South West Care Homes Limited

Manor House

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

The inspection took place on the 16 and 17 February 2016 and was unannounced. At our last inspection on the 19 January 2015 we judged the service required improvement. We breached the service in relation to the care and welfare of people who used the service because care was not planned in such a way as to meet people's individual needs. We asked the provider to report to us what they were going to do to put this right. We reviewed this during this inspection and found this had been addressed.

Manor House can accommodate up to 30 older people who may be living with dementia. On this inspection 26 people were living at the service.

A registered manager was employed to manage the service. 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 told us they were safe and happy living at Manor House and were looked after by staff who were kind and treated them with respect, compassion and understanding.

People felt in control of their care. People's medicines were administered safely and they had their nutritional and health needs met. People could see other health professionals as required. People had risk assessments in place so they could live safely at the service. These were clearly linked to people's care plans and staff training to ensure care met people's individual needs. People's care plans were written with them, were personalised and reflected how people wanted their care delivered. People's end of life needs were planned with them. People were supported to end their life with dignity and free of pain.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff promoted people's rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the Mental Capacity Act 2005. This meant people's human rights were upheld. Staff maintained safe infection control practices.

Activities were provided to keep people physically and cognitively stimulated. People's faith and cultural needs were met. The service was adapted to meet the needs of people so they could live as full a life as possible.

There were clear systems of governance and leadership in place. The provider and registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits made sure the service was running well. Where issues were noted, action was taken to put this right.

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 told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Staff followed safe infection control procedures.

Is the service effective?

Good

The service was effective. People were looked after by staff trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff always asked for people's consent and respected their response.

People's nutritional and hydration needs were met.

People had their health needs met.

Is the service caring?

Good

The service was caring. People were looked after by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Staff planned people's end of life with them.

Is the service responsive?

Good

The service was responsive. People had care plans in place to reflect their current needs. Care was centred on the person.

Activities were provided to keep people physically, cognitively and socially active. People's religious needs were met.

People's concerns and complaints were investigated. People received feedback to ensure they felt this had been resolved.

Is the service well-led?

Good

The service was well-led. People, relatives and staff said the service was well-led.

There was clear evidence of the provider ensuring the quality of the service. The registered manager and provider had audits in place to help ensure the quality and safety of the service.

People and staff felt the registered manager was approachable. The registered manager had developed a culture which was open and inclusive. People and staff said they could suggest new ideas. People were kept up to date on developments in the service and their opinion was requested.

There were contracts in place to ensure the equipment and building were maintained.

Manor House

Detailed findings

Background to this inspection

We carried out this 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 the 16 and 17 February 2016 and was unannounced.

Two inspectors completed this inspection.

Prior to the inspection we reviewed information we held on the service. This included previous inspection reports and notifications. Notifications are incidences registered people are required to tell us about by law. We also reviewed the action plan following the previous inspection. This told us what the registered manager was going to do, to put right the concerns we had raised.

During the inspection we spoke with eight people and four relatives. We spoke with seven staff and were supported on inspection by the registered manager and deputy manager. We read four people's care records and checked they were receiving their care as planned. We also spoke with the same people to ask their view of their care, where that was possible. We observed how staff interacted with and looked after people and sat with and spoke with people at lunchtime.

We reviewed four staff personnel files, staff training records and staff rotas. We also reviewed the records held by the registered manager and provider to evidence they were ensuring the quality of the service. This included policies and procedures, a range of audits, records of complaints and records of communication with people, professionals and family.

We spoke with one health professional and one religious leader during the inspection.

Good

Is the service safe?

Our findings

People felt safe living at Manor House. For example, people felt safe when staff used the hoist and when staff supported them in the bath or shower. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live.

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or notice if people's physical presentation or emotions changed as this may be a sign something was wrong. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff would pass on concerns to the registered manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to the provider or external agencies, such as CQC, if they felt concerns were not being addressed. One staff member said "I would feel comfortable raising anything, and I am confident it would be acted upon immediately". "Another said, "I will protect people from harm, I would get as much information as I could and speak to my manager."

Staff were knowledgeable of the whistleblowing policy. Staff felt happy that they could go to a manager to raise issues and would be listened to, not "named and shamed". One member of staff said, "people come first in every circumstance, I would feel happy to whistle blow on poor care if it was necessary."

People's medicines were administered safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Everyone told us their medicines were administered on time and as they would like. No one was self-administering their own medicines however, people were encouraged to be as involved in taking their medicines or applying the prescribed creams as they could. Staff took time to explain medicines to people and why people were taking them as necessary. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. People's prescribed creams were applied as required and carefully recorded.

