

The Manor Residential Home (Arnold) Limited

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Inspection report

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Date of inspection visit:
24 October 2023

Date of publication:
02 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manor Residential Home (Arnold) Limited is a care home registered to provide personal and nursing care, including to those living with dementia. The service can support up to 27 people. At the time of our inspection 26 people were living at the home. The home is split over 2 floors with communal areas on the ground floor and an outdoor communal space surrounding the property.

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

People were protected from the risk of abuse, harm and neglect by suitably trained staff who knew them well. Concerns were reported and acted upon. People we spoke with told us they felt safe and enjoyed living at the home.

Medicines were administered safely and referrals to other medical professionals were timely and recommendations were acted upon. There were enough competent staff on shift to ensure people were safe and received good quality care. Staff members told us they were encouraged and given the time to sit and socialise with people to build open and trusting relationships.

People were supported with their nutritional requirements and offered choice. Staff were knowledgeable about people's needs and supported people to be as independent as possible.

Staff were recruited safely. Appropriate checks were undertaken prior to people commencing employment and staff were supported with an induction and rolling training programme to ensure they were skilled within their roles.

People told us the service was well led and they received person centred care. Relatives we spoke with supported this and told us management were open and approachable. Management and staff were clear about their roles, responsibilities and continuously looked for ways to develop and improve the service and the level of care provided.

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

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

Rating at last inspection

The last rating for this service was good (published 20 November 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home

inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Manor Residential Home (Arnold) Limited

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Manor Residential Home (Arnold) Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Manor Residential Home (Arnold) Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 2 relatives about their experience of the care provided. We received feedback from 9 members of staff including the registered manager, deputy manager, care staff, housekeeping, administration, activity co-ordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 5 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and neglect.
- The provider had a clear policy to safeguard people and staff received appropriate training. Staff were knowledgeable about how to recognise signs of harm or abuse and knew who to report their concerns to.
- Everyone we spoke with told us they felt safe living at the home. One person said, "Everything about the home is safe. I had a lot of falls at home but not since being here."

Assessing risk, safety monitoring and management

- People and staff were involved in assessing and monitoring risk. Where risks had been identified appropriate steps had been taken to mitigate those risks and keep people safe.
- Risk assessments were person centred and reviewed regularly. Information was shared consistently and reliably through daily handover meetings and supervisions. This ensured people remained safe as their needs changed.
- Staff were knowledgeable about people's needs and knew how to raise concerns about risks they identified. One staff member said, "I am able to spend time with people so I know what their 'normal' is like and can identify risks earlier because of this."

Staffing and recruitment

- There were enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events.
- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some people told us that there could be a slight delay in waiting for assistance at times but if staff were needed in an emergency they were always there quickly. We gave feedback to the registered manager and nominated individual, who advised they are currently developing new individual call bell technology for staff to enable them to respond to people needs more promptly.

Using medicines safely

- People received their medicines safely. Staff were clear about their role and responsibilities and followed latest guidance and best practice to ensure people were able to manage their medicines as they chose.
- Medicines were stored correctly and disposed of safely. Staff kept accurate medicine records. Regular medicines reviews and risk assessments took place. This ensured people remained as independent as

possible and received their medicine safely.

- On inspection advice was given about administering timed medicines. The registered manager acted immediately on the advice and made the changes recommended and updated all staff with the relevant changes.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home.

Learning lessons when things go wrong

- The provider took an active and open approach to identifying and learning lessons when things when wrong.
- There were robust audits in place and when concerns or errors had been identified we saw evidence that the provider had acted quickly and issues had been addressed.
- Where an issue had been identified with PPE, the provider had addressed this with staff involved and discussed this at team meetings and through handover documents to ensure people remained safe.

Is the service effective?

Our findings

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

- The provider worked in partnership with other organisations and kept up to date with new research and development to make sure staff were trained to follow best practice. The service also contributed to the development of best practice and good leadership.
- For example, staff had been trained and supported people with their diabetic needs. This had reduced the amount of time people needed to see other medical professionals such as district nurses.
- The service used a comprehensive approach to assess and deliver care. One relative said, "I'm included, any changes are done quickly to ensure my [relative] always get the care they need."

Staff support: induction, training, skills and experience

- Staff were supported with an effective rolling training programme and supported with regular supervisions and appraisals.
- Staff told us they felt supported by the registered manager. One staff member said, "I can go to any of the seniors for support but the registered manager is always available if I need them and always willing to listen."
- The provider was proactive with staff feedback. For example, some staff told us they would like further training in dementia care. The provider was proactively looking for a training package that met people's needs.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff were knowledgeable about people's needs and relevant checks were made, such as monthly weight monitoring. Where concerns were found referrals had been made to relevant professionals
- There was a communal dining area on the ground floor and people were supported to access this if they chose. The dining experience we observed was a social experience. People were offered choice and supported where needed.

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

- There was a thorough approach to planning and coordinating people's admission to the home that included input from people, their relatives and other medical professionals which ensured people were safe and their care needs were fully met.
- People were supported to access healthcare services where appropriate such as GP's and district nurses. Where referrals to specialist care were need such as speech and language therapy this had been done in a timely manner and assessments were updated with recommendations to ensure peoples changing needs continued to be met effectively.

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

- People were involved about decisions about the home as well its design and decoration. People told us

they were encouraged to decorate their rooms as they chose, and staff supported them to achieve this.

- The service used technology and equipment to meet people's care and support needs and to promote their independence and daily activities.
- There were communal areas and quiet spaces where people were able to see relatives in private if they chose.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. Applications for DoL's had been submitted where appropriate.
- Staff were knowledgeable about the MCA and understood the importance of helping people to make decisions. One staff member said, "If someone does not have capacity this does not mean they cannot make decisions. It's important that people are supported to try as this gives people independence."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were now fully involved in care planning and reviews encouraging open and person-centred communication that promoted good outcomes for people.
- We observed staff calling relatives with updates about loved ones. During the inspection relatives visiting the home actively sought out staff who made time to sit with people and their family to discuss their care and obtain feedback.
- The provider actively encouraged feedback from people. There were monthly residents meeting held. We saw people had given feedback about meal choices and activities which the provider had acted upon.

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 provider understood and acted on their duty of candour in an open and honest way.
- The registered manager met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture and the registered manager stated if things went wrong people would be informed and actions were taken to make things right.
- People and relatives we spoke with told us they knew how to make a complaint and should the need arise they felt the provider would respond to their concerns quickly. One person said, "I have never needed to make a complaint, there is always someone about to discuss queries with and they are always acted upon."

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

- Managers and staff were clear about their roles and responsibilities.
- Staff told us there were regular team meetings and daily meetings that kept them up to date. In addition, staff said that management encouraged them to have informal meetings to promote supportive working.
- Staff were promoted from within the home. For example, the registered manager had worked at the home as a senior and as the deputy manager prior to becoming the registered manager. This type of progression ensured staff knew people and their needs and received safe and effective care in line with their wishes.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other professional and actively looked to improve care within the home continuously.

- The provider had recently implemented a new training and escalation tool that helped staff recognise when people may be deteriorating or at risk of physical deterioration. This meant that referral to other professionals could be done timely and ensure people's safety.
- We saw evidence within care plans and medicine administration records of combined working with professionals that ensured people received positive outcomes. For example, staff reviewed people's health conditions with professionals, and followed any guidance given. For people at risk of high blood sugar levels, this meant they have received the care they needed to help reduce the risk of episodes of high sugars.
- There were comprehensive, daily, weekly and monthly audits in place which identified risks early and staff received feedback if concerns were identified. This ensured people remained safe and received care in line with their wishes.