

Manor Care Group Limited

Manor House Residential Home

Inspection report

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Willenhall
West Midlands
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Manor House Residential is a care home that provides personal care for up to 30 people aged 65 and over. At the time of the inspection 29 people lived at the home.

The home is an adapted building and care is provided across two floors.

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

The quality systems in place were not always effective and had not always identified where improvements were needed. Staff were not always following manufacture guidance for some medicines or keeping accurate records of these.

Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them. Staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse. People were supported to access healthcare professionals when required.

Staff received the training they needed so they had the skills and knowledge to meet people's needs. Staff had been recruited safely and there were sufficient numbers of staff to support people.

People's care records were person centred and guided staff on the way they preferred their care and support to be provided. The provider had a system in place to ensure any complaints received would be recorded, investigated and responded to with any learning used to improve the service provided.

People's dietary needs were met, and people had access to healthcare services where required. People were supported by staff who were caring. People were involved in decisions around their care and were treated with dignity.

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

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion or belief etc.

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

Rating at last inspection and update.

The last rating for this service was good (published May 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Manor House Residential Home

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

The inspection team consisted of one inspector and an assistant inspector.

Service and service type

Manor House Residential 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 they 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection-

We spoke with 12 people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers and care workers. 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 four people's care records and four medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 the Key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We saw prescribed dietary supplements were left in the lounge area unattended. These contain active ingredients and could be harmful if taken by a person or visitor to the home that they were not intended for.
- Staff were not always following manufacture guidance for medicines administered by skin patch. Staff did not ensure regular rotation of patches to minimise the risk of skin irritation. There was a system in place for recording that the patch was removed and recording where the new patch was placed. However, this system was not consistently followed by the staff members applying the patch.
- Medicine administration records for eye drops did not always specify which eye the drops should be administered into. The registered manager was able to tell us when they reviewed people's health records. However, this information was not kept with the medicine administration records for the staff administering to refer to.
- The registered manager took immediate action on the above. They immediately reviewed their practice and secured the dietary supplements and told us there had been no known incident in relation to this practice. They told us that they took steps to improve record keeping so there were clear directives regarding medicine administration and an urgent meeting with all senior staff took place.
- Systems were in place for medicines that needed to be administered at specific times or before food.
- People told us they were happy with the support they received to take their medicines.

Staffing and recruitment

- We observed around breakfast time no staff were available for short periods of time in the main lounge, which was also the dining area. People were eating breakfast and having drinks. Some people were at risk of falls and some people were moving from the dining area to the seating area with walking aids and were having difficulty doing so. We discussed this with the registered manager at the time of our inspection and they told us they would speak with staff about ensuring a staff member was always available in this area to ensure people's safety.
- People and relatives, we spoke with told us there were enough staff to meet their needs.
- The registered manager told us they had a system in place for assessing the staffing levels and staff rotas showed that the minimum staffing levels identified by the registered manager were maintained. The registered manager told us that staffing levels at night had been increased because of people's needs. This showed that the registered manager monitored staffing levels and made adjustments when needed.
- The provider had a recruitment policy and completed recruitment checks on staff prior to them commencing in post to make sure they were safe to work with people.

Assessing risk, safety monitoring and management

- People who could tell us told us they felt safe. A person told us, "I am very happy living here and I feel safe. If I pull the cord staff come quickly day or night." A relative told us, "[person's name] is safe and well cared for."
- Staff had a good understanding about potential risks to people and how to keep people safe. For example, we saw regular checks were made on people who were cared for in their bedroom and people cared for in bed were repositioned at regular intervals to prevent the risk of sore skin.
- Care plans and risk assessments were in place to mitigate people's known risks. They included guidance for staff to follow and were updated when people's needs changed.
- Checks of health and safety and fire risks were carried out to keep people safe. Staff knew what to do to keep people safe in an emergency.
- Equipment was in place to reduce risks to people. For example, sensor mats helped staff to respond promptly to people requiring support with their care.

Systems and processes to safeguard people from the risk of abuse

- We saw people were comfortable around staff supporting them.
- Staff knew what action they needed to take if they witnessed or suspected abuse and had received safeguarding training. A staff member told us, "The manager is very good and would act on any concerns that we identified."
- The provider had effective systems to safeguard people from abuse.