We found medicines ordered by the staff and held at the service but administered by the community nursing service, were not being accounted for. It was not possible therefore to ensure the stock was accurate. We discussed this with the registered manager who immediately put a process in place to ensure medicines, such as insulin, were now accounted for.

There were sufficient staff employed to meet people's needs safely. The registered manager had systems in place which were flexible to ensure staffing levels were maintained at a safe level. People said there were enough staff on duty to meet their needs. Staff also felt there was enough staff on duty at any one time.

Staff were recruited safely. The registered manager ensured new staff had the necessary checks in place to work with vulnerable people before they started in their role. All prospective staff completed an application

and interview process. All staff were then placed on probation and carefully supervised to ensure they remained suitable to carry on their role. Volunteers were used by the service. These too had all the necessary checks in place before starting at the service. Volunteers supported staff by talking with people, helping with activities and gave people refreshments.

Risk assessments were in place to support people to live safely at the service. These were up to date. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing levels and staff training.

Personal Emergency Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan to help ensure people were kept safe in the event of a fire or other emergencies. Risk assessments were in place to help ensure people were safe when moving around the inside and outside of the building. We noted risk assessments were not in place for people who smoked and this was not reflected in the service's fire risk assessment. The registered manager ensured a smoking risk assessment was in place before the end of the first day. The provider confirmed the services fire risk assessment will be reviewed the week following the inspection. In the meantime, measures were put in place to identify any risks.

Staff followed good infection control practices. We observed hand washing facilities were available for staff around the service. Staff were provided with gloves and aprons. Staff were trained to follow good infection control techniques. Staff explained the importance of good infection control practices and how they applied this in their work. The registered manager audited infection control twice a year and discussed their findings with staff to improve practice. There were clear policies and practices in place and the registered manager ensured appropriate contracts were in place to remove clinical and domestic waste.

Good

Is the service effective?

Our findings

People felt staff were well trained and able to meet their needs. Staff felt trained to carry out their role effectively. The registered manager had systems in place to help ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were also trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia. Training had been reviewed for all staff to help ensure they had the training essential to their role.

Staff told us they received the support they needed from the registered manager and they had regular formal one to one supervision every three months and yearly appraisals. The registered manager had clear systems in place to help ensure staff had supervision and time to reflect on their work and personal development. Training and one to one time was viewed as important so staff could reach their potential in their role.

New staff and volunteers underwent an induction when they started to work at the service. New staff shadowed experienced staff. Whilst they completed this, they were extra to the staff on the rota, so they had time to learn their role fully. Their progress was reviewed to offer any support and advice as required. The service was aware of the Care Certificate and was looking to introduce it. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the MCA and had attended training. The 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. Records demonstrated MCA assessments were taking place as required. People who lacked capacity were encouraged to have a say in their care. Staff ensured their care was discussed with a range of professionals and the family, where appropriate to help ensure the decisions were made in the person's best interest. Staff were given clear guidance in the care plans on when they were acting in people's best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people. Three DoLS had been authorised but other applications were awaiting authorisation by the local authority designated officer. In the meantime, the registered manager had met with family, the person's representative and consulted other professionals to put the necessary actions in place to support people in the least restrictive manner. For example, one person was at high risk of falling when getting out of bed. This person was unable to use a call bell to summon staff to help them, so a meeting was held with key people in

the person's life. An alarm mat was placed to alert staff to go and support them when they rose out of bed to minimise their risk of falling while the DoLS application was awaiting authorisation.

Staff described how they obtained consent from people before carrying out care and how they respected people's rights to make decisions as far as they possibly could. We observed staff always asked people's consent before supporting them, and gave them time to consider their choice.

People were complimentary about the food. People said the choice of meals was good and the portions were plentiful. One person told us, "The food is very good, you couldn't fault it. You can ask for whatever you like. There is always a choice of food." People contributed ideas to the menu. Lunch time was unhurried and a sociable occasion. Staff supported people as required. The support offered by staff was given in the person's own time. People were offered the visual choice of what had been cooked and could have either meal or both choices on one plate. If they did not like what was on offer they could suggest something else. If people desired a particular choice this was catered for.

People had their nutritional and hydration needs met in a personalised way. People's food and fluid intake was carefully recorded and monitored in line with their care plan. Any concerns were acted on immediately. For example, people who were losing weight or were observed by staff to struggle to eat certain foods were referred for assessments with their consent. Guidance given was then followed to support the individual person. People had access to fluid and snacks when required. Snacks and drinks were placed on each floor for people to help themselves to. People who could not help themselves were supported by staff to have regular food and fluid intake. People were provided with food and drinks when desired. People's likes and dislikes were sought from them or were gained by experience as staff got to know them. People's special dietary needs were catered for.

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment. The health professional confirmed the service was proactive in raising any concerns with them that they would like the district nurse service to review.

