Shreyas S.A.I.N Ltd

The 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 Manor House is a nursing and residential care service providing support and accommodation for older people. The service is registered to accommodate a maximum of 25 people and at the time of the inspection 20 people were living in the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, we looked at both during this inspection.

The home has extensions built on either side of the main older building. The communal areas and several bedrooms are on the ground floor and because of the design of the building a few of the corridors are narrow. At the front of the building is a large car parking area and at the back is a patio area and a sloping garden. The building was currently going through a phase of planned redecoration and upgrading.

At the last inspection on the 12 and 13 November 2015 the service was rated as Good. At this inspection we found the service remained Good.

People were safe living at the home and with the staff supporting them. We saw people were happy and trusted the staff. There were systems and processes in place to minimise risks to people. These included recruiting the right staff and making sure they knew how to recognise and report abuse. We were told by some people, their relatives and some staff that there should be more staff. The provider was going to review staffing levels.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff undertook regular training and understood the importance of safe administration of medicines.

People received effective care from staff who knew them well and had the skills and knowledge to meet their needs. Staff monitored people's health and well-being and made sure they had access to healthcare professionals according to their individual needs.

People were supported to have maximum choice over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. People's privacy and dignity was promoted and respected. However staff did not always knock before entering people's bedrooms.

The service was responsive to people's needs and choices about their daily routines and how they wanted to be supported by staff. People had access to a limited range of organised and informal activities. Relatives were welcomed in the home and their views and feedback were taken into account when planning care. Information about the service was available for in communal areas for people and visitors to read.

People we spoke with told us they were happy and had no complaints. Systems were in place to deal promptly and appropriately with any complaints or concerns raised about the service. The registered manager and provider treated complaints as an opportunity to learn and improve. There were also regular, complimentary comments made about the service from relatives.

The home was well led by an experienced registered manager and the provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

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 safe.

Is the service effective?

Good

The service remained effective.

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.

The 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.

We carried out an unannounced comprehensive inspection at The Manor House on 27 and 28 February 2018. The inspection team consisted of an adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and spent their time talking to people, their relatives and observing how staff supported them.

Before the inspection we reviewed information we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with people living in the home and their relatives who told us about their day and about life in the home. During our inspection we spent time observing daily routines and interactions between people and staff.

During the inspection we spoke with nine people, six relatives, four visiting health professionals and 11 members of staff. This included care staff, the chef, the registered manager and the provider.

We looked at four electronic care records, which related to people's individual care needs. This included support plans, risk assessments and daily monitoring records. We also looked at records that related to people's medicines. We reviewed documentation on the management of the service, these included

auditing records, policies and procedures, accident and incident reports and training records. We looked at the recruitment, induction and training records of three members of staff.

Good

Is the service safe?

Our findings

The service remained safe.

People were protected from abuse and avoidable harm. This was because staff understood the provider's policy and procedure about safeguarding. They also attended safeguarding training and knew what to do if they suspected someone was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising their concerns immediately with the registered manager or with external agencies, such as the local authority safeguarding team or the police.

Staff were recruited safely to ensure they were suitable to work with vulnerable people. One person we spoke with said "I feel safe in my bedroom, staff come around and check on me both day and night." A relative said "It's safe here especially when is mum is hoisted." Whilst another said "The home is safe the care practices are always carried out safely."

Assessments had been carried out to identify any risks to the person and staff supporting them. This included environmental risks as well as risks associated with people's needs and lifestyle choices. Risk assessments included information about any action needed to minimise the risk of harm to the individual or others, whilst also recognising the need to promote people's rights, choices and independence.

We looked at how the service recorded and analysed accidents and incidents. The registered manager showed us their electronic systems which recorded details of such events, along with details of any investigations they had carried out.

People lived in an environment, which the provider had assessed to be safe. People had personal evacuation plans in place, so their individual needs were known to staff and emergency services in the event of a fire. We found they plans contained too much detail for the emergency services; however more suitable, simplified evacuation plans were produced before the end of our inspection.

