the Malnutrition Universal Screening Tool (MUST). This is a recognised screening tool to identify adults, who are malnourished at risk of malnutrition or obesity. Care plans clearly showed how staff should assist people with their particular dietary needs. For example, where people needed a diet of a certain texture this had been explained. It was also explained in care records when people needed staff to assist them.

People's health needs were properly monitored. A GP from the local surgery visited the home on a weekly basis and saw people when needed. We met a GP who had come to the home for medical consultations with people. They told us they were new to the GP surgery but they did not have anything to report to us. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. We saw a chiropodist came to the home to see people for appointments during our visit. We read in people's care records when they had seen the dentist and appointments were made for people when required.

We saw in care records, how guidance had been offered from the palliative care services when needed. We also saw specialist equipment to aid people's comfort was in place. For example, suitable mattresses were in place where needed to help prevent skin break down.

Senior staff had been on Mental Capacity Act 2005 training. The Mental Capacity Act 2005 is a legal framework to ensure decisions are made in the best interests of adults who do not have the mental capacity to make decisions for themselves. There was guidance available about the Deprivation of Liberty Safeguards (DoLS). This information helped staff if needed to ensure safeguards were put in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application to restrict people's liberty if this was needed. The PIR confirmed a DoLS application had been made in the last year although it was not authorised. This meant there were no restrictions on the person's freedom put in place as a result.

Staff we spoke with were knowledgeable about the needs of people they supported .The staff told us about people's individual preferences and daily routines. Staff also told us they were allocated a part of the home to work in. They said they then supported a smaller number of people with their particular needs. Staff explained this helped them become really familiar with people's needs and what sort of care and assistance they required.

Staff were provided with a thorough induction programme when they began working at Saville Manor. The induction programme included learning about different health and safety practices and procedures They were also inducted about the needs of people who lived at the home and how to meet them. Training records showed there was regular training available for staff. This was to ensure staff had the skills and knowledge to effectively meet people's needs. We spoke with recently employed staff who said they had completed an induction programme and this had included working alongside experienced staff.

People were cared for by suitably qualified, skilled and experienced staff. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor and other staff regularly to review how they were performing.

Good

# Is the service caring?

## Our findings

Staff interacted in an attentive and sensitive manner with people living at the home. Staff communicated in a caring way to people who could not verbally respond to them. For example, a staff member sat beside a person and discreetly helped them by reading out a letter to them. The person looked very content in mood as the staff member was doing this. We also heard staff talk with people and plan with them when they wanted help with their personal care needs. These conversations were carried out discretely.

The staff showed they knew people well this was demonstrated in the manner they cared for them. We saw people responded warmly to them. All interactions were carried out respectfully, with one person saying that; "they [the staff] handle the delicate matter of care well". Another person's comment was; "they [the staff] are very respectful around personal care".

We saw warm and friendly relationships between the staff and people who lived in the home. During an afternoon of entertainment from a singer, members of staff danced with people. There was laughter and obvious good humour between them.

One person told us about how they communicated with staff as they were not able to move easily and had to spend a lot of time in bed. They told us they felt; "very cared for" and in control of what they do how and they spent their day.

One person also told us they had regular visits from family and friends. They said that they were always made to feel very welcomed by the staff. They also explained how staff were very prompt in response to their call alarm. If they were unable to help at that moment they came and made sure there was no immediate discomfort.

Staff treated people with respect and maintained their dignity. Screens were always used in lounges or dining rooms when someone needed the assistance of a hoist to be able to move. People had been assisted with their personal care and hygiene needs in an attentive way. Staff spent time talking with people about their day and how they were feeling. Staff also responded when people changed their minds. We heard one person ask for a different meal when their lunch had been served. The staff member responded to this and was polite and courteous.

The staff demonstrated in conversations with us they had a good knowledge of the needs of people they supported. We saw staff assisted people in the ways they had told us about. For example staff were observed communicating in an easy to understand way with people who were confused due to their dementia type illnesses. Each person had their own keyworker. Their role was to get to know the person particularly well and develop a good knowledge of them and the care they required.

People's privacy was respected. The majority of rooms were for one person to occupy. This meant that people were able to spend time in private if they wished to. We met a married couple who were residing in a double room. All of the bedrooms we viewed had been personalised with some of the person's belongings. We saw people were able to bring photos and small items of furniture in to them to look more homely. There was also a small lounge where we saw some people chose to meet with visitors.

The Provider Information Return (PIR) confirmed the service received a lot of thank you cards and letters from relatives and friends of those staying at Saville Manor, in appreciation of the care that had been provided. We saw a number of these thank you cards displayed on a notice board in the home.

