

Halcyon Care Limited

# Manor Care Centre

## 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

Manor Care Centre is registered to provide accommodation and personal care for 41 people. It can accommodate older people, people who live with dementia and people who need support to manage their mental health. At the time of our inspection visit there were 41 people living in the service. Nearly all of them were older people most of whom lived with dementia.

The service was run by a company that was the registered provider. The company employed an operations manager who oversaw Manor Care Centre and a number of other similar services they ran. There was also a registered manager in post. 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. In this report when we speak about both the company (represented by the operations manager) and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 4 June 2015 the service was rated Good.

At this inspection we found the service remained Good.

This inspection was unannounced and was carried out on 17 May 2017.

Care staff knew how to keep people safe from the risk of abuse. Although people had been helped to avoid preventable accidents some parts of accommodation had not been well cleaned and did not have a fresh atmosphere. Medicines were safely managed and there were enough care staff on duty to provide people with the personal care they needed. Background checks had been completed before new care staff had been appointed.

Care staff knew how to support people in the right way. Although people had been helped to eat and drink enough the lunch-time meal was not well managed and was not an enjoyable experience for everyone. People had been helped to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had received all of the care they needed. Although care staff promoted positive outcomes for people who lived with dementia, more needed to be done to make it easier for people to find their way around their

home. People had been offered opportunities to pursue their hobbies and interests and there was a system for quickly resolving complaints.

People had been consulted about the development of their home. Although quality checks had been completed some of them needed to be strengthened so that problems in the running of the service could be more quickly addressed. These included the shortfalls noted above and other concerns relating to the maintenance of the accommodation. Care staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from care staff acting upon good practice guidance.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Manor Care Centre

## 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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 17 May 2017 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection visit we spoke with nine of the people who lived in the service and with two relatives. We also spoke with two senior care staff, two care staff, an activities coordinator and a chef. In addition, we met with the registered manager and the operations manager. We observed care that was provided in communal areas and looked at the care records for four of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After our inspection visit spoke by telephone with a further relative.

## Is the service safe?

### Our findings

People told us that they felt safe living in the service. One of them said, "I'm okay living here." We also saw a person who lived with dementia and who had special communication needs hold hands with different members of care staff and smile in an appreciative way. Relatives were confident that their family members were safe. One of them remarked, "Whenever I call to the service I see the staff to be genuinely attentive. If they weren't you'd see it over time, but I've never once had a concern."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Measures were in place to help people avoid preventable accidents. These included hot water being temperature controlled and radiators being guarded to reduce the risk of scalds and burns. In addition, the risk of people falling was reduced by the provision of equipment such as walking frames and raised toilet seats. Furthermore, in the hallways there were bannister rails for people to hold and a passenger lift gave step-free access around the accommodations. We also noted that care staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and senior care staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times.

There were enough care staff on duty to provide people with the personal care they needed. This included people who were cared for in bed and who needed extra assistance.

Records showed that the registered persons had completed background checks on new care staff before they had been appointed. These checks helped to ensure that applicants could demonstrate their previous good conduct and were suitable to be employed in the service.

We found that most areas of the accommodation were clean and tidy. However, the carpet in the dining room and some of the chairs were not clean. As a result of this shortfall the area did not have a wholly fresh atmosphere. We raised our concerns with the registered persons. They told us that they had already identified the issue and assured us that measures were in hand to address the concern. These included deep cleaning and/or replacing the carpet and buying new chairs. They also said that more regular checks would be completed to ensure that the dining room remained pleasantly fragranced.

## Is the service effective?

### Our findings

People told us that care staff knew what they were doing and had their best interests at heart. One of them remarked, "I rub along all right with the staff. They know what help I need and that's what I get." Another person said, "They seem good at what they do and coping with people." Relatives were also confident about this matter with one of them saying, "I like the way when I speak with the staff they know all about my family member and don't have to go off to ask someone else."

Records showed that care staff had received all of the guidance and training they needed. We noted that care staff knew how to provide people with the care they needed. Examples of this were care staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was care staff knowing how best to help people to keep their skin healthy. This included knowing how to prevent people from developing sore skin and the action to take if this occurred.

Records showed that people had been supported to have enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were checking how much some people were drinking each day to make sure that they were having enough hydration. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow.

Although people said they enjoyed their food we found that the lunch-time meal was not a relaxed and pleasant experience. Some people had to wait a long time before their meal was served resulting in some people only starting their meals when other people had already finished. Furthermore, there were not enough care staff present to assist all of the people who needed individual help to eat their meals. This again resulted in some people having to wait and may have contributed to one person becoming distressed and upsetting other people who were nearby. We raised our concerns with the registered persons who told us that they had already identified that more needed to be done to support people to enjoy dining at lunch-time. They told us that they intended to deploy an additional member of care staff to be on duty during the day to cover the lunch-time and tea-time meals. This was so that meals could be served more quickly and to enable people to promptly receive the individual assistance they needed. Records showed that the registered persons were in the process of recruiting new care staff to fill the new shift that they anticipated introducing in the near future.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of care staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them.

Records showed that when people lacked mental capacity the registered manager and care staff had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a person needed to be supported by using a lap belt. This was necessary so that they could safely sit in their armchair without falling forward onto the floor.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.