A few people and their relatives, also some staff, thought there were not always enough staff around to provide care in a timely way. A recent residents and relatives meeting included discussions around staff shortages, For example it was recorded "Relatives asked if there could be more staff on the floor" and a relative told us "my only concern is the number of staff on duty, sometimes they run short." Staff said "sometimes when we're short of staff we go into doing routines and no longer personalized care" another said "No, sometimes I can't help others out and get residents involved in activities." The registered provider explained they used a dependency tool to calculate how many staff were needed and was supplying staff hours above that figure. However the provider recognised that some people were saying something different, so they were going to carry out a staffing review and see how staff time was being used.

A fire risk assessment was in place, staff had attended training and regular checks undertaken of fire safety equipment. We found a large window frame without glass connecting the laundry to the home. There was

debris and equipment near the outside of a fire exit. Both these hazards were resolved before our visit ended. The fire risk assessment was dated May 2016 but because there has been this significant change to the premises that affected the fire precautions, the assessment needed reviewing. A plan was in place detailing the action to be taken in the event of a major incident. This included emergency contacts and alternative support arrangements for people using the service.

The medicine administration system, from being electronic, had returned to paper records to reduce some of the errors the service had experienced. People received their medicines safely from care staff who had received specific, updated training to safely carry out this task. Medicines were stored safely and administered by trained staff. Medicines were stock checked and accurately recorded. Medicines were kept in locked cabinets, in a locked treatment room. The temperature of the treatment room was monitored to ensure the medicines were being stored within recommended temperatures.

People's medicines administration records were complete and contained sufficient information to ensure the safe administration of medicines. Where one person was on 'as required' medicines, the protocols for when they were given should contain more detail to ensure that they are consistently given for the right reasons by all staff. Ointments which had been opened were dated. For one person on medication, who was unable to choose whether to take them or not, the correct procedures were in place to protect their rights.

People were protected by the provider's infection control procedures, which helped maintain a clean and hygienic environment. Staff were trained and followed infection control practices, by wearing gloves and aprons when preparing food and providing personal care. We found the environment to be clean and odour free throughout. However; we found several areas of the home in need of minor repair or redecoration. Our observations were discussed with the registered provider who showed us the redecoration and improvements plan which they were following to improve the fabric of the building for people living in the home.

We noted from the staff meeting minutes lessons learnt were shared at team meetings. Also any issues we discussed, remedial actions were put into place. For example, the fire hazards and the PEEPs issues we had identified during this inspection.

Good

Is the service effective?

Our findings

The service remained effective.

People told us staff were able to give them the individualised care they needed and were happy with the support they received. Comments from people who lived at the home and relatives confirmed this. For example one person said "The staff are very good at what they do." A relative said, "My Mum has very complex needs and the staff work in a safe way with her."

The training records, talking with people and staff confirmed that people received effective care from staff that had the right competencies, knowledge and skills. One person told us "Oh yes, they know what they are doing." A visiting health professional said "Staff have a good knowledge of my patient" whilst another health professional said "Staff are well informed."

People only received care and support with their consent. We heard staff asking people if they required help and took account of their responses. During the inspection we observed members of the care team constantly asking the people who use the service if they "can I do this" or" can I do that for you" A relative explained "my sibling has attended best Interest meetings for my parent" adding "I look after Property and Finance and they look after Health and Well being." We also saw evidence of best interest meetings in people's care records.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff made sure people had choice and control of their lives and supported them in the least restrictive way possible. We recommend that the service keeps clearer records after we found an approved DoLS application had recently expired but not renewed.

Prior to admission to the home the registered manager had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We found evidence in care records we looked at that people or their relative had been involved with planning their care or support.

