

Barchester Healthcare Homes Limited

The Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Manor provides nursing care and accommodation for up to 86 people. It is arranged over two floors and divided into three units. Hestercombe on the ground floor provides care to older people and the two units on the first floor, Victoria and Vivary provide care to older people and working age people who have nursing care needs.

At the time of the inspection there were 52 people living at the home.

At the last comprehensive inspection in February 2015 the service was rated good. Following concerns a focussed inspection was carried out in May 2015 and two requirement notices were issued. At the inspection in May 2015 we found that people were not always treated with respect and dignity because language used by staff was not always appropriate. We also found that no care plan was in place for a person with specific needs around their swearing. At this inspection we found these issues had been addressed. All staff interactions we heard on the day of inspection were polite and respectful. We also found that specific care plans were in place to meet people's individual needs.

At this inspection we found the service remained Good.

Why the service is rated Good

People were safe at the home because there were adequate numbers of suitable staff to support them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

Staff had the skills and knowledge required to effectively meet people's needs. People's health was monitored by the staff and people had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Improvements had been made to ensure people were always treated with respect and dignity. People told us staff were always kind and polite. People or their representatives were involved in decisions about their care and support.

The service was responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to.

People benefitted from a service which was well led. The provider had systems in place which sought people's views and continually audited practice. Staff felt well supported by the management team which

helped to create a relaxed and happy atmosphere for people to live in.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---------------|
| Is the service safe? The service remains Good | Good ● |
| Is the service effective? The service remains Good | Good ● |
| Is the service caring? The service has improved to Good | Good ● |
| Is the service responsive? The service remains Good | Good ● |
| Is the service well-led? The service remains Good | Good ● |

The Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection. The inspection took place on 14 March 2017. It was carried out by two adult social care inspectors, a specialist advisor with specialist knowledge of complex nursing care 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.

During the inspection we spoke with 29 people who used the service, 11 members of staff and 10 visitors.

The registered manager had recently left their employment at the home and the home was being managed by the provider's divisional clinical lead who was available throughout the inspection day. In addition to speaking with people we also looked at records which related to people's individual care and to the running of the home. These included eight care and support plans, a sample of medication administration records, minutes of meetings and three staff recruitment files.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person said "I feel very safe here." Another person said "I have never felt uncomfortable with any member of staff here." A visitor commented "She is always in safe hands."

The majority of people we spoke with told us there were enough staff to meet their needs and spend time socialising with them. One person said "Staff always have time for a chat and we have a good laugh together." Another person said "There are more than enough staff."

People had access to call bells to enable them to summon help when they required it. Two people said they sometimes waited a long time for assistance but other people told us staff responded quickly when they requested assistance. Three people commented they sometimes were not assisted to get up as early as they would like. One person said "I strongly object to being in bed. We could do with more staff. I get up too late." During the inspection we did not hear call bells ringing for extended periods of time showing that staff responded promptly to these. We fed back the concerns raised by people to the management team. They told us these concerns had been raised with them and they had recently increased staffing levels to rectify the situation.

People were protected by the provider's recruitment process. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel records showed all checks were carried out before new staff began work.

Risks of abuse to people were minimised because staff had received training in how to recognise and report abuse. Staff spoken with knew what to do if they had any concerns about a person. All said they were confident if they raised any issues, action would be taken to make sure people were protected.

Risk assessments had been carried out to make sure people were able to receive care safely and maintain their independence where possible. For example; there were risk assessments in place regarding the risk of falls. Where people were assessed as being at high risk in this area enhanced assessments were completed. We saw one person had been seen by a physiotherapist to make sure they had the support and equipment they required to maintain their mobility. A falls diary had been set up for this person and it showed they had only had one fall.

Some people who lived at the home were assessed as being at high risk of developing pressure sores. Appropriate pressure relieving equipment and care had been put in place to minimise these risks. Where people required assistance to change position to reduce the risk of pressure damage there were charts in place to show when staff had assisted them.

One person liked to go out without staff support. We saw this person telling staff where they were going and

what time they would be back. Staff checked they had a mobile phone with them so they could contact the home if they needed to. These measures helped them to maintain their independence and freedom with minimum risk.

People received their medicines safely from registered nurses or care staff who had received specific training to carry out this task and had had their competency assessed. Some people liked to administer their own medicines and there were systems in place to enable this in accordance with people's abilities and wishes. One person told us "I like them to keep my tablets safe but they just make them available to me at the right time and then it's up to me. It suits me." Another person said they administered some of their own medicines but asked staff to take control of others.

Some people were prescribed medicines, such as pain relief, on an as required basis. One person said "I get a lot of pain and as soon as I ask for something they are here with it." Medication administration records had information about medicines that were prescribed on an 'as required' basis and gave guidance for when these should be offered and administered to people. This helped to make sure these medicines were consistently offered to people.