## Is the service caring?

### Our findings

People were positive about their relationships with care staff and about the support they received. One of them said, "The staff are a very lovely lot." We also saw a person who lived with dementia and who had special communication needs sitting with care staff in their office where they were smiling and helping them arrange some files. Relatives told us that their family members were treated in a compassionate way. One of them remarked, "I'm very confident that my family member is treated with kindness and respect." Another relative said, "When I go away from here I never worry because I know that the staff and the manager are just caring people."

We saw that care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became worried because they could not decide where they wanted to sit after having walked along one of the hallways. A member of care staff noticed them becoming anxious and suggested that they sit for a short period near to the foyer. This was so that they see into the car park and watch visitors coming into the service. The person found this advice to be helpful and soon after we saw them chatting with a visitor about the weather.

We also noted that care staff were considerate. This included making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. Another example was the way in which people were helped to celebrate their birthdays. This included having a birthday cake made for them and if the person wanted they could also have a party.

We also saw that people were asked about how and when they wanted their care to be provided. Examples of this included care staff asking people how they wished to be addressed and establishing what times they would like to be assisted to get up and go to bed. Another example was care staff asking people if they wanted to be checked during the course of the night.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which they had been encouraged to make into their own personal space. People who shared their bedroom had been provided with privacy screens so that they could be on their own if they wished. We also saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives by telephone and also by means of the internet.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

## Is the service responsive?

### Our findings

People said that care staff provided them with a lot of support so that they could be as independent as possible. One of them remarked, "The staff in general are very helpful and even though they're rushed on some days they do their best to help me when I need it." Relatives were also positive about the assistance their family members received. One of them told us, "I can see with my own eyes how well my family member is cared for. Whenever I call I find them to be neat and clean and to be sitting comfortably in their armchair. My family member isn't the easiest person to help and so that's quite an achievement."

We noted that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. This included help with washing and dressing, using the bathroom and promoting their continence.

Although care staff knew how to support people who lived with dementia we found that more needed to be done to help people find their way around their home. In particular, we noted that little had been done to appropriate signs and colours to distinguish different areas of the service and to highlight individual rooms such as bathrooms. A person remarked on this saying, "It's confusing finding the right doors we can use." We raised our concerns with the registered persons who said that they had already identified the need to make more provision to support people in this respect. In addition, they showed us documents which confirmed that new signs had been purchased and were due to be installed in the near future.

Care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was care staff making relatives welcome so that they could stay with their family members during their last hours to provide comfort and reassurance.

Most people told us that there were enough activities for them to enjoy. One of them said, "There's things on most days for people and we don't get bored. There's an activities room but I don't like being dragged in to do things – we can choose to join in or not." Records showed that people were being offered the opportunity to enjoy a range of social events including arts and crafts, quizzes and gentle exercises.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that since our last inspection the registered persons had received one formal complaint and that this was from a relative. Records showed that the registered persons had correctly followed their procedure to quickly and fairly resolve the issue concerned.

## Is the service well-led?

### Our findings

People told us that the service was well run. One of them said, "I do think that this home is quite well run. The manager is a lovely, gentle person and she's always around seeing how things are going and isn't hold-up in her office." Relatives were also complimentary about the management of the service with one of them remarking, "It is indeed well run otherwise I wouldn't be so confident about leaving my family member here."

Documents showed that people had been regularly invited to attend residents' meetings at which care staff had supported them to suggest improvements to their home. We noted a number of examples of these suggested improvements being put into effect. These included a number of alterations being made to the menu so that it better reflected people's changing preferences. In addition, we noted that relatives had been invited to complete an annual satisfaction survey to give feedback about how well the service was doing. Records showed that in their most recent responses relatives had expressed a high level of satisfaction with how the service was meeting their family members' needs.

Nevertheless, although the registered persons had regularly completed a number of quality checks we found that these had not always resulted in problems being quickly put right. This had resulted in the persistence of the shortfalls we have already described concerning aspects of the dining arrangements, the maintenance of a fresh atmosphere and the adequacy of some of the support provided for people who lived with dementia. Another example of improvements having been delayed involved various places in which the accommodation had 'wear and tear' damage that needed to be repaired. This included chipped and damaged paintwork and scuffed wall finishes. Although records showed that the registered persons had plans to address these environmental defects action had not quickly been taken to maintain all areas of the accommodation to a homely standard. We raised our concerns with the registered persons who assured us that their quality checks would be strengthened and extended so that they were better able to ensure that the service consistently ran in the right way. Immediately after our inspection visit they sent us information which confirmed that work was underway to further develop the quality checks in question.

Care staff were provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Care staff were confident that they could speak to the registered persons if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from care staff acting upon good practice guidance. An example of this was the activities coordinators using national guidance about how best to engage the interest of people who live with dementia. We saw that this had enabled care staff to take practical steps that made a real difference to the quality of these people's lives. These included people being provided with brightly coloured and textured objects to hold, explore and enjoy. Another example was re-introducing people to vintage objects and scents which would have been familiar to them earlier in their lives. This use of good practice guidance had contributed to the promotion of positive outcomes for the

people concerned.