People had regular and prompt access to healthcare. One person told us, "I see the doctor when needed, and the physiotherapist" and a relative told us "the staff are particularly good in calling the doctor or sending my relation to hospital if required." The registered manager and the care records confirmed that speech and language teams, district nurses and mental health teams were involved in providing services to people living in the home. Staff were proactive in ensuring people received the healthcare that they needed.

Staff told us they felt supported by the manager with their supervisions and appraisals. All the staff we spoke with said they felt they felt included and their views were heard. The records showed and staff told us they received training to develop them in their role and they were up to date with their training.

People were supported to have a good diet which met their needs and preferences. During the inspection we observed the lunch time experience, some people had chosen to eat in the privacy of their bedrooms, others sat in the lounge area on the first day of inspection and in the dining room on the second day. The people were given a choice of two main meals. Some people required total assistance with eating lunch, others required verbal encouragement and some were totally independent. We saw that staff who assisted people with their meal, sat beside them and kept good eye contact. People told us "Food is brilliant, you can choose what you want to eat" another said "The food is very nice, you get to pick what you want." A relative said "The food is very good here."

People's bedrooms were nicely decorated and contained personal items to reflect their individuality. During the inspection we noted that some people had names on the bedroom doors, others had names and pictures, however some had just the room number. The registered manager and provider recognised the property could have limitations for some people so they explained the changes and adaptations they had made.

Good

Is the service caring?

Our findings

The service continued to be caring.

People received care from staff who were kind and who respected them as individuals. People told us "Staff are kind and caring towards me, nothing is too much trouble for them" and another said "It's wonderful here, staff are lovely, everyone of them, they care about everyone – so kind." Relatives told us "They do a wonderful, amazing job here, they really care about the residents" whilst another one said "Good atmosphere in the home, staff are kind and caring towards everyone." Other agencies were very positive about the care provided. Visiting health professionals said "Staff are always present and caring" and that "Relatives tell us they have a good relationship with staff." Throughout the inspection we heard and saw staff speaking and treating people in a dignified and respectful manner.

We saw people were treated in a caring and respectful way by staff. We observed positive interactions throughout the inspection visit between staff and people who lived at the home. For example, we saw staff took time to sit with people in their care and enquire about their welfare. A staff member told us "We want to give people the best care we can give until the end of their life and treat them as I want to be treated."

We noted that during episodes of personal care the staff ensured that the bedroom door was closed. Staff told us "We close the doors when giving care, we put the screen round if we use the hoist in the lounge and we always ask what they want because it's about making choices." We observed staff knocking on doors before entering people's bedrooms but this did not always happen and we observed staff just walking into people's bedrooms without waiting for permission before entering.

We regularly heard staff giving people choices. One person told us "the staff are good and I pick my own clothes" also "The food is nice; but last night I did not like what was on offer so I chose a bacon sandwich, that was nice." Staff told us "We check to see how people like to have things and we keep offering alternatives."

The care records showed that the service wanted people to maintain their independence. Staff we spoke with said "We want people to think, I don't want to be like her; I want to be like me" and another staff told us "When helping a resident washing I try to encourage them to do as much as they can for themselves."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They told us one person had a family member acting as their power of attorney. A power of attorney is a written authorisation to represent or act on another's behalf. The registered manager told us, "People should have someone they can relate to and rely on; several have" The registered manager was also aware of how to access advocacy support should people request or require it.

The registered manager and provider explained how they promoted equality and diversity through recruiting staff from different backgrounds and nationalities and training. The records showed that all staff

had been trained in equality and diversity.

The care records and discussion with people who lived at the home and their relatives confirmed they had been involved in the care planning process. The care plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described support people received and activities they had undertaken. The registered manager showed us that more personalised information about the people's daily lives was being included in these records.

We saw people's care plans had been reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs. People told us "I only came here last week, as yet I have not been involved in talking about my care plan, but I have completed a 'Getting to know you' meeting." Another said "They talk to me about my care plan." A relative said "I live away, the care staff send me the care plan to have a look at and agree any changes" another said "They are particularly good at letting me know what's going on."