Preventing and controlling infection

- People's bedrooms and the communal areas of the service were clean and fresh.
- Staff followed good infection control practices. They used protective clothing, gloves and aprons to help prevent the spread of infections.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager.
- Staff told us discussions took place at handovers and at meetings regarding improving practice and learning from things that haven't gone to plan.

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.
- Where people did not have capacity to make decisions, they were supported to have choice and control of their lives and staff supported them in the least restrictive way.
- Although staff had received training of the MCA and DoLS and there was a system in place to inform staff who had a DoLS in place some staff had limited knowledge about who had a DoLS in place. However, they told us they knew where to find this information and they would go to senior staff or the registered manager for support or advice regarding DoLS.
- There was information in people's care plans around likes, dislikes and choices.

Staff support: induction, training, skills and experience

- People told us staff were skilled at supporting them. One person told us, "The staff are all very good."
- Staff told us they received appropriate training, both through on-line learning and face to face.
- Staff told us they had completed an induction when they were first employed. A staff member told us, "I completed shadow shifts when I first started. I have worked in care before. If I felt I needed to do more shadow shifts this would have been provided."
- Staff told us the registered manager was approachable and supportive. A staff member told us, "The training is good, and I feel well supported in my role. We have got some more training sessions coming up

soon."

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

- A pre-admission assessment was carried out prior to people moving to the service to ensure people's needs could be met and the care planned reflected people's individual needs and preferences.
- The registered manager told us reviews of people's needs took place to ensure the service continued to meet the person's individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

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

- There were systems in place, such as daily care records, and regular handover meetings to share information about people's progress and any changes in people's care needs. For example, we saw the importance of promoting people's oral healthcare was discussed in a recent meeting.
- Appropriate referrals were made to external health care professionals such as community nurses and speech and language therapists.
- People confirmed they saw the doctor when they needed to.
- Healthcare professionals we spoke with during our inspection told us they had no concerns about people's care. They told us staff made appropriate and timely requests to their service and followed any instructions they requested.

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

- People ate where they chose, either in dining areas, lounges, or their own bedrooms and staff made an effort to make it a social occasion for people.
- People told us there was enough to eat and drink.
- People could make choices about what they ate each day, by selecting daily food choices.
- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines.

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

- Some signage was in place to help people orientate their way around the home.
- Decorating of communal areas had recently taken place and people told us that the lounges looked nice and welcoming.
- The registered manager told us they were exploring with people further improvements to the environment to make the home more dementia friendly. This included looking at suitable and personalised door signage and improving the corridor areas, so they were homelier.

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 the key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. People's feedback about the staff were consistently positive. A person said, "I am quite happy here. They [staff] make sure I am comfortable. They are always here to help me." A relative said, "I have peace of mind [person's name] is in a good home."
- We observed positive interactions between staff and people. Staff smiled at people and had meaningful conversations about things they were interested in. A relative told us, "Staff are kind and care about the whole family not just the person living at the home."
- Staff knew what might make a person feel unsettled and told us what they would do to prevent this happening. Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.
- Care plans included information about people's diverse needs including information about religion, celebrations and occupation. People were supported to attend places of worship so that they could continue to practice their religion.
- People records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff ensured people's dignity and privacy were maintained. People had their own bedroom which enabled private personal space.
- We saw where people were cared for in bed care was person centred. For example, the person had been asked about the clothing they wanted to wear so they were comfortable in bed.
- Staff explained how they encouraged people to do some tasks for themselves to maintain some level of independence. For example, staff told us how they encouraged people to help with their own personal care tasks to maintain their independence. One person said, "They [staff] encourage me to have a shave myself, but they [staff] are there to help me when I need it."

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

- People's care plans included information about how they would like their care to be carried out.
- People told us they made choices about their care. One person said, "I do the things I like to do and I like sitting here by the window."
- Relatives and residents meeting took place and the minutes of meetings showed discussions about the

running of the service and activities took place.

- Relatives told us staff were quick to respond to any requests they made about family members care. For example, A relative told us, "They [staff] are really quick to respond to requests. I mentioned that [person's name] needed a haircut and it was arranged the very next day."