Where people were prescribed medicines which required additional recording and storage there were systems to promote safety. One nurse explained to us the additional measures in place when administering these medicines. Their explanation showed they were following good practice guidelines. We checked a sample of these medicines against records and found them to be correct.

Throughout the day we saw that staff followed good infection control measures to minimise the risk of the spread of infection. We were told by staff that there were always adequate supplies of personal protective equipment such as disposable gloves and aprons. We saw staff wearing these at appropriate times.

Is the service effective?

Our findings

People received effective care and support from staff who had received adequate training to meet their needs. One person told us "I can't fault the staff. They are extremely good." Another person said "Whatever the problem the nurses can sort it out."

People were cared for by staff who had opportunities to undertake training in health and safety and subjects relevant to the needs of people. One person had a specific medical need which required support from staff. The member of staff who assisted the person told us that they and some other members of staff had received additional training to enable them to support the person. This meant there was always a member of staff available to the person when they required help. We spoke with the person who told us they were very satisfied with the support they received and staff were competent when they assisted them.

Staff felt well supported which gave them the confidence to ask for advice and support to ensure people received the correct care. One member of staff said "It's a really good team here. If you want a second opinion about anything you just have to ask. It all helps to make sure people are safe." Another member of staff told us "We know where we are and what we are doing."

The majority of people were able to express their views and give consent to the care they received. Staff explained things to people and asked for their consent before providing care. One person said "They always ask and tell me what they are doing." Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people if they lacked the capacity to make a decision for themselves. Documentation in people's care plans showed staff assessed people's capacity to make specific decisions and acted in accordance with the law to make sure people's rights were respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made where people required this level of protection to keep them safe.

There were always qualified nurses on duty who monitored people's physical health. They also made sure people were referred to other appropriate healthcare professionals when they needed specialist support. Care plans we read showed people were accessing healthcare professionals such as opticians, dentist's, speech and language therapists and chiropodists. People's personal records showed when issues were identified advice and treatment were sought quickly to maintain people's comfort and well-being.

GP's visited the home at least weekly. One person said "If it's just something grumbly they put you on the list to see the doctor but if you're really poorly they get then in straight away." People said staff supported them to attend appointments. One person told us "They have a bus here so can always take you to appointments."

People's nutritional needs were assessed and met. The staff monitored people's weight and sought advice

when they had concerns about a person. Some people had been prescribed food supplements and we saw these were being regularly given. A small number of people were fed by a tube into their stomach and care plans and risk assessments were in place to make sure people received the right medical support. In most cases records showed people were maintaining a stable weight. Where people continued to lose weight care plans and risk assessments were reflective of this to make sure the person continued to receive close monitoring.

A number of people had been seen by speech and language therapists and staff were following recommendations made by these professionals. Where it was recommended that people required their food and drink to be served at specific consistencies to minimise the risks of choking we saw this was made available. Where people required a special diet because of their religious or cultural beliefs care plans were reflective of this and staff were aware of their specific needs.

People were complimentary about the food served in the home and said they could make choices about the food they ate. One person said "We have great food. Well it's brilliant actually." Another person told us "Food is always lovely. I like to eat in my room and they bring it to me." At lunch time we saw people were able to choose where they ate. There were two dining rooms and tables were nicely laid which created a pleasant dining experience. Although there were two choices on the menu we saw some people had requested things not on the menu. One member of the catering staff told "People can have whatever they want really."

Is the service caring?

Our findings

At the last inspection in May 2015 we found that people were not always treated with respect and dignity. This was because there was a culture of staff using inappropriate language which included swearing in front of people. One person who lived at the home often used swear words but there was no care plan in place to give guidance to staff about how they should respond. A care plan was put in place following the inspection which helped to guide staff about appropriate responses to the person's language.

At this inspection we found that action had been taken to address the issue of staff swearing. People told us staff were always kind and polite. One person told us "Staff here are so lovely and caring." Another person said "Staff are kind and polite." We heard light hearted banter from staff and people but this was not disrespectful and was enjoyed by all concerned. One visitor told us staff were "Attentive, loving and know my relative's wishes."

We saw staff were gentle when assisting people and did not rush them. When they helped people from a chair to their wheelchair they explained things to the person and offered reassurance. Two people chose to sit in a corridor and we noticed that whenever staff passed them they took time to make sure they were comfortable and to have a short chat. One person told us "They are very kind people. I don't think there is one member of staff I can really fault."

During the day we saw and heard extremely kind and caring interactions between people and staff. Some staff had worked at the home a number of years and had built up trusting relationships with people. Some people had built friendships with other people who lived at the home and we saw people spending time together. People gave examples of how staff were kind and caring towards them. One person told us the gardener had bought them potted plants when it had been their birthday. Another person, who chose not to mix with other people, said "The nurses bring me all the news. They always have time to make sure you don't feel alone."