Good

Is the service responsive?

Our findings

The service remained responsive.

During the inspection we talked with people at the home and found staff were responsive to their needs. People told us the care they received was focused on them and they were encouraged to make their views known. One relative said, "They give me and my relative plenty of time to discuss issues, I have suggested that they plays more games, the staff try to do this."

The electronic care plans of people who lived in the home were reflective of their needs and had been regularly reviewed to ensure they were up to date. Staff we spoke with were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing requirements were included in the care records.

People and their relatives told us they knew how to make a complaint. One person said, "I can raise anything with the staff" a second person said, ''I've no complaints here at all." We saw that complaints were recorded and investigated appropriately by the registered manager. We looked at many compliments which the home received. There were already 11 received this year.

A formal activity programme was on display in the hallway. The timetable we viewed had the minimum of activities and this was little evidence of how people who stayed in their bedrooms were occupied. The registered manager explained that the activities time table was under review. We noted that the activities organizer was also working as a carer which meant they had less time than be able to provide basic activities such as bingo, coffee morning, singalong.

People's records were stored in a lockable office in order to promote confidentiality for people who used the service. We also noted that staff were discreet and we did not hear staff speaking openly about people's needs throughout the inspection. This demonstrated that confidentiality was promoted.

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us this allowed people to remain comfortable in their familiar surroundings, supported by staff who knew them well. However the training schedules showed that very few staff had the end of life training. One relative told us "my relation is dying and the staff have been kind and compassionate towards them at this difficult time; they have shown me great kindness and empathy."

Good

Is the service well-led?

Our findings

The service remained well led.

A registered manager was in place. 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.

The registered manager was well known throughout the home and people told us they liked her. We noted that they provided support to people and knew people well. The registered manager was able to demonstrate an in depth knowledge about the people they supported and the staff team working at the service. At times they worked as part of the team to provide care to people. People said ""The manager is always around the home, she is a good leader." Relatives told us "The manager is doing a wonderful, amazing job, they really care about the residents, you can raise any issues complaints with them, nothing is too much trouble" another said "The manager is very approachable, will always listen to your point of view."

Staff were also positive about the registered manager. One staff member said, "I like the manager she is very good. She is so approachable you can go to her about anything and she listens to you." Another staff member said, "The manager is lovely, she sorts things out straight away, she cares about us and she's fair."

We saw evidence of staff meetings in the home. Items of discussion included things which impacted the residents. For example the need to for the care team to work together rather than break up into small groups. Staff told us they felt valued and listened to in the staff meetings. One member of staff said, "Yes, when I explained a resident wanted something different , staff listened and we changed things for the lady."

We saw surveys had been completed in 2017 which showed people considered the home was well run. The management team held regular staff and relative/resident meetings and minutes were taken. In addition the registered manager and staff told us they spoke with people daily and suggestions on any issues or improvements were sought after on an informal basis. We confirmed this with people who lived at the home. Staff said "I have worked here for a long time, the manager is very supportive towards us, she leads the home well, arranges meetings but it is very difficult to get people to come." and a relative pointed out "I live away, sadly I don't receive any minutes from the meetings or the newsletter, I read them when I come in."

The registered manager had improved auditing systems to assess quality assurance and continue to improve the service for people who lived at the home. For example recruitment processes had been updated to ensure required checks were carried out so suitable people were employed. Other audits undertaken included medication, incidents/ accidents analysis and the environment. Any issues found were quickly acted upon and lessons learnt to improve care for people and keep them safe.

We saw evidence of the management team working with other organisations in the ongoing improvement of

people's lives. For example social workers and care co-ordinators. When we visited there were two health care professionals from the mental health service "When we come we are made to feel welcome."

The registered manager and provider promoted the attitude of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the idea behind the Duty Of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment.

The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.