

The Manor Residential Home (Arnold) Limited

Manor Residential Home (Arnold) Limited

Inspection report

28 Church Street
Arnold
Nottingham
Nottinghamshire
NG5 8FB

Tel: 01159535577

Website: www.themanorcarehome.co.uk

Date of inspection visit:
24 August 2017

Date of publication:
19 October 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 24 August 2017 and was unannounced.

The Manor Residential Home (Arnold) Limited provides accommodation for up to 27 older people who require support with their personal care. At the time of our inspection there were 25 people living at the service.

At the last inspection, on 9 and 10 February 2015, the service was rated Good. At this inspection we found that the service remained Good.

The service had a manager who had submitted an application to register with the Care Quality Commission (CQC). They had been in post for two weeks at the time of our inspection. 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 using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner.

There were sufficient staff, with the correct skill mix to support people with their care needs. Effective recruitment processes were in place and followed by the service.

Staff received a comprehensive induction process and on-going training. Staff said they were supported by the manager and had supervision meetings. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people. They were supported to make decisions about aspects of their life; this was underpinned by the Mental Capacity Act 2005.

People usually received enough to eat and drink. Staff did not always give people support to eat when they needed this. Charts to monitor people's food intake were not always completed correctly. People were supported to access health appointments including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People's privacy and dignity was maintained by staff. Staff treated people with kindness and compassion.

People were involved in their assessments and in developing their support plans. The support plans were

reviewed and updated to reflect people's current needs.

People were encouraged to participate in activities. An activities plan was being developed based on what people wanted to do. Information was available for people on how to raise any concerns or complaints about the service they received. The provider responded to complaints following their policies and procedures.

The manager and provider had identified areas for improvement and were working to develop an action plan to address these.

A variety of quality audits were carried out, which were used to drive continuous improvement and used to good effect in supporting people and staff to express their views about the delivery of care.

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 remains safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People received support from staff who had the necessary knowledge and skills.

People were encouraged to make decisions about their support and day to day lives. Staff asked people for their consent before providing support to them.

People were encouraged to follow a healthy diet. Food monitoring charts were not always completed correctly. People were not always supported at mealtimes. People had access to healthcare services when they required them.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Manor Residential Home (Arnold) Limited

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.

This inspection took place on 24 August 2017 and was unannounced. It was carried out by one inspector and one 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.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service. We spoke with six people who used the service and observed the way in which staff interacted with them. We also spoke with four relatives of people using the service. In addition we spoke with the provider, the manager, the deputy manager, two senior carers, two care staff, the cook and the activities co-ordinator.

We looked at six people's care files to see if their records were accurate and reflected their needs. We also reviewed four staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People and their relatives told us they felt safe when receiving support from staff. One person said, "I feel safe here because I know I can ring the bell and get help at any time." A relative commented, "[Person's name] is definitely safe here."

People were protected from abuse and avoidable harm. Staff confirmed they had received training on safeguarding, including the whistle blowing procedures and were aware of the safeguarding procedures. This helped them to stay alert to signs of abuse or harm and the appropriate actions to be taken to keep people safe. One staff member told us, "I would report any concerns straight away." They also confirmed they completed safeguarding refresher training annually. Staff told us they felt confident in how to report any concerns about abuse. They explained they felt confident in whistleblowing (telling someone) if they had any concerns. One staff member commented, "I know about Whistleblowing. I can go to the social worker, the police or CQC if I need to." The manager showed their understanding of safeguarding by explaining they would submit any concerns to the local safeguarding team to be investigated.

People were protected from avoidable harm. Where risks were identified as part of the support that people received, these had been assessed and guidance put in place to tell staff how the risk could be minimised. Risk assessments were specific to each person and had been reviewed and updated when people's needs had changed or at least annually. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. This made sure staff had up to date guidance on how to support people safely to minimise risks.

People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as a fire or flood. Staff knew the fire response procedure and had practiced this with people who used the service. Guidance was in place for staff that detailed actions to take in the case of other foreseeable emergencies. Each person had a personal emergency evacuation plan (PEEP) in place. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

Where accidents or incidents had occurred these had been documented and investigated. This included a description of what had happened and actions taken. Where investigations had been required these had been completed with changes made in order to reduce the likelihood of reoccurrence.

