Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Manor House

Uphill Road South, Uphill, Weston-super-Mare, BS23 4TA

Tel: 01934412207

Date of Inspection: 01 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Shreyas S A I N Limited
Registered Manager	Mrs. Linda Gill
Overview of the service	The Manor House provides accommodation for older people who require nursing and personal care. The home can accommodate up to 25 people and is situated in Weston Super Mare in North Somerset.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

At the time of our inspection there were 20 people who lived in the home. During our inspection we spoke with four people who lived in the home, four relatives, two nurses and two care assistants. We also read four people's care plans to understand how staff planned, assessed and delivered care to people in the home.

Throughout our inspection we saw people were comfortable and relaxed in the home. People we spoke with told us "staff are marvellous, they get you what you need". Another person said when we asked if staff respected their privacy and dignity, "staff put the screen up in the lounge when they need to move you" and they "knock on your door before they enter your room". One person said "sometimes I can't understand staff when they talk too fast". The majority of visitors we spoke with were very happy with the care their relative received. One visitor said "It's a very good home, probably the best one in Weston".

We saw the manager provided opportunities for people to share their experiences of the care provided, so the standard of care could be improved. People had their care and treatment assessed so risks were identified and managed. If care was not meeting people's needs effectively, the manager took actions to address this. This included regular team meetings to increase staff knowledge and competence.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People told us they were supported by staff who respected their privacy and dignity. One person told us "staff put the screen up in the lounge when they need to move you" and "they knock on your door before they enter your room".

Throughout our inspection we saw people spent their time in different areas of the home. We saw people spending time in their rooms, in the lounge and dining room, outside in the garden and participating in activities. We saw staff respected people's choice. People were asked where they would like to spend their time, such as staff assisting people outside so they could smoke. One person told us they enjoyed reading the paper. They told us staff gave them a new newspaper to read everyday.

We observed seven people participating in an activities session. We saw staff engaged with people positively. Staff encouraged and supported people to take part in the games and we saw people were enjoying themselves. Visitors we spoke with told us their relative had been involved in activities in the home "they play cards now, they are involved in more than they were at home". They also said "I have seen them become more independent since they have been here and they are now encouraged to walk more".

We saw when people were having a drink it was in a plastic cup. We asked a couple of people if this was what they preferred. They said they did prefer this to a china mug because they found it easier to hold. The manager told us people were always given a choice of what they wanted in any aspect of their care or treatment. We saw privacy and dignity had been discussed in staff supervisions to ensure staff fully understood what it meant.

During our inspection we saw a monthly review had taken place involving the person who lived in the home, members of their family, their social worker and a member of the care team. We read from other care plans that people's family had been involved in discussions

about their care. This meant the manager enabled people to understand the care and treatment choices available to them, involving appropriate health care professionals and those closest to them.

One care plan did not show staff had involved a person who lived in the home in their care decisions. We spoke with the nurse on duty and they told us that everyone was asked about their care and treatment decisions. They said they would ensure staff were reminded to update the care plans to reflect this.

We saw people's rooms were personalised with their own belongings such as pictures of their family. We noted that some of the rooms contained information for staff that included details on how the person would like to be looked after by staff. People had signed to say they agreed to this information being displayed. This meant that the home had involved people in decisions about their care and how it was provided.

Staff spoken with told us what privacy and dignity meant to them and how this impacted on people who lived in the home. For example, they would close the door if they were providing personal care and gained permission from people before they provided care and treatment. We saw evidence of staff obtaining permission from people during our inspection. This meant that people were shown respect and consideration when staff provided care and treatment to them.

The home's manager provided opportunities for people who lived in the home and visitors to comment on the home and how it was run. We saw people had been asked whether staff treated people with dignity when providing personal care, whether their social needs were met and if any changes were needed to their night care. This meant people were encouraged to understand the care and treatment that was available to them and given opportunities to make improvements to it.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with told us they were happy with the care provided. One person said "staff are very good here". Another person said "carers are marvellous, they get you what you need".

We spoke with four relatives of people who lived in the home. They told us why their relative had chosen this home. One relative told us when they were looking around the home they were "very impressed, all the residents looked happy and staff were friendly". They also told us that since arriving in the home their relative had improved in health and mobility.