Good

# Is the service responsive?

## Our findings

A lively range of social activities and events took place for people's entertainment and stimulation. We met the activities coordinator who was running a current affairs group. They also went to see people in their rooms and spent time talking with them. Later during our visit we saw people were given nail pampering treatments and they told us they enjoyed these. A notice was prominently displayed telling people about the range of events and activities planned for the coming month. We also read a copy of the home newsletter. We saw this was used to update people, their relatives and friends about the way the home was run. It was also used as a way of asking people to tell the provider what they felt about the service.

The PIR explained how people were consulted about individual hobbies and interests and group activities were organised around what they wanted to do. Individual activities were provided on a one to one basis. Activities were planned around monthly themes which varied from 'harvest and nature' to 'love and family'. Staff and visitors get involved with the themes by sharing related items and stories. This was confirmed by our observations and by our discussions with people living at the home. A number of visitors attended the entertainment afternoon that took place on the day of our visit.

People were cared for in a way that was preferred by them. We saw information in care records which was detailed and informative. There was guidance showing what to do to support each person with their individual nursing and personal care needs. The nurses had identified with people's involvement or their families if they were not able to make their view known what their needs were. People told us they were able to choose what time they wanted to get up and go to bed, how they spent their day and whether a male or female member of staff supported them. We saw confirmation in the care records we looked that these choices and preferences were recorded in care plans.

People told us they saw senior staff on a daily basis. No one we spoke with had any concerns they wanted to raise with them. They told us they felt confident if they did they would be listened to and their concerns addressed. We saw a copy of the complaints procedure and this was clearly displayed in a format that was easy to understand. This helped ensure people were able to easily to make their concerns known. There had been two complaints made since we last visited. The investigations into the complaints had completed. We saw that a response with an explanation of what had occurred and how the complaints were resolved had been sent to both complainants. These showed complaints were investigated and resolved to the satisfaction of the complainants. We also read how recent feedback about meal choices had led to a recent change in the menu.

Good

# Is the service well-led?

## Our findings

Throughout our visit we saw people go to the office to approach the senior staff who were there. We observed people were relaxed and comfortable to go to the office at any time. Nurses responded attentively to people who wanted to see them and we observed warm and friendly interactions took place. We also saw how people's visitors went to the office to speak to staff and were welcomed in. Staff told us they felt supported by senior staff. We observed the manager communicating openly with the staff team. We saw staff were comfortable to approach the manager whenever they need to speak with them. This showed the new manager and the staff team had started to build up an open working relationship.

We read in the care records how the previous manager had met with people and or their relatives on a regular basis. They had used these meetings as an opportunity to find out what people felt about the services they received. We saw people were offered the chance to meet with the manager regularly. The manager was open and accessible in their approach with people who used the service and the staff.

The manager told us they had been working closely with the provider of the home as part of their induction into the role. The PIR explained how the provider ensured there was an established structure of support for managers with established reporting protocols and internal support networks when problems or adverse incidents occurred. For example, the number of falls which had happened each month was monitored. Actions were put in place to reduce them and this was written into people's care records.

The management and the provider ensured people and their families and friends were involved in the monitoring of the quality of care. We saw that people were asked to share their experiences of the service. A notice was prominently displayed in the entrance hall with survey forms for people to complete. We saw how this information was analysed and actioned by the provider. For example, feedback about how rooms were decorated had been acted upon.

The nurses told us they went to regular meetings run by the local NHS Clinical Commissioning group (CCG) in the region. The nurses told us clinical subjects were discussed at the meetings and they were useful to attend because it kept them up to date in best practises. A course about supporting people with their nutritional needs had been attended by a number of the staff.

We saw how the manager and a provider representative had reviewed staffing levels using a dependency tool. A dependency tool is a system used to formally work out how many staff are needed to ensure people receive safe care. The manager told us the staffing numbers in the mornings were going to be increased by one care worker. This was to ensure the skill mix and staff numbers were right for the number of people and their particular needs at the home.

The provider had a quality checking system in place to monitor the quality of the service people were receiving. There were regular audits undertaken looking at the quality of care people received and how the home was run. Areas that had been audited included care planning, the overall quality of care, management of medicines, health and safety, and staff training. Where shortfalls were identified we saw that the provider and manager devised an action plan to address them. For example reviews were carried out and care plans updated after people had a fall at the home.

The PIR also included information about how the service was going to improve and how it was well lead. This included plans to introduce quarterly management reviews which would provide an overview of the overall performance of the home. The results would then be disseminated to staff to improve motivation and involve them in areas requiring improvement.