Leeds City Council

Manorfield House

Inspection report

Manor Road
Horsforth
Leeds
West Yorkshire
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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

This inspection took place on 13 and 14 July 2016 and was unannounced. At the last inspection in May 2014 we rated the service as good.

Manorfield House is purpose built and accommodation is on two floors to provide care for up to 27 older people. All of the bedrooms are single occupancy and have en-suite toilet facilities. Communal lounges, conservatory, a dining room and bathing facilities are provided. There is easy access to all the local facilities including shops.

The service has a registered manager. 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.

The registered manager informed us the service is earmarked for de-commissioning in the future by the Local Authority. The registered manager reported although no date had been confirmed for this. People told us they were happy with the care provided and in discussion their relatives confirmed this. People who used the service told us the staff were caring and they liked the registered manager. During the inspection we observed staff spending time with people and it was clear they knew the people they were supporting. Staff were able to tell us about people's history, likes and preferences.

People who used the service and their family were involved in the care planning process and helped identify how their care should be delivered. Care plans described what staff needed to do to make sure people's needs were met and covered areas that were important to the person. A range of other professionals were involved to help ensure people stayed healthy.

Care plans and risk assessments were reviewed on a monthly basis and were user friendly so that staff were able to understand the required needs of the people who used the service. This ensured that accurate and up to date information was provided.

People told us there were enough staff to give them the support they needed and this was confirmed in our observations. Staff told us they had received training, the records we looked at reflected this. This meant people could be confident staff had the skills to meet their needs.

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and they were able to demonstrate a good understanding of how it was used in practice.

The provider's staff recruitment and selection procedures were robust which helped to ensure people were cared for by staff suitable to work in the caring profession. All the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

People told us the care they received was effective and they received appropriate healthcare support. We saw people were referred to relevant healthcare professionals in a timely manner.

People told us they had a good choice of food and they were encouraged to participate in a range of appropriate social and leisure activities.

There was an effective quality assurance monitoring system in place which quickly identified any shortfalls in the service and there were systems in place for staff to learn from any accident, incidents or complaints received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Medication policies and procedures were in place and prescribed medicines were being stored, administered and disposed of safely.

Records showed robust recruitment checks were completed to ensure suitable staff were recruited to work with people who lived at the service.

The staff we spoke with knew how to recognise and respond to allegations of possible abuse correctly and were aware of the provider's policies.

Is the service effective?

Good

The service was effective.

People told us the way their care, treatment and support was delivered was effective and they received appropriate health care support. We saw documentary evidence which demonstrated that people who lived at the home were referred to relevant healthcare professionals.

People told us the food was good. They said they had good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

The registered manager and staff had an understanding of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People said staff were kind and caring, treated them with dignity and respected their choices.

We found information about people's life histories and personal preferences in their care plans. When we spoke with staff they

knew about people's likes and dislikes.

Is the service responsive?

Good

The service was responsive.

Systems were in place to assess people's needs and care plans were regularly updated. Care plans and risk assessments were person centred and contained good information about how people's care and support should be delivered.

People told us they knew how to make a complaint if they were unhappy and they were confident their complaint would be investigated by the registered manager and action taken.

People told us a range of activities were available and they were able to access the community.

Is the service well-led?

Good

The service was well-led.

The provider and registered manager were proactive in ensuring whenever possible people who lived at the home were involved in improving service delivery.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service.

Staff spoken with told us they were well supported and were encouraged to air their views and opinions about the service so that improvements could be made if necessary.

Manorfield House

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 was planned to check 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 inspection took place on 13 and 14 July 2016. The first day of the inspection was unannounced which meant the staff and registered provider did not know we would be visiting. We informed the registered manager of our visit on the 14 July 2016. The inspection team consisted of an adult social care inspector.

Before the inspection, providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch told us they had no information on Manorfield House. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 10 people living at the service. We spoke with the registered manager and three members of staff. We were informed by the registered manager that Manorfield House is scheduled for closure though no date has been set. We spent time with four people who used the service. We spoke on the telephone, with four relatives of people who used the service. We also spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care plans and medication records.

Good

Is the service safe?