We observed people were moved using specialist equipment. We saw two carers were careful and respectful when moving people. Staff knew what equipment was appropriate for people. They told us this was displayed in the staff office and we saw this was in place during our inspection. We also saw reminders about how to use this equipment were discussed in staff meetings and staff attended regular training in manual handling. This meant people had been assessed to ensure staff used the correct equipment and this was being delivered by staff safely.

One visitor told us they had always been involved with their relatives care. They told us their relative was assessed before they were admitted to ensure the home could meet their relative's needs. Any changes in their health were reported to them promptly. They said they made suggestions on how to improve their relative's care. This was acknowledged by the manager and had been implemented immediately. This meant that people received care that was continuously assessed so they experienced appropriate care that met their needs.

We read four care plans. We saw pre-admission assessment had been completed for a person who had recently been admitted to the home. The relatives we spoke with told us they had all been involved in pre-admission assessment before their relative had been admitted. This meant the home assessed people's needs to ensure they were appropriately placed so the home could meet their needs.

We saw people's needs were assessed and monitored regularly. There were risk

assessments seen for people to determine if they were at risk of pressure areas, dehydration and falls. We saw there were risk preventions in place such as medicine reviews. One plan showed a reduction in medication to reduce the risk of falls. Hazards around the home and in people's rooms had been assessed. We saw people were checked regularly using monitoring charts if they were at risk of pressure areas. Pressure relieving devices were in place where needed.

We saw reminders of checks that staff needed to carry out to meet people's health and welfare needs. This was displayed in the staff area. For example, names of people who had a catheter, people who had dementia, people who needed to be weighed weekly and people with pressure areas. This meant that people's care had been planned to ensure it could be delivered by staff effectively.

We read from people's care plans that other professionals were often involved in their care such as GPs, physiotherapist and speech and language therapists. We saw the GP visited people on the day we inspected. Nursing staff told us they often made referrals for specialist advice. They told us that when they were treating someone with a condition they were not confident in then the manager had arranged additional learning. This meant that people received care and treatment that was appropriately assessed by other professionals.

We spoke with three members of staff about their understanding of the Mental Capacity Act 2005 and its implications. They showed a good understanding of how this could affect people who lived in the home. They knew what process to follow if they were concerned a person could not make an informed decision about their care or treatment.

We read a care plan where a person had been assessed as not having capacity to make an informed decision. The nurse told us a decision had been made in their best interest involving a number of people who knew the person well. It was not clearly indicated who was part of this decision. Their next of kin had signed on their behalf but there was no record to show they had authority to do so. The provider may find it useful to note that when acting in a person's best interest staff need to ensure they act in accordance with the law to protect the person's rights.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We observed the nurse administering medicines to three people after they had eaten their lunch. We saw the nurse asking people if they wanted to take the medicine and explained to them what the medicine was for. One person told us "the nurses will help me if I am in any pain".

We looked at people's care plans. One care plan showed the person had been assessed to ensure they were given their medicines safely. It showed the person could decide independently if they wanted their medicines and information was provided on how staff could support them when taking their medicines.

We read in one person's care plan that they had recently had their medicines changed. We saw there was a note to say the next of kin had been informed but no note to say the person had also been informed. We spoke to the nurse on duty who told us they would always inform the person if their medicines changed but had not made a record of this. The nurse told us they would ensure that other staff members were reminded to update care plans.

The nurse told us if people refused their medicines then this would be monitored and if necessary communicated to nurse on the next shift. If the person continued to refuse then they would inform the GP. This meant that people's health was protected because staff alerted other professionals to ensure their health was not compromised.

We saw medicines were kept in a secure room. Within this room we saw medicines that required refrigeration were kept in a locked fridge and controlled drugs were kept in a double locked container. When medicines were administered to people they were kept in a locked trolley. This meant there were appropriate arrangements in place to ensure medicines were kept secure at all times.

We were told by the nurse that nurses administered all the medicines to people in the home. We saw during administration of the medicines that the nurse checked and signed documentation of what medicines people required against the medicines they received to ensure they were given to the appropriate person. The nurse team also carried out monthly audits of medicines to ensure people had the correct amount of medicines that

had been prescribed to people by the GP. This meant that staff took precautions when administering medicines to ensure people received appropriate medicines prescribed to them.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with told us they felt their needs were met by staff. One person said "you get what you need" from staff. Visitors we spoke with told us "staff are really helpful, they would do anything to make life easier".