Staff had reviewed the way they met people's needs through the adaption, design and decoration of the service. People's room doors were traditional 'front doors' with residents choosing their own colour. Corridors had been given street names so people were able to identify their room as a home on a particular street. Clear signage was in place to support people living with dementia to move around independently and recognise important parts of the service such as the toilet. The home was well lit, and the majority of the floor coverings were plain, rather than patterned, in accordance with best practice. Seating around the home supported people to be able to sit on their own or in twos with the use of sofas as well as single seats.

Good

Is the service caring?

Our findings

People told us they were well cared for by staff who treated them kindly, with compassion and with respect. People told us they were happy with the atmosphere at the home, which they found to be friendly. We observed people were relaxed and staff were unhurried. Everyone praised the kindness and caring attitude of the staff.

We observed staff had a kind, considerate and caring manner with people and knew people's needs well. We observed good interactions between the staff and people; laughter could be heard often. Supportive care practices were being used to assist people in their daily lives. People said, "Staff are very good here, everyone seems friendly" and, "The staff here go above and beyond with their care and help they give to us." Another person told us, "The staff are absolutely brilliant; nothing is too much for them. My visitors are always welcomed."

Each relative was keen to point out to us how they always left visiting their loved one with a sense of feeling there was nothing to worry about. They could relax knowing their relative was well cared for. In a new electronic care system called Person-centred software (PCS), there was a "Relative's Portal" that keeps all relatives up to date on the needs and day to day life of their relative. Updates in the care records and photos of important times were sent and immediate feedback can be provided. The relative can also access the records at any time and reassure themselves all was alright. One member of staff described how important this was and how relatives who lived a distance away felt involved in this process.

Staff described how important it is for them to establish a rapport with people by giving eye contact, speaking to the person in a nice way, smiling and displaying confidence and knowledge in the care they are giving. One staff member described how they would sit down and have a chat with the person; stating that listening to someone and talking about their family and interests put the person at ease and helped them judge how they were feeling. Staff said they were aware that it was people's home. Throughout the service there were numerous photographs on the wall and in picture frames. These displayed pictures of the people and their families. One person very proudly told us, "I've got photographs of my family on the wall in the lounge which is lovely to see and makes me feel at home." Permission had been sought from the person and their family to ensure they supported this.

People's preferences were sought, known to staff and respected. The maximum possible decision-making power was placed in the hands of people or those closest to them. Family members were involved as much as possible to help ensure staff looked after people as close to the person's choice. People said they were consulted about their care needs and how they wished to be supported. People's wishes in relation to their manner of dress and lifestyle were respected. For example, people were well presented, their clothing was clean and had been well looked after and accessories such as jewellery were co-ordinated.

People were encouraged to be involved in every aspect of their care. Staff confirmed they did not rush around carrying out tasks but prioritised every person and treated them as an individual. If they wanted to, people could complete practical tasks with staff. For example, person folded napkins. The staff member said

this was encouraged as this person liked to be useful and keep occupied adding, "It gives them something to do, keeps them settled and makes them feel that they belong." Another person liked to clean and tidy their room alongside domestic staff.

The service had been awarded the Dementia Quality Mark for the fifth year in a row; having successfully demonstrated they met the needs of people living with dementia to a recognised standard. The registered manager was also undertaking a course entitled "Changing the Culture of Dementia Care". They confirmed this had been used by all staff to reflect further on the care of people living at Manor House.

People's end of life needs were planned with them. Records detailed how people would like their end of life to be met. People were cared for by staff trained to support people and their families at this time. Pain relief was available to be used as required. A local religious leader told us staff would invite them to be with people if this was important to the person at their end of life. We discussed with the registered manager that the recording of people's end of life needs was inconsistent and not to the same standard as other recordings in care records. The registered manager advised a recent review had highlighted this and advised they were reviewing how to improve their recording of people's end of life. They were planning to meet with people and those important to them in the coming weeks.

Good

Is the service responsive?

Our findings

At our last inspection in January 2015 we were concerned because care was not planned in such a way as to meet people's individual needs. We reviewed this concern during this inspection and found the concerns had been resolved.

The provider had purchased a new electronic care planning process called "Person-centred Software" (PCS) This was still being introduced so there was a mix of people's records being recorded electronically and on paper. All except people's full care plans had yet to be entered onto the PCS system. We were advised that all records should be electronic by the end of March 2016. Staff were very supportive of the new system as it allowed them to update people's daily records as they went along. Also, they could alert on any concerns, risks or changes in people's needs quickly that were then flagged for immediate action by team leaders or the registered manager. Staff told us they had more time to interact and work with people as their need to write information down had been replaced by this system. We observed staff asking one person a question about their care and their response was immediately recorded.