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 has 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

- Staff knew people's need and used this knowledge to provide personalised care. Staff we spoke to could tell us about people's individual needs their likes and interests. Staff spoke about people with respect.
- People told us the care they received met their individual needs. We saw care plans contained information about how people liked their needs to be met. People that we spoke with were happy with their care. A person told us, "I am settled here and happy with everything." A relative told us, "Since they have come to live here they have really improved, they are eating well and well cared for by the staff."

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 managers understood their responsibility to comply with the Accessible Information Standard (AIS). They told us that Information would be made available depending on what people's needs were.
- Information about how people communicated was included in their care plan.
- We observed staff communicating verbally with people. They spoke clearly and checked the person's understanding of what was being said.
- Staff were able to tell us how they communicate with people who may not be able to verbalise their needs. They told us they would look at people's facial expressions and body language and consider other forms of communication such as pictures or flash cards.

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 were supported to follow their interests and take part in activities that were of interest to them.
- People's personal beliefs and backgrounds were respected by staff. We saw people who practiced religion, were supported to do so. People's cultural choices were discussed with them, so that staff knew how to support them.
- People were encouraged to take part in organised group activities and events. On day two of our inspection we saw a craft session taking place. We saw people enjoyed reading the daily newspaper and some people were doing word searches. One person told us, "I love musicals, so I love to do the music and movement sessions." Some people told us they had enjoyed activities in the local community including bingo at a local social club. People had also been to dementia friendly showing of films at a local cinema.

We saw that activities and entertainment were planned for December including Christmas celebrations.

- Relatives said they always felt welcome at the home and staff encouraged and supported people to have positive relationships with their loved ones. One relative told us, "The staff are always welcoming and friendly."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. Records showed complaints had been recorded and responded to.

- A relative told us, "We are really pleased with everything. We know who the manager is and can visit when we want to. If we had any concerns we would let the manager know, but we have not had any concerns."

End of life care and support

- The provider had policies and procedures in place to ask people about their wishes and to support them through this difficult time.

- The registered manager told us that no one was currently end of life at the time of our inspection.

However, they were able to tell us how they had supported people in the past and how they worked closely with the community health care teams to ensure that people's needs were met.

- When people who had lived at the home died, staff and people were supported to pay their respects, for example on the day of our visit a person living at the home and a staff member attended a former residents funeral and flowers were sent by the provider.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the service. However, these had not always been effective at identifying where improvements were needed as identified during our inspection.
- There were systems in place to audit the medicine administration. However, they had not identified the concerns we found during the inspection. The registered manager took immediate action to ensure that the information available to guide staff to safely administer eye drops was made available and action was taken to ensure that staff recorded how they safely removed and replaced medication skin patches to people's skin.
- There were systems in place to ensure staff were recruited safely. However, completed records of staff recruitment interviews were not always kept. The registered manager took action at the time of the inspection to ensure going forward that interview records would be recorded in a format that ensured their own processes for assessing the competency of staff had been followed.
- There were systems in place to assess, monitor and mitigate risks to people however risks to people were not always updated following a fall to show the measures in place to mitigate risk remained appropriate. However, staff knew people's risks and the registered manager addressed this issue during the inspection.
- The registered manager responded positively to the inspection process and took immediate action on feedback issues raised during the inspection.
- The registered manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, and their most recent inspection rating was displayed within the home.
- There was a staffing structure in place and staff were aware of their responsibilities. Staff spoke positively about the management team and the support they received.

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

- The registered managers sought feedback and acted upon it to improve the service, for example, by holding meetings with residents and staff.
- Staff told us they could approach the deputy manager or registered manager at any time. One staff member told us, "The management will listen to you and act on it."
- People and their relatives also spoke positively about the leadership in the service. One relative told us, "The manager is always around and is very approachable if you need to ask them anything at all."

- There was a positive person-centred culture within the service. Our observations showed staff knew people needs. Relatives and visitors to the home were made to feel welcome. We saw that support staff employed in roles other than care roles [for example domestic and catering roles] were kind and caring towards people.

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

- The registered manager was aware of their responsibilities under the duty of candour. People and relatives, we spoke with told us that staff and managers were approachable and helpful.

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

- The service had developed links with the community. They had forged links with a local school and children were due to visit the service the week of our inspection to take part in activities alongside people living at the service.

Working in partnership with others; continuous learning and improving care

- Health and social care professionals we spoke with were positive about people's care. A health professional told us that people looked well cared for and that staff always followed their instructions.