Our findings

People who used the service said they felt safe and they liked living at the home. People's comments included, "I feel safe here, and the carers understand everybody's problems." Relatives of people who used the service said they felt their family member was cared for in a safe environment. One relative told us, "I think my mum is safe at Manorfield; the staff make sure she is well cared for."

In our discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. One person who used the service said, "I think there's enough staff, I'm never kept waiting for long." We saw that the numbers of staff on duty were adequate and staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. We saw staff present throughout the service and they responded to people's needs in an unhurried way, giving people time to make choices and express preferences. The rotas we looked at showed staffing levels were provided as planned. Any gaps such as sickness or vacancies were covered by staff working additional hours or bank staff. In the PIR the provider told us: "Management cover is provided from 7am to 10pm. Outside these hours there is an on-call manager who can provide support and advice to night staff".

Risks to people were appropriately assessed, managed and reviewed. This helped to ensure people were supported to take positive risks as part of their daily lifestyle in the least restrictive way. We looked at four people's care plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery. For example, falls, moving and handling and medication risks.

Staff we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. The training matrix stated the frequency of refresher courses was every three years. We saw staff had received safeguarding training within the last three years. We saw from records there had been no safeguarding incidents in the past 12 months.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. This included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at a sample of medicines which were kept in the medicines room. We also looked at the medication records for people living at the home. We noted the systems in place for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We saw that medicines were stored

securely in the cabinets and the medication trolley was safely stored in the medicines room when not in use. We found there were adequate stocks of each person's medicines available and that daily temperatures were taken of the medicines fridge.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw that controlled drug records were accurately maintained. The administration of the medication and the balance remaining was checked by two appropriately trained staff.

We saw staff administering medication during the lunch 'round'. We saw the medication trolley was locked securely whilst staff attended to each person. We saw the individual Medication Administration Records (MARs) were printed and were fully signed by the staff member at the time of each individual administration. We saw no signatures were missing on the MARs we reviewed which indicated people received their medication as prescribed.

We saw there was protocols in place telling staff when to administer 'as and when required' (PRN) medications. We saw care staff were applying creams for everyday use in people's rooms during personal care. We were shown an example of the guidance provided to care staff so they knew what the cream was for and where to be used on the body.

Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences. We saw one person had had a high number of incidents of falling. We saw the falls team had been involved, a falls assessment had been carried out, an emergency care plan had been put in place, and the falls risk assessment had been updated. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service in a timely manner.

We saw fire assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and records we looked at confirmed this.

In the PIR the provider told us 'Equipment needed to ensure safety of customers is obtained through the OT Department who assess and provide it. This includes profiling beds, hoists, zimmer frames and telecare equipment such as bed and door sensors. We work closely with other professionals including GPs, District nurses, OTs and Pharmacists.' We saw there were systems in place to ensure equipment was maintained and serviced as required.

Good

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. Our discussions with staff, people who used the service and documentation looked at showed consent was sought and was appropriately used to deliver care. People told us they received good care delivered by caring staff. People's comments included; "I think the staff know how to look after me." "We all get on well here." "If I'm not well they get me a doctor. I think the staff know how to look after me. They talk to me about my health."

In the PIR the provider told us, 'The service plans to introduce champions over the next few months to improve the quality of services and help to embed positive changes and attitudes. The four areas will be feeling safe matters, quality and dignity matters, having a fulfilling life matters and health, safety and wellbeing matters.'

People who used the service and their relatives told us they or their family member were cared for by staff who were competent to do their job. One person said, "The staff are good. The staff know everyone's name."

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with were aware of people's needs. One staff spoken with said, "I have had MCA training. We get to know what decisions people can make from the care plans."

Staff we spoke with and the registered manager demonstrated a good understanding of MCA legislation and what this meant on a day to day basis when seeking people's consent. People spoken with told us staff always obtained consent before providing them with care. Staff we spoke with were aware of people's needs and we saw MCA assessment in care plans.

Staff members told us if people became unwell they would call either a GP or an ambulance. We saw records which showed us the service liaised with health professionals such as GPs and occupational therapists when people's health needs changed. A relative told us, "We are involved in mum's care. They talk to us and ring us up if anything is wrong."