People and their relatives told us they felt there were enough staff to support them and meet their needs safely. One person said, "There are a lot more staff on duty now since the new manager came. It is much better." Staff responded to people when they asked for support in a timely way. Staff told us there were sufficient numbers of staff to provide care and they did not feel under pressure or rushed when carrying out their roles. Staff told us they thought there were enough staff available. One staff member told us, "You could always want more staff. We work together and have enough time to complete everything we need to." The manager told us that they had reviewed the staffing levels to ensure there were enough staff available to

meet people's needs safely. They explained that they were available for assistance as well as the deputy manager to offer support if needed and we saw this happen. The rota showed staffing levels that had been assessed by the manager as being needed to meet people's needs safely were met.

People were supported by suitable staff because the provider usually followed robust recruitment procedures. This enabled them to check the suitability and fitness of staff before they were employed. The new manager had found gaps in recruitment records and had addressed these. Following our inspection the provider and the manager reviewed the recruitment procedure and implemented new documentation to ensure the pre-employment checks were robust.

People received their medicines safely. Arrangements were in place for the safe storage administration, storage and disposal of medicines. One person said to us, "They ask me if I need paracetamol for pain. My medicine comes in a little pot and they watch me take it." Staff had received training in administering medicines and were assessed and deemed competent to administer these. Each person had information in their care plan that identified what medicine they took, the dose and reasons for this.

Medicine Administration Records (MAR) charts had been completed when people had taken their medicines. Codes used to identify the reason why a person may have refused or not taken their medicine had not been used consistently by staff. Where medicines had been handwritten onto the MAR chart these had not been signed by two staff; this is good practice to ensure that the guidance from the prescriber is recorded correctly on the MAR chart. The manager told us they had identified this and since they had been in post had started to review the MAR charts and ensure they were completed correctly. They provided an action plan of measures put in place to improve how staff completed the MAR charts to drive improvement.

Is the service effective?

Our findings

People told us they were pleased with the meals provided at the service. One person said, "The food is hot and home cooked. I don't always like what was offered but they go through a list until there is something I fancy." A relative commented, "I am having lunch here today. I have eaten here before. It was good home cooked food and always hot." We observed staff serving the lunchtime meal to people. People were given sufficient time to eat, and staff offered some people full assistance to eat and drink where necessary. However, we saw one person ate very little. They were not encouraged to eat their meal and another person was struggling to put their food onto their fork and they were also not offered assistance. The manager told us they would review the lunch time experience following our feedback. After our inspection the manager sent us details of observations and consultation that had taken place to review the lunchtime experience. They told us about changes they were making to ensure where people needed support this was provided along with any specialist equipment to assist people to eat independently and to improve the dining experience in line with best practice guidance for people living with dementia.

People told us they would like meals to be spread out more. One person said, "They really need to spread meals about a bit more. There is a huge gap between tea at 4–5 pm and going to bed." Another person told us, "The meals are too close together. By the time I get to the evening I am hungry again." The manager told us they would review all meal times with people to see what they would prefer. They also said they would remind people that snacks were available at all times and a later evening meal such as supper was available if people wanted this. We saw drinks and snacks available during the day of our inspection.

People were usually supported to eat and drink sufficient amounts to maintain a balanced diet. The cook told us they knew about any dietary needs that people had including where people needed a soft diet. However, one person ate very little at lunch. Their food intake was being monitored and a relative had told us the person ate very little and had lost quite a lot of weight. We reviewed their food chart. It had been recorded the person had eaten all of their lunch on the day of our inspection. We raised this with the manager. They discussed this with the staff on duty and identified why the error had occurred. The registered manager told us they observed records completed by other staff to ensure this was not a regular occurrence and the records were completed correctly. People's support records contained details of their dietary likes and dislikes. If needed people had access to the Speech and Language Therapist (SALT) and the dietician. Within the support plans there was information on people's dietary needs, which included food allergies. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. Staff told us they completed mandatory induction training. One staff member said, "I found everything in my induction useful for me. We covered a lot." Staff told us that they had shadowed experienced staff within the service as part of their induction programme. The manager told us they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

The provider arranged for staff to complete timely refresher training. One member of staff said, "All of my training is up to date. We do it online." A relative commented, "I think there is a good level of qualified staff here." Records showed that all staff received induction training, as well as on-going training which was kept up to date. Staff training was relevant to their role and equipped them with most of the skills they needed to care for the people living at the home. For example, staff had received specialist training in supporting people with diabetes as some people who used the service had this condition. One staff member said, "The only thing I would like more of is Dementia Training." Another staff member also told us they would like to complete more training in supporting people who are living with Dementia. The training matrix had additional courses available for staff including more specialised training in supporting people living with dementia so staff could access this. This was a new course and only recently available to staff.

