

***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

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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
Safeguarding people who use services from abuse	✓ 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.
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

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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'.

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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 carried out a visit on 21 October 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they were "very happy" and "nicely relaxed" living at this service. One person told us "all the staff here are so very kind". Another person said "they are always willing to help when things get a bit tough for me".

A visitor we spoke with was happy with the care their relative received. They told us "this is definitely a lovely home and I'm so glad mum's here".

During our visit, we saw that the service had policies and procedures in place that kept people safe. Staff were knowledgeable and confident about their safeguarding responsibilities and how they would respond to any concerns that may arise. People we met told us they felt safe.

We saw five people taking part in an activities session. We saw staff engaged with each person positively and observed how much people were enjoying themselves.

The manager showed us how people's opinions were obtained through surveys, and we saw there were robust processes in place to monitor the quality of service being provided.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support. People's privacy, dignity and independence were respected.

Reasons for our judgement

We viewed seven care records and saw that people's wishes and preferences were addressed in the service's admission process. We saw that the manager asked people for their views at pre-admission assessment meetings. For example, any personal preferences and any religious or cultural preferences the person had. In addition, the assessment process ensured that the service was made aware of the person's mental capacity and any family member's opinions regarding their relative's support needs. This demonstrated that things that were important to people were established as soon as possible.

We saw that care records were then developed with people and their families. We saw that relatives had signed records of assessment meetings to denote their agreement to the decisions made. We spoke with one relative during our visit, who confirmed that they had been involved and consulted about their relative's care and welfare before they were admitted, and throughout their stay.

Terminology in daily reports was respectful. We saw that care records were written in ways that demonstrated respect for the person they described. We saw that all risk assessments upheld people's dignity. We saw staff referred to support plans for information and offered people choices throughout our visit. This demonstrated that staff respected each person's needs and wishes.

We observed staff listened patiently to people during our visit. We saw that staff enabled people to make their own decisions. For example, some people were planning their menu choices for the day. We also saw that people had 'personal charters' in their rooms that clearly described how they wished to spend their day. For example, when they liked to get up and go to bed, or where and when to eat their meals. This demonstrated that people were having their support needs met because they were being listened to.

From the care records, we saw monthly reviews involved the person themselves,

members of their family where they wished. and each person's keyworker. This demonstrated that the service involved appropriate professionals and relatives in order for the person to understand the care and treatment choices available to them.

During our visit, we saw staff respected people's opinions. For example, one person was asked whether they would like to spend their morning with the activities organiser in the conservatory or in the lounge with the others. We spoke to twelve people in the service. People told us staff respected them. One person told us "Oh yes, all the staff are so kind. We love them all". Another person said "we are always asked how we'd like to spend our day".

We saw that whilst most people in the service were able to explain and verbalise their choices, we met some people who were too ill to do so. The manager told us how staff were made aware of people's body language, including specific hand and eye contact, where the person did not use speech to communicate their wishes. During our visit, we saw staff looking for these reactions when supporting people. We saw that people responded appropriately to staff support at these times. This demonstrated that the service did all it could to ensure everyone was given sufficient time and patience to express their wishes. In addition, it showed that the service ensured its staff were given all the skills they needed to support people, however they communicated their opinions.

People told us they felt respected and treated with dignity. One person said "all the staff are so kind and nothing is too much bother for any of them. They are simply wonderful". Another person told us "the manager is very approachable too, and we see her around and about every day".

We were introduced to one person in the service who had been involved in interviewing for new staff. They said they were "very happy to have been asked" and were "eager to help out". This demonstrated that the service ensured people were included in choosing the staff they wished to support them.

People were asked for their opinions in surveys. We saw the most recent completed surveys regarding respect, standards of care provided by staff, and the quality of food. We saw that all returned forms were very complimentary about the service, the manager and staff.

Although we were told there was no one in the service currently who has any particular cultural or religious preferences, we spoke to staff who demonstrated that they understood people's social & cultural diversity, values & beliefs. In addition, staff training records we viewed demonstrated regular diversity training.

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

From the care records, we saw that the manager ascertained each person's specific health needs at pre-admission meetings. For example, the person's health history, diagnosis and medication regime. This demonstrated that things that were important to people's health were established before admission and showed that the service assessed whether they could meet each person's health needs before they were admitted.