Records showed that people's health needs were met and prompt responses were made when a change in health needs was identified. Staff told us people had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made timely and appropriate referrals when people's needs changed. The records we looked at showed the home involved other professionals where

appropriate, and in a timely manner. For example, it was recorded that GPs, dieticians, chiropodist and district nurses had been contacted for people who used the service. We saw where a person was nutritionally at risk, the dietician had been contacted for advice and the person's care plan was updated to reflect this. We saw a person at risk from falls had been referred to the falls team for equipment to prevent further falls.

The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions where appropriate. We saw these were valid and completed properly.

We spoke with the relatives of four people who used the service. They told us they were pleased with the care, treatment and support their relative received. They said the registered manager and staff informed them in a timely manner of any significant changes in their relative's general health which they found very reassuring. Comments included "Mum's healthcare needs are always met, they always get a doctor when she's not well. It's not just a job for the staff, they are fantastic."

We looked at training for staff. We saw training was mainly up to date. For example, 11of 13 staff had received annual refresher fire awareness as recorded on the registered provider's matrix. However, for one staff member it showed that fire warden training was out of date. The registered manager said the latter would be addressed. We saw evidence of staff completed training in moving and handling, safeguarding, infection control, first aid and MCA/DOLS. The training matrix evidenced staff had attended the required training and refreshers as appropriate.

We asked people who used the service whether they felt staff understood how to care for them. One person told us, "The carers understand everybody's problems." Another person said, "I think the staff know how to look after me."

During the inspection we spoke with members of staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff records we saw evidence each member of staff had received individual supervision along with an annual appraisal.

There was a full three weeks of rolling menus displayed in the entrance. We observed the lunch time meal. Most people were able to eat independently and did so, some chatting with other people at their table. Those people who needed support had a member of staff assisting them. Support was focussed and unhurried; with gentle encouragement given. The food looked appetising, well presented and portions were generous. People who used the service were complimentary about the food. Comments included; "The food's good." "I get all the food I want." "I can request alternative food." Menus seen showed there was a choice of food. There were jugs of water and glasses in the communal areas to ensure people's hydration needs were met.

Good

Is the service caring?

Our findings

The home had a warm and homely atmosphere. Feedback from people who used the service and their relatives about the attitude of staff was good. People told us they were happy living at the home. Comments included; "I am well cared for." There is a happy atmosphere, although we all worry about the closing of the home."

We saw positive interactions throughout our visit and people who used the service were happy, relaxed and at ease with the staff. We observed staff treating people with respect and they knew them well. There was a lot of communication, conversation, banter and people being reassured where necessary by staff. The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered.

Throughout our inspection we saw people being treated with dignity and respect. Staff we spoke with told us they were confident people received good care. They gave examples of how they ensured people's privacy and dignity was respected. One staff member said, "I'm the keyworker for three residents. I always make sure they look smart and content." A keyworker is an allocated member of staff, who works with people to help ensure their preferences and wishes are identified They also liaise with family members and other professionals when required. Another staff member said, "We ensure curtains and doors are closed and residents are kept covered when personal care is given." Staff further explained how they maintained people's dignity, privacy and independence. For example, by encouraging them to make choices about how they spent their time at the home and always asking them for their consent before assisting with their personal care needs. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people and people were provided with the opportunity to make decisions about their daily lives.

Care files had information showing care needs had been discussed with people who used the service and/or their relatives. The care files included a signed statement by the person receiving care to say they had been included in determining their care needs and understood the care plan in place.

We saw all people who used the service were at ease and relaxed in their environment. We saw that people responded positively to staff with smiles when they spoke with them. We observed that staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. People looked well cared for, clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled.

Relatives told us they could visit at any time and felt comfortable to do so. One relative said, "They are very welcoming when I come. I see staff sit and comfort people who are upset." "The staff are fantastic." "Some of the staff have been around for so long they are like family." "The manager has a regular surgery to discuss anything about the care provide. Good manager, easy to talk to."

We saw care plans in place for people living with dementia who were coming to the end of their life. Care plans considered physical, psychological, social and spiritual needs of people to maximise the quality of life

of people and their family.

In the PIR the provider told us, 'We already have a visitors' room where service users can spend time in private if they wish but we also have another small room upstairs which (we) would like to develop into a room where relatives could stay overnight if they need to stay with their relative if they were at the end of their life. There is a small kitchen where they could make drinks, a toilet and a small sink in the room. (We) intend to make this room like a bedsit and put in a bed as well.'