Staff received appropriate supervision and on-going support. The staff told us that scheduled supervision meetings took place with their supervisors and that staff group meetings took place. One staff member said, "I have supervision every month. We have staff meetings every six months but more if there is something happening." Minutes of the group meetings were available for staff to read.

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 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.

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). We checked whether the service was working within the principles of the MCA. We saw evidence within people's support plans that mental capacity assessments had been carried out along with best interests meetings when required. The manager told us they were in the process of reviewing all capacity assessments and DoLS applications to make sure all were in place where they were needed.

DoLS applications had been made appropriately. The manager was not able to confirm if a condition that had been agreed as part of one person's DoLS authorisation had been met. Following our inspection they told us they had reviewed this with the person and made sure that the condition had been met.

Staff told us they had received training on the MCA and DoLS and understood how they needed to work within the principles of the legislations. One staff member said, "Some people have DoLS in place. We make sure we do what is needed to help people make a choice." Staff gave us examples of how they supported people to make their own choices. This included showing people items of clothing to wear and using pictures so people could choose an item from the menu.

People had access to the GP and were supported to attend health appointments when required. One person said, "I see the podiatrist regularly. If I need the GP he comes to see me here." Records demonstrated that people's healthcare needs were regularly reviewed. Changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. We saw that appointments were recorded and outcomes were shared with staff and relatives.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person said, "The staff here are lovely, they do a good job." A relative commented, "The staff are so good it is amazing. [Person] is happy here." Another relative said, "[Person's name] rings the buzzer a lot. I was worried about it but staff were very patient. They told me that is what they are there for." Staff told us they felt they had time to spend with people and this was important to them. One member of staff said, "I think we look after people really well. Everyone seems happy." Another member of staff told us, "I think we engage well with people. That makes a difference."

The staff had a good knowledge of people using the service and they were able to explain the care they provided for people. We saw that some staff had positive interactions with people, sitting beside them, holding conversations, smiling and laughing with people. One person became upset during our visit. Staff supported the person in a discreet way and allowed them time to relax.

People were supported to be as independent as they wanted to be. One person said, "I like to be able to try and do as much as I can for myself." A relative commented, "When [person] wants to go for a walk around they don't always use their frame which they should. Staff remind them so they can still walk around but safely." Staff explained they tried to promote independence where possible. One staff member said, "I encourage people to do what they can for themselves. When they are having a wash I ask them to do things on their own. I am there if needed."

People were supported to make choices on aspects of their daily routine; their daytime activities or their food preferences. One person told us, "Staff know I like to come into my room in the afternoon. They always ask me how I want my door left." Another person said, "The staff have said I can refuse a bath or shower if I want to. So I do. I have a strip wash which is enough for me and what I want." Staff asked people if they wanted to come to the table at lunchtime or to eat somewhere else and offered people choices of drinks throughout the day of our visit. People and their relatives were involved in the support planning process to ensure that the care provided met their individual needs.

Peoples' privacy and dignity was promoted. One person said, "The staff always knock and wait for me to answer before they come into my room." Another person told us, "The staff are very respectful and I never get embarrassed." Staff were able to demonstrate how they supported people to uphold their dignity. One staff member said, "I always knock on the door and close curtains. I make sure people are covered up and give them privacy." Staff told us that people received personal care in private; and chose what clothes they wished to wear and how they preferred to be addressed.

We observed staff treating people with respect and maintaining their privacy. For example, we saw that staff knocked on people's doors before entering. We also saw that staff asked people for their consent before they undertook any tasks and made sure they used people's preferred name.

People felt assured that information about them was treated confidentially and respected by staff. Staff told

us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. The service shared information about people on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to maintain confidentiality.