Care plans gave personal information about people which helped staff to understand their preferences, likes and dislikes. People told us they had been involved in the creation of their care plans and risk assessments. One person said "They ask you about things that you need help with." A visitor told us "I have just signed off two risk assessments today." Care plans also contained information about the care people would like at the end of their lives. This included where they would like to be cared for and any specific requests regarding their family, friends and faith.

The home operated a 'resident of the day' scheme. We asked a member of staff what this meant and they told us it was a day to spend time with the person and make sure their care plan was fully up to date. The deputy manager told us they always tried to see and talk to whoever was resident of the day to seek their views and make sure they were happy with the care they received.

Is the service responsive?

Our findings

People received care that met their individual needs and wishes. People were able to follow their own routines and make choices about their day to day lives. One person told us "I'm completely free." Another person said "Really you can do what you like."

Each person had their needs assessed before they moved to the home. This was to make sure the home was able to meet their needs and expectations. One person told us "I only came for a fortnight but it exceeded all my expectations so I never left." From the initial assessments care plans were drawn up to show how people's needs would be met. Care plans were very personal to each individual, which meant staff had all the information they needed about how people wished to be supported and what was important to them.

Staff spoken with had a good knowledge of the people they cared for and knew how important certain things were to people. One person we spoke with told us all about themselves and how they liked things to be done. Their care plan was very reflective of the person and staff we spoke with knew about their likes and dislikes.

People told us how they were able to follow their own routines. One person told us the time they liked to go to bed and said staff knew their preferences and always helped them. Another person said "I like my bed, so I tend to stay in it longer than I should. I do have my hair done as well and you have to book an appointment so on those days the staff know they have to help me get up."

People were well supported when their needs changed and care was adjusted to meet people's changing needs. One person's mobility had deteriorated and they needed to use a wheelchair to move around. A visitor praised the staff and how they had helped the person. They said "They helped them to make the transition well."

People had opportunities to take part in activities of their choosing and follow their own interests and hobbies. One person told us when they mentioned to staff they were a keen gardener it had been arranged for them to have a piece of garden to tend. The person had been provided with a raised bed which they could see from their bedroom window. They had planted it up with plants of their choosing and said they were looking forward to the good weather. Another person said they enjoyed painting and attended regular art sessions at the home.

People were supported by two full time activity workers who were enthusiastic about their jobs and provided a wide variety of activity and entertainment. People we spoke with enjoyed the activities on offer including trips out. One person told us about a recent trip. They said "It was a nice day. I can't ask for more." On the day of the inspection one of the activities taking place was a story teller. People were mesmerised by their portrayal of a story. One person commented "She tells it really well. She comes once a month and tends to tell old stories."

People knew how to make a complaint and said they would be comfortable to do so. One person told us

they had raised a concern and it had been addressed promptly. Another person told us "I would certainly complain if I needed to. I expect they would do something about it." One person said "You only have to ask for something and they do it."

There was a formal complaints procedure. Where complaints had been made records were kept of the investigation and the outcome which had been sent to the complainant.

Is the service well-led?

Our findings

The registered manager had recently left the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In the absence of a registered manager the home was being managed by the divisional clinical lead and the home's deputy manager. Two of the three units also had a unit manager who had day to day oversight of care practices in their part of the home.

There were effective quality assurance systems to monitor practice, identify risk and ensure ongoing improvements. These included in house audits and visits by the provider's representatives. Action plans were put in place and monitored by the provider to make sure any shortfalls in the service were addressed in a timely manner. Some issues had been highlighted regarding making sure people were fully involved in the review of their care plans and risk assessments and action was being taken to address this through the 'resident of the day' process. This demonstrated the provider's commitment to involving people in decisions about their care to ensure a person centred service.

People and staff said the current management team were open and approachable. People were particularly complimentary about the deputy manager who they felt was extremely supportive and always ready to chat about things. One person told us "[Staff name] is always about. I could go to her with any worries and get an answer." Staff said they felt well supported and could ask for advice or support at any time. We saw that unannounced night visits were carried out by the management team to make sure they were able to monitor care provided to people overnight and be available to staff who only worked at night.

There were various ways to seek people's views and keep them up to date on any changes. There were regular meetings for people including a 'food for thought' meeting to discuss any issues people had about food and enable people to make suggestions about food they would like to see on the menu. A member of the management team also tried to see and chat to people when they were 'resident of the day.'

The provider had systems to make sure staff received supervisions and appraisals. This enabled staff to spend time with a more senior member of staff to seek feedback on their work, to highlight training needs and make suggestions. It also enabled the provider to address any performance issues in a confidential setting. A number of people told us staff always seemed happy in their jobs. Many staff said they loved their jobs and thought The Manor had a good atmosphere. Each month people, visitors and staff were able to nominate a member of staff as employee of the month and their picture was displayed in the main reception area. Staff morale was good which helped to create a happy atmosphere for people to live in. One visitor told us "The atmosphere is very good. Here the staff are a good team and they are nice and caring with the residents."