We spoke with two nurses and two care assistants. They told us they felt supported by their manager and if they had any concerns they would feel comfortable approaching the manager with them. The nurses we spoke with told us when they had previously raised issues with the manager and action had been taken to address them. For example, additional training had been arranged for specialist equipment used for one person who lived in the home.

Staff we spoke with told us they received regular supervisions with their line manager. We saw examples of completed supervisions, which discussed the staff members understanding of their job role and what was required from it. They discussed areas such as safeguarding, infection control and management of medicines. This meant the manager ensured staff were competent to carry out their role through supervisions.

We saw the majority of staff had a supervision session in January 2013. The manager told us the remainder of staff would receive a supervision session in February 2013. They told us supervisions were carried out approximately every six to eight weeks.

We saw records that staff completed mandatory training in infection control, manual handling, health and safety, safeguarding and fire safety. Some areas such as food hygiene, first aid and dementia awareness had not been completed by all staff. The provider may find it useful to note that not all staff had completed training that may be appropriate for them to carry out their role effectively.

Staff attended regular team meetings. We saw the agenda and supporting information provided to staff. Meetings included discussing the importance of updating care plans accurately, moving and handling procedures and reporting maintenance issues. This meant that staff were updated regularly of any areas identified that needed improving to ensure they carried out their role to an appropriate standard.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who lived in the home and their visitors were asked what they thought of the service provided. The manager regularly sent satisfaction surveys to people who lived in the home, their visitors and health care professionals. The surveys looked at particular areas in detail such as whether people's privacy and independence was respected, how staff treated people and whether there was enough activities and socialisation for people.

The results from this survey showed a high level of satisfaction, 73 people had been surveyed in total. One area for improvement was increasing the options of food for people. The manager told us they had liaised with the chef and the menu had been adjusted for the people involved. This meant the manager acted on people's experiences and adjusted their care and treatment accordingly.

The home manager had a system in place to monitor the home against the essential standards of quality and safety. The last report completed by the manager was in November 2012. This report had been made available for people who lived in the home, relatives and other visitors to read. The report provided evidence of compliance against all the standards. This included information on what training and support staff received, comments from the latest surveys and what the home was doing to prevent infections. The provider may find it useful to note that some negative comments from people in a previous survey in November 2012 included in this report did not show any action taken to address these points by the home.

Health and safety monitoring was carried out in the home and had identified areas to address including piping and wires that were exposed in a toilet and tiles that had fallen off in bathrooms. There were signs of damp and mould in two people's rooms and hallways that had been temporarily fixed. The provider assured us that an external company had been booked to permanently fix the problem. We spoke with the maintenance person who told us they were given all the materials they needed to fix areas of the home that had been identified by staff as needing attention. This meant risks relating to people's health

and safety were identified and managed by the provider.

During our inspection we were made aware of a concern that had been raised in relation to a person's care and treatment. We saw the manager had taken the person's concerns seriously and had taken action to try and prevent it from happening again. The manager had identified areas of improvement within the care staff team, implemented regular checks and had carried out further training for staff in January's team meeting.

We saw from people's care plans that how to prevent falls were recorded in individual care plans. The manager had completed an analysis of falls which identified where, when and who was involved. The analysis did not show how the home could reduce falls or how they could manage the risk. We spoke with the manager who told us this was detailed in their compliance report. We looked at the report but it did not include any of this detail. This meant that trends of falls were identified and assessed. However, the provider may find it useful to note that there was no record of how the home was managing these particular risks. For example if a trend identified there were a high number of falls at certain times of the day staffing levels might be increased as a way to minimise the risk.

We also saw the last medication audit from January 2013. This audit included reviewing of staff knowledge, how medicines were stored, were medicines recorded accurately and whether the disposal of medicines was followed correctly. We saw the audit contained actions for improvement. Actions included; the nurse and a member of the care staff to sign medicines arriving into the home and the manager to seek guidance from a pharmacy about record medicines accurately on the medication administration record. This meant the manager had identified, assessed and managed risks in relation to people receiving medicines safely.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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