Is the service responsive?

Our findings

People's care and support needs were assessed before they were admitted to the service, to ensure the service could meet their needs. The assessment included identifying the staff support people required and if risk assessments or additional equipment would be needed to meet their needs.

The manager told us that where possible people were involved in their care planning. They explained they reviewed the care plan with people and their relatives to make sure it met their care needs. A relative commented, "[Person] gets input into the care plan. I get given the information I need."

Care needs were identified and support plans regularly reviewed for each individual which described their care and support needs. Support plans contained information about people's medical and health needs. The plans were relevant to each person and contained limited guidance for staff on how people liked their care to be given. We discussed this with the manager. They told us they had identified this as an area for improvement. Following our inspection the manager provided updated information about people's care needs which was detailed and provided clear guidance for staff on how to meet people's needs.

An activity person was employed at the service and we saw group and individual activities took place. They were quite new in post and people told us activities were improving. One person said, "It has been better since the new activities lady came as she has time to spend with us." Another person told us, "I wanted to go out shopping so the activities co-ordinator took me. It made a nice change." One person commented, "We do some good quizzes." On the day of our inspection we saw that the activities co-ordinator was having a meeting with people asking them what activities they would like to do. Visits had been planned for external activity facilitators, such as the pets for therapy service (PAT) and musical entertainers. The manager told us they were developing the activities programme and would be working with people to plan activities with them at times they wanted.

People were encouraged to build and maintain relationships with people who mattered to them. One person said, "Staff know my family when they visit. They can visit any time they like day or night." Another person commented, "I miss my dog. They let my family bring him in to see me." One person said, "I get help to skype my daughter and my family can phone me at any time." A relative told us, "Staff helped [person] make an anniversary card for their daughter. [Person] showed it to her on Skype as they live abroad. It meant a lot."

People and their relatives were happy to raise any concerns. One person said, "I'm not afraid to speak up. I told the manager about someone walking into my room. They must have sorted it out because it hasn't happened again." A relative told us, "I would be happy to talk to [manager] if I had any concerns." People knew how to make a complaint and were confident that any complaints would be acted upon.

People were provided with information to tell them what to do if they wanted to complain. This information was also made accessible to visitors and relatives in the main entrance of the home. Where complaints had been received these had been appropriately investigated, responded to and action taken to resolve people's complaints. There were arrangements in place to record complaints that had been raised and what action

had been taken about resolving the issues of concern.

Is the service well-led?

Our findings

Since the last inspection the provider had informed the Care Quality Commission (CQC) that the registered manager had left the service, however they had still to submit their application to cancel their registration. A new manager had been appointed and told us they were in the process of registering with the Care Quality Commission (CQC).

The manager told us they had developed an action plan of things they wanted to change since they had been in post. The provider explained that an external consultant had been brought in to support the manager to identify changes that were needed and to ensure these were completed. An action plan was in the process of being developed. The provider and manager explained they were making the changes needed to address the areas we found during our inspection. At the time of our inspection these changes were on-going. The provider explained they had also spent time developing the environment to make it more suited to people's needs and so it would be somewhere that was homely and nice for people to live in. They showed us the changes they had made and explained further developments including work on the outside of the home so people could use this area more.

People were happy with the service that they received. One person said, "I am happy here." A relative told us, "I couldn't imagine we would have found anywhere better." People said they knew who the new manager was and they felt comfortable approaching them to discuss anything. One person told us, "[Manager] seems to be around quite a bit and says hello." Staff were positive about the leadership and management at the service. They felt they had been kept informed about management changes. One staff member said, "We were told about [registered manager] leaving and the new manager coming in. We have always been told of the changes." They felt they were well trained and supported in their roles. Staff were also confident if they raised concerns in relation to poor practice they would be listened to. One staff member told us, "I would be comfortable raising any concerns. I can go to [manager] or [deputy manager]."

There were internal systems in place to report accidents and incidents. The manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. We saw that these notifications had been received by CQC as required.

There were quality assurance systems in place to carry out checks as the service developed. Satisfaction surveys and internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were in place. Support plans were reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints. Action plans were devised where it was identified improvements could be made in service provision.

The service had policies and procedures in place which were comprehensive and had been updated when legislation changed. Staff said policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.