

Hadrian Healthcare (Whickham) Limited

The Manor House

Whickham

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Manor House Whickham accommodates up to 74 people with residential and nursing care needs in a purpose-built building. 73 people were using the service at the time of the inspection. Some of the people were living with a dementia type illness.

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

Without exception all people and family members were extremely positive about the caring nature of the service provided. They told us staff were "sensitive" and made people feel "special". There were numerous examples where people described staff consistently acting in caring ways above and beyond their role. Staff demonstrated empathy and a real understanding of people's needs.

Respect for diversity was evidenced in the home and people were supported with their religious or spiritual needs. Promoting independence was thoroughly embedded into the service.

People and family members told us the service was extremely person-centred and welcoming. Staff were highly motivated and told us that the leadership of the service was exceptional. There were consistently high levels of constructive engagement with people, family members and staff. People and staff were empowered to make decisions and contribute to the running of the home.

There was a strong emphasis on continuous improvement and the service incorporated best practice guidance. The service had forged and maintained excellent links with health and social care professionals and the local community. These had a demonstrably positive impact on the emotional wellbeing of people using the service and also meant the local community became more a part of the service. This was exceptional.

Risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. The registered manager understood their responsibilities about safeguarding and staff had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they started using the service. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

The Manor House Whickham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience formed the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Manor House Whickham is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and eight family members about their experience of the care provided. We spoke with 12 members of staff, including the registered manager, operations director, deputy manager, clinical lead, administrative staff, lifestyle coordinators, care staff, housekeeper and maintenance staff. 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 talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with two healthcare professionals who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us safety was a priority at the home and everyone felt safe. One person said, "You cannot put a price on safety and I am relieved to be here."
- The registered manager understood safeguarding procedures and had followed them. Statutory notifications had been submitted to CQC and staff had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- The provider learned from accidents and incidents. Analysis was carried out and changes were made to reduce the risk of incidents reoccurring.
- Risks were well managed. Staff understood potential risks and how to mitigate them.
- The home was very clean and checks were carried out to ensure people lived in a safe environment.

Staffing and recruitment

- The provider had an effective recruitment and selection procedure. They carried out relevant security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. One person told us, "So many staff and all are fantastic."
- A dependency tool was used to calculate staffing levels. This was regularly reviewed and we saw how it had been used recently to increase staffing on one of the floors.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.
- People could describe to us what their medicines were for and why they were taking them.
- Medicine administration records (MAR) were audited monthly and staff competency checks were carried out regularly.
- All new staff had at least six medicines competency assessments before they were able to administer medicines unsupervised.
- The registered manager had liaised with the local clinical commissioning group (CCG) regarding reducing medicines waste. The actions carried out had resulted in a significant reduction in medicines waste at the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure their individual needs could be met.

Staff support: induction, training, skills and experience

- Staff were supported in their role and received regular supervisions and an annual appraisal.
- Staff training was up to date and they told us they had received sufficient training for their role.
- Senior staff completed 'train the trainer' qualifications so they could train other staff at the service. For example, accredited moving and handling training.
- New staff received a comprehensive induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.
- One healthcare professional told us, "The staff are well organised and knowledgeable about their residents." Another said, "Any staff I have approached have always been very well informed of a resident's care needs or current status. They [staff] have always been very open and happy to assist."

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

- People were supported with their dietary needs.
- Guidance from healthcare specialists, such as dietitians and speech and language therapists, was documented and followed by staff.
- Mealtimes were pleasant, sociable events. Dining rooms were nicely decorated, condiments, water and flowers were on every table, and staff supported people in a calm and engaging manner. Later in the day, people and visitors were offered ice lollies.

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

- Staff worked extremely well in collaboration with other professionals. A healthcare professional told us, "Staff are very proactive in contacting me if they have any concerns about a resident before their next planned review."
- People were supported with their healthcare needs and to attend appointments when necessary.
- A local GP conducted a weekly 'ward round' and there were regular visits from community nurses.
- A person told us they had severe mobility issues but staff at the home had worked with relevant healthcare professionals to ensure they received the right support.