We saw that staff provided care that was responsive to individual risks and each person's needs and wishes. For example, we saw that care plans and risk assessments were reviewed monthly by nurses, or more frequently if necessary. This ensured they could be updated if necessary, in recognition of the changing needs of each person.

People we spoke with told us they were every happy with the care and support they received from staff. One person said "all the staff are very good here". Another person told us "nothing is too much trouble for them. I can't praise them highly enough".

We spoke with a relative of one person who lived in the service. They told us they were "relieved to have found such a home" and added "it really is very good. I know mum likes it here and that's all that matters".

We spoke with four staff about their understanding of people's mental capacity. Each staff was able to explain the importance of ensuring people were able to make informed decisions about their care, and the process to follow where people were suspected of not having capacity to do so. We read two care plans where people had been assessed as not having capacity and saw that where a decision was reached in their 'best interest', the discussions involved people who knew each person well. This demonstrated that the service ensured people's rights were upheld at all times.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service had taken all reasonable steps to identify and prevent the possibility of abuse from happening. We were shown safeguarding and whistleblowing policies. We saw that staff had signed to say that they had understood these policies.

The manager told us the safeguarding policy was included in staff inductions and regularly discussed at staff meetings as reminders. We saw evidence of this in the training records and staff meeting records.

The manager told us that people were given a 'service user's information pack' on arrival. We saw that this document contained information on how to make a complaint, and had contact details for the local safeguarding department and the Care Quality Commission.

People in the service we spoke with told us that they felt safe and were confident to report any concerns to staff. One person told us "I'd definitely talk to any of the staff if I was worried at all". A relative told us they "know how to make a complaint, but really can't see myself needing to do it".

Staff we spoke with were all able to describe to us the different types of abuse and demonstrated they understood safeguarding and whistleblowing procedures. One staff told us they reduced the potential for abuse by "treating people right, listening to what they are saying, always making an effort to understand what they need". Our observations throughout the visit confirmed this.

Staff told us that if they had any concerns, they would immediately talk to the manager about them. However, they also told us they were confident to go higher in the organisation if they needed to. Staff also said they would go to the local safeguarding office or the Care Quality Commission if they thought they were not being listened to. They were able to tell us where contact details of these organisations were.

We saw that staff, people and any visitors were encouraged to add personal thoughts and comments to various notices that the manager had put up throughout the service. We saw that topics for comment included dementia, safeguarding, mental capacity and

whistleblowing. The manager explained that this system demonstrated the diversity of staff knowledge regarding these subjects and could highlight training needs. We saw that comments were positive and respectful. Staff told us "it's nice to see what others are thinking" and "it shows how positive we all are". The visitor we spoke with thought it was "a really good idea to open up these things to discussion, and learn from it".

During our visit, we observed staff spending time with people. Staff told us they gave people every opportunity to express any concerns they had. One person told us that staff "spend a lot of time talking to us". This demonstrated that staff listened to people to ensure they were not worried or anxious about anything.

In the care records, we saw two 'best interest' meetings documented, where people did not have capacity to make informed decisions about their care and welfare. We saw that the forms documented the process accurately and involved the person's family in the decisions.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our visit, we looked at the quality assurance systems that were in place. We saw that the service had a robust system that actively looked for people's opinions, reviewed risks, monitored standards of care and people's welfare, and ensured that people remained safe.

We saw an up to date Quality Assurance policy. We saw that staff had signed to say that they had understood this policy. This demonstrated that the service ensured its staff understood their responsibilities. For example, the importance of following policies and procedures and the reasons for correct recording.

The manager showed us completed surveys that had been given to people, their relatives and staff. We saw that each different group was asked for their opinions on a different range of issues. For example, people and relatives were asked about the quality of support provided by staff, continence management, medication and whether the person felt they were treated with dignity. Staff were asked about training, communication and their responsibilities regarding safeguarding. This showed that the manager obtained opinions from a number of sources in order to improve the service.

We saw that risks were assessed and reviewed in order to maintain people's safety. We saw regular monthly care records audits that were carried out by the manager.

We saw that there was a complaints policy displayed in a communal area for anyone to view. From the records, we saw how the service had a system that analysed complaints and reviewed the findings.

We saw that information from surveys and audits was collated into monthly 'care manager's reports'. We saw the most recent review and saw that comments and results were very positive. We also saw that the results were available for people, visitors and staff to view. This demonstrated that the service was open and transparent in its practices, and invited comments to improve areas where necessary.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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