People were carefully assessed before moving to live at Manor House to help ensure staff could meet their needs. Initial assessments of people's needs were then drawn up into brief care plans so appropriate care could be given by staff from the start of the person's stay at the service. People were involved in writing their care plan as much as possible. Family involvement was encouraged and care plans were shared with people and relatives. Any changes to people's needs were updated in the care plan. One family provided feedback to the registered manager thanking them for the careful planning and support provided to their family member when transferring from another part of the country. They described this had been an anxious time for them however, confirmed that through the care of staff and careful planning the transfer had been smooth. They added, "Mum has settled well and is very happy and we are happy with how she has settled and the care received."

People's full care plans were developed as staff got to know people. These were personalised, this meant their individual needs were planned for and met. Records clearly detailed people's preferences, likes and dislikes and how they would like their care delivered. They also recorded the ways staff could look after people who may be unable to communicate easily with staff. Care was adapted to meet people's changing needs and this was consistently recorded. It was evident there was good involvement from other health professionals with a quick response when this was required.

People's care plans included significant past information as well as current needs. Plans were being updated each month to reflect any changes in people's needs, and were linked to risk assessments. Where there had been changes to people's needs medical or other needs advice was sought quickly. One person told us staff had been important in their rehabilitation to support their eventual return home. They described how staff had ensured they did as much for themselves as they recovered, so they could become stronger and meet their own care needs. They added, "Staff support has helped me get better" and confirmed staff did not take over their care but, "Told me to get up and fetch things" with staff making sure they could do this safely.

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. Planned activities were provided daily by staff and by entertainment coming into the home. People told us there were different things and activities available to occupy their time. Activities included, light exercises, film shows, arts and crafts, bingo, other participation games, and one to one's with staff completing life stories with individual people. There were a variety of books, magazines and newspapers available for people to enjoy. Activities took into account the needs of people living with dementia and were designed to help people reminisce and stimulate conversation. One staff member said how they enjoyed one on one sessions and reminiscence as she found the people's lives so interesting. People's faith and cultural needs were met. Local religious leaders visited the service each month or as required for people.

The service had a complaints policy in place with clear details of how people could complain if they were not happy about the service they were receiving. Review of records showed that action was always taken when a complaint was raised. The registered manager used a number of ways to listen to people such as meeting with them and relatives to look at the issues involved. Feedback was then provided and the complainant asked if they were happy the complaint had been resolved. Staff also picked up on people's smaller concerns which were not formal complaints. These were not currently recorded or reviewed so the registered manager could review if there were any patterns to the concerns. The registered manager agreed to review how to do this.

Good

Is the service well-led?

Our findings

Manor House was owned and run by South West Care Homes Limited. Manor House is one of 10 services owned and run by the same provider in the South West of England. A nominated individual (NI) was appointed who was also the registered provider. The NI is someone who answers questions and takes responsibility at the provider level. There was a senior management team in place to oversee the governance and leadership of all services including Manor House. It was clear from records held within the service that members of the senior management team take an active role in auditing and assessing the service to ensure Manor House is maintaining the expected quality of the service.

The service was managed locally by a registered manager with the support of a deputy manager. All staff were clear about their roles and responsibilities. People and their relatives felt they could speak to the registered manager or deputy manager.

The registered manager described how a lot of time and effort had been taken by the staff, head office staff and themselves to drive improvement within the service. The aim being to improve everyone's experience of living at Manor House. The registered manager and provider had a number of audits in place to help ensure the quality of the service. This included an infection control audit, audit of medicines, care plan audit and audit of falls. These were completed at regular intervals and action was taken as required. The registered manager advised learning which needed to be applied to the service as a whole was then taken into account and reflected on.

There were monthly meetings with the registered manager that all people and relatives could attend. This was planned as a relaxed event. Records of the meetings were made available after the meeting. These demonstrated staff communicated changes within the service and sought people and their relative's feedback. For example, on-going refurbishment plans were discussed in January 2016 and what changes were being made to help people living with dementia have their needs met. People's view of these was sought and discussed. In February 2016 the new care planning system was explained with people encouraged to play a full part in its implementation. Discussing the food and seeking contributions to the menu was conversed often and reflected on at each meeting to help ensure all were happy with any changes.

Staff told us they were well supported in their day to day work as well as to undertake training, develop their skills and take part in the development of the service. The staff felt that the registered manager takes on board any suggestions to improve and develop the service and they all have input during team meetings on how to improve care. Staff told us the registered manager was approachable and willing to listen to ideas or concerns. One staff member said, "She's a lovely manager, supportive and a good role model" and another said, "You know if you go to her, she will support you and what you tell her is confidential".

The registered manager had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a

whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

CQC had received all notifications as required. Notifications are events that registered people are required to tell us about by law.

The registered manager had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment took place