Adapting service, design, decoration to meet people's needs

- The premises incorporated environmental aspects that were dementia friendly. Signage was in place to aid people's orientation around the home. Handrails clearly stood out and corridors were light and clear from obstruction.
- Art-work, photographs and tactile displays were on walls to provide visual and sensory stimulation for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- The registered manager was the provider's DoLS lead. They attended national events and had been asked to update the provider's policy on MCA and DoLS.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The patient, person-centred approach staff took to get to know and understand people meant they excelled at ensuring people's anxieties were reduced. A family member told us, "My [relative] just wants to leave and go home and it could be distressing for them but it is handled so sensitively it lifts my spirits and allows me to stop feeling guilty." A person told us, "The staff take time and sit and talk and reminisce and make you feel special. That is so, so important and the staff realise this." We regularly observed staff sitting with people, talking and laughing with them.
- Staff demonstrated empathy and were aware of when people needed emotional support. A person said they were having negative thoughts and it was making them upset. A staff member brought the person a glass jar and a notepad. They told them every time they had a negative thought, to write it down and put it away in the jar. The person commented how much better it had made them feel. We observed a person had fallen asleep in their chair and had slipped sideways. Care staff did not wake the person but gently propped them up with a cushion.
- Staff were extremely kind and compassionate. Two people who used the service were supported to get married. Staff supported them throughout their relationship, made changes to their accommodation to suit their needs and held a hen party in the home's function room. The wedding was celebrated and attended by staff. One person had taken an instant liking to a cuddly toy that was being sold at the home. Two staff members decided to pay for it and gave it to the person. Staff told us the person always carried the toy with them and we observed them asleep, cuddling the toy.
- Strong personal links had been created with people and staff went significantly beyond their role. For example, one staff member had come into work on their day off to take a person to the park to see the birds and have lunch. A family member told us, "I think 'care' is the wrong word, it is more than that. It is looking after someone with the same love and genuine desire to do their best that a relative would give." Another told us, "To be honest, this is not a care home it is a hotel."
- Respect for diversity was evidenced in the home. Information on LGBT was on the notice boards on each floor. The service had a LGBT champion who had completed a 'Safe to be me' checklist with an action plan in place. This checklist was developed by Age UK to help meet the needs of older lesbian, gay, bisexual and transgender people using health and social care services.
- People were supported with their religious or spiritual needs. Staff considered people's beliefs when providing care and support, including dietary needs. For example, one person had specific religious and dietary needs. Staff had good knowledge of the person's needs and the registered manager had brought in food for the chef to cook specifically for the person. Other meals the person enjoyed were added to the menu.

Supporting people to express their views and be involved in making decisions about their care

- All decision-making centred around people. For example, the registered manager had implemented a 'one big wish' initiative. This gave people the opportunity to express their views and tell staff something they really wanted to do or achieve. For example, a person wanted to achieve their childhood dream of taking part in the Blaydon Races. The race organisers were reluctant to let a person take part in a wheelchair. The lifestyle coordinator explained the circumstances and the organisers agreed for the person to take part. At the end of the race, the person was presented with flowers by the local mayor.
- Care was completely personalised to each person and people were fully involved in making decisions about their care. For example, one person told us how they wanted to be involved in the running of the service so the registered manager invited them to take part in interviews for new staff. The registered manager told us they made a decision together about each candidate, meaning the person was involved throughout the process. The registered manager told us, "They [people who used the service] come to this home to live."
- The caring approach extended to people's loved ones, and the importance they played in people's lives. For example, a family member told us they had not "lost" their relative when they moved into the home as they were always "made to feel involved". Ensuring relatives were fully involved and welcome meant people felt more at home.
- Some of the people who used the service were supported to access independent advocates. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service. People told us they felt fully respected and listened to. Comments included, "They [staff] always respect my dignity, especially after personal care" and "They [staff] would not do anything that would make me feel awkward."
- Care records described dignified care practices and reminded staff to respect people's privacy.
- Staff provided sensitive and respectful care. The registered manager and some staff had attended training by a leading expert in dementia. The training was designed to increase knowledge of what it is like to live with dementia so staff could better understand the people they cared for. The registered manager described the techniques that had been introduced and the benefits to people who used the service.
- Promoting independence was thoroughly embedded into the service. Staff could describe what people could do for themselves and what they required support with. This information was clearly recorded in support plans.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were regularly reviewed, included important information about the person and were person-centred.
- People's individual wishes and outcomes were recorded. These described what the person wanted from their care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS. Information was provided in large print or pictorial format. People were supported to access services such as SALT, who provided advice and access to assistive technology.
- People were given information in a way they could understand and support plans described the level of support they required with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People lived full and active lives. Staff knew people well and understood what was important to them.
- People were protected from social isolation and were supported to access the local community.
- People were made aware of upcoming events and activities and supported to attend.
- The lifestyle coordinators were very passionate about their role and described the activities and events available to people. For example, people had taken part in art classes and some had won awards at the local authority learning skills awards. One of the lifestyle coordinators had also won an award that recognised their work in learning skills.
- Some of the people were involved with the Gateshead care home choir. They practiced every week and had taken part in concerts. We heard how this had helped one person to strengthen their voice and improve their communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People and family members told us they did not have any complaints but were aware of how to make a complaint.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- There was a holistic approach to end of life care. A family member told us, "My [relative] has had a really hard time losing relatives within a short time of each other but she is being supported by such caring staff, who do know about the trauma of death and this has helped such a lot."
- The provider had an end of life policy and staff had been appropriately trained. The registered manager described the links the service had with the local Macmillan nurses and palliative care team.
- People had detailed care plans in place that recorded their wishes and preferences for their end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care