We saw people had free movement around the service and could choose where to sit and how to spend their time. The building was spacious and allowed people to spend time on their own if they wanted to. During the inspection people gave us permission to see their bedrooms and they were personalised.

We looked at thank you cards in the office and saw people had been very complimentary of the service. People's written comments included; 'Thank you so much for the care you gave my mum' and 'I would like to say a big thank you to you and all the carers. They were so patient and kind.'

We also looked at the comments people had made in returned questionnaires in 2015. These were also complimentary of the service and staff. They included; 'I feel safe and happy at Manorfield and enjoy the treats that we all get.' 'I enjoy living at Manorfield.' 'The staff are lovely and caring towards me.' 'Staff team are very kind and helpful.'

Good

Is the service responsive?

Our findings

We looked at people's care plans and found they contained information about people's past, current lives situation, family, friends as well as interests and hobbies. We saw specific information about people's dietary needs, likes, dislikes and the social and leisure activities they enjoyed participating in. People and their relatives said they had been involved in developing and reviewing their care plans. One relative told us that they were actively involved in discussions about their family member's care and they felt fully involved and informed about their wellbeing.

The care plans we looked were person centred, with individual information on people's wishes in relation to how their care was provided. The care plans showed how people liked to spend their time and how they liked to be supported. The keyworkers ensured people's involvement in the care planning process was continuous. They also liaise with family members and other professionals when required.

During our visit we reviewed the care plans of four people. We saw people's needs had been individually assessed and detailed plans of care drawn up. At the point of admission information was gathered from family and other professionals to ensure a meaningful care plan could be constructed. We saw evidence people who used the service and their relatives contributed to the initial care plan. People's assessment of care needs covered such areas as nutrition, mobility, personal hygiene, socialising and any falls. The care plans detailed how people wanted to be supported and were reviewed and updated on a regular basis.

They were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complainant would be dealt with. The registered manager stated the service had not received any formal complaints for the past 12 months.

People who used the service and their relatives told us they were aware of the complaints procedures and would not hesitate to make a formal complaint if necessary. One person said, "All the staff are very approachable and although I have never had to make a complaint I am sure if I did they would act appropriately" Another person told us, "What is there to complain about? Only that the home should not be closing." One relative said, "I've been to a residents' meeting with [My relative]. Everyone has a voice and can say what they want."

There were activities provided for people on a daily basis. We saw a noticeboard for up and coming events. This included sing-alongs, bingo, games, reminiscence sessions, exercise to music, shopping outings and pub lunches. We asked people if they took part in activities. Many said they joined in any games that took place in the lounge after lunch.

Good

Is the service well-led?

Our findings

The service had a registered manager who is registered with the CQC. We received positive feedback from people who used the service as well as from staff members about the registered manager. People who used the service told us they liked the registered manager. Staff told us the management team were available to provide support and advice. One member of staff said, "We have open discussions and we are able to say if we need any support." "Another member of staff told us they enjoyed working at the home and felt confident in raising concerns with the registered manager.

In the PIR the provider told us 'the manager leads by example and has an open door policy where customers, staff, relatives and professionals are encouraged to talk openly and honestly regarding the service we provide.' Discussions with staff and relatives of people who used the service confirmed this.

We saw that both staff and resident meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

The registered manager told us there was a system of continuous audit in place. This included audits on support plans, medication, health and safety and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. When we looked at the health and safety checks, we saw these included regular fire checks; alarm system checks, firefighting equipment and fire drills.

We were told that a senior manager visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the management team during these visits. We saw copies of reports generated from these visits.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence.

We looked at the results from the latest surveys sent to people who used the service undertaken throughout 2015 by the provider. These showed a very high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. People's comments included; 'It's one of the best homes in Leeds; I don't see why it's closing. '

In the PIR the provider told us, 'The quality assurance questionnaire responses have been low from professionals in the past. The registered manager tried SAE's this time but is going to try sending by email next time to see if this increases the responses.'

We found the registered manager was extremely receptive to constructive feedback. Throughout our inspection we saw the registered manager provided visible leadership within the home. People who used

the service, relatives and staff spoken with confirmed this to be the case.