

Manor House Carehome Ltd

Manor House Care Home LTD

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

About the service

Manor House Care Home Ltd provides accommodation with personal care for up to 16 mainly older people some living with dementia. There were 11 people using the service at the time of our inspection. The service is in one adapted building over two floors.

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

People were supported by a staff team who understood people's needs. However, the changing needs of a person had not been effectively communicated to the family. A relative told us they were disappointed. We judged no harm had come to the person and other professionals were involved to help support staff. The registered manager acknowledged the delay and assured us they would address the issue with immediate effect.

We recommend the service continues to ensure the environment is suitably maintained and decorated.

Risks were identified, assessed and monitored. Staff knew how to protect people from known risks while supporting their independence. Where a person's needs had changed the service had involved other professionals to help support the staff team and had made changes in the environment to support the person.

There were generally enough staff to meet people's needs and ensure their safety. Due to the layout and design of the service, this meant there were times when no staff were in certain areas. However, the call system was effective and there had been no increase in accidents or injuries. Staff told us they were alerted to any call bells and responded quickly. The registered manager also supported when staff were busy.

Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

There was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

There were processes in place to prevent and control infection at the service.

Systems to assess and monitor the quality and safety of the care provided were in place. They were effective in assessing quality and identifying and driving improvement.

Peoples medicines were managed safely. Staff had the necessary training and skills to administer medicines. Oversight was in place to ensure medicines were managed safely.

Staff told us, and records demonstrated that they had received the training they needed to meet people's needs safely and effectively. The registered manager maintained oversight of training to ensure staff had the necessary training, knowledge and skills to provide consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by senior staff and the registered manager. A staff member told us, "We are really well supported, and the office door is always open for us."

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

People living at Manor House Care Home Ltd had care plans which detailed their needs and preferences. There was no formal approach for the staff team to engage people in activities. We observed staff support people on a one to one basis. Staff told us there were also small group activities.

People were supported to eat balanced diet and drink enough to keep hydrated.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals. The service had clear and effective governance systems in place.

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

Rating at last inspection and update

This service was registered with us on 15 November 2021 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 1 December 2020.

Why we inspected

This was the first inspection since the provider registered with the commission.

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.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

Manor House Care Home LTD

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

One inspector undertook this inspection.

Service and service type

Manor House Care Home LTD 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 House Care Home LTD 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 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

People using the service lacked capacity and were not able to tell us verbally about their experience of living at Manor House Care Home LTD. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of staff including the registered manager, senior care workers and care workers. We also spoke with a relative and received responses from two external professionals.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to review and evaluate information collated in the site visit. We spoke with two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and monitored. Staff knew how to protect people from known risks while supporting their independence. Where a person's needs had changed the service had involved other professionals to help support the staff team and make changes in the environment to support the person.
- Risk assessments were detailed and guided staff in how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behaviours and falls. Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had effective systems in place to protect people from abuse.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. A staff member told us "It's important we are up to date so we can protect the residents." Staff were able to describe the signs and types of abuse. Staff understood to report to the management team any concerns they had.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and their responsibility to notify CQC of concerns.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Staffing and recruitment

- In general, there were sufficient numbers of staff employed and on duty to meet people's assessed needs. We observed people's needs being responded to. Some people required two staff for support. At these times it meant staff would not be visible or available in communal areas. Staff told us they were alerted to call bells in order to respond. Staff told us, "We can be busy at times but on the whole, there is not a problem." Another staff member said, "We work well as a team and support any gaps." Staff told us they were also supported by the registered manager if they were busy. There was no evidence of people not receiving support when they needed it.
- At this inspection we observed staff were in place to support people who required additional assistance and observation. People did not have to wait for staff to respond to people's behaviours and needs.
- Staff were recruited safely. Staff files showed a range of checks including references, an application form

with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- Daily checks were taking place for medicines requiring cold storage. We found the temperature was above the clinical guidance range of 2 to 8 degrees Celsius. When this was raised with the registered manager immediate action was taken.
- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. A family member told us, "I think it is very safe. They have put this in place to protect us all."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The services environment was generally satisfactory. However, the ground floor corridors and small lounge had damaged paintwork and the chairs in the small lounge were faded and worn. We discussed this with the registered manager who agreed there was a need for decoration and replacement of furniture in the small lounge. We were assured there was a maintenance plan in place and the intention to decorate in the immediate future.

We recommend the service continues to ensure the environment is suitably maintained and decorated.

- People's rooms were personalised to their individual requirements. A person told us, "I like my room very much. It's homely." Where a person had been assessed as requiring having changes made to their furnishing due to risk, this had been recorded but the family had not been communicated with regarding this decision. On visiting this had caused some distress to the family. The registered manager acknowledged this had occurred due to their absence at the time. Other relatives told us the registered manager kept them updated about any changes and decisions.
- There were pleasant gardens and patio areas which people could access and use safely. A marquee tent had been erected on the lawn to provide shade during the recent hot weather. A relative told us, "It has been so lovely visiting in the garden."
- Access to the building was suitable for people with reduced mobility and wheelchairs. Access to the upper floor was by a stair lift.
- The home had adapted toilets and bathrooms with fitted equipment for people to use in support of their independence.

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

- The registered manager worked to deliver care in line with best practice standards and the law.
- Potential new referrals were assessed to ensure people's care needs could be met by the service. People and their family, together with reports from health professionals contributed to the assessment, which included their presenting need and people's preferences and routines.
- Care records were personalised in line with best practice and where possible included the views of the person, family and professionals who were familiar with the care needs of the person.

Staff support: induction, training, skills and experience

- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.

- Staff performance and welfare were being supported through a supervision process. Staff told us they felt supported by the registered manager and senior staff. The registered manager told us, "We take staff support seriously and being a small staff team support each other." Members of the staff team confirmed this support was readily available to them. A staff member said, "There is always support there for us."
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- We observed lunchtime service. People were offered choices of what to eat and drink. The food provided was well presented. Staff supported people who required assistance in a kind, respectful and dignified way. They gave people time to eat and drink at their own pace. It was clear staff understood people's likes and dislikes.

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

- People's health conditions were being managed. Staff engaged with external healthcare professionals including occupational therapists, physiotherapists and dementia liaison nurse. There was a General Practitioner [GP] visit weekly. A staff member told us, "The GP visit is really useful and it gives us the chance to raise any concerns we might have about residents."
- There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Two professionals confirmed this. They told us they worked well with the staff team and that communication was good.

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.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff cared for people with respect. We observed positive interactions. Where people were supported in their room, staff ensured there were regular visits to check on people