- There was a strong emphasis on continuous improvement. Following CQC's recent report into oral hygiene care, the registered manager had recommended a review of the provider's oral hygiene assessment. The report was discussed with staff and training took place to ensure staff were making oral hygiene a priority. This resulted in changes to the assessment process and a review of each person's oral hygiene at their next care plan review.
- The service had been invited to take part in the local NHS nutrition and hydration project. The success of this led to the service being invited to take part in a NHS England focus group. This work was led by the deputy manager and specific training on hydration for staff and people who used the service was arranged. They also worked in partnership with the local water company to develop initiatives and provide guidance on the importance of hydration in care homes.
- A healthcare professional told us, "[Registered manager] was enthusiastic about the training programme from the initial discussions and facilitated many of the sessions, allowing staff from neighbouring homes to also attend. [Registered manager] was also happy for me to complete a malnutrition audit pre and post the nutrition and hydration training, which illustrated positive outcomes [for people]."
- The registered manager was the provider's lead for wound care and had written the provider's policy in line with best practice and National Institute of Clinical Excellence (NICE) guidelines. This helped to ensure people received effective wound and skin care and support.
- Staff told us "training was the key" to feeling confident and the provider offered whatever training was needed "and more". They said time off to train and study was "not a problem".

Working in partnership with others

- The service was an important part of the local community. A mother and toddler group was unable to find somewhere to hold their 'messy play' sessions. One of the lifestyle coordinators suggested they hold their sessions at the service. This has been a huge success and people who used the service enjoyed going in to watch the babies and toddlers.
- The registered manager invited the local fire service to visit the service. A fire fighter had lunch with people then carried out a long talk on fire safety. Because of the success of this, the local police had been invited to do something similar regarding personal safety.
- The service had forged and maintained excellent links with health and social care professionals and other local organisations. These included offering placements for nursing and health and social care students.
- Staff worked as partners with other external professionals. A healthcare professional told us, "It's a pleasure to work alongside the staff at The Manor House, and even more so to see residents so well looked

after."

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

- People and family members told us the service was extremely person-centred and welcoming. One person told us, "My home has now become this home. I feel very lucky to be here." Another person told us, "All the fine words in the world cannot say it better than this. This is the finest care home with the best staff and amazing team of housekeepers, laundry and gardeners, just everyone."
- There was a visible presence from the registered manager and deputy manager from early morning so they were available to night staff as well as day staff.
- A family member told us, "Open door here means just that. As soon as I walked in here and saw that there was an open desk and staff I knew this place was different."
- Staff were highly motivated and felt the leadership of the service was exceptional. Staff were proud of where they worked and felt supported in their role. They felt empowered and were comfortable to challenge other staff and approach management if needed.
- The registered manager told us, "I'm not the most important person in this home, we are all as important as each other. We all fit together like a jigsaw piece."

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

- There were consistently high levels of constructive engagement with people, family members and staff. Following consultation with families the registered manager and provider had produced a service specific visitor guide. Family members were kept up to date with any changes to the service, such as staff recruitment and occupancy levels.
- The service openly welcomed feedback and challenge. Following a comment in a residents' satisfaction survey, the registered manager asked all staff to take 10 minutes at least once per shift to stop and spend time engaging with a person, ensuring who they had spent time with was recorded. Staff told us this was embedded in the service.
- Regular engagement took place with staff. Senior staff from each department met daily then spoke with their own teams to ensure everyone was up to date with any important information or changes. The registered manager told us, "Communication now flows throughout the home. All staff, maintenance, domestics etc now realise they are just as important as the care staff." Staff we spoke with confirmed this.
- Staff were empowered to make decisions and contribute to the running of the home. For example, one staff member suggested trialling a new shift pattern so the registered manager consulted with other staff for their views.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was strong, clear leadership at the service. The registered manager exhibited excellent leadership qualities and set very high standards.
- Governance was well embedded in the service. The provider and registered manager monitored the quality of the service via a robust auditing system. This ensured they delivered a high standard of care and delivered demonstrable quality improvements to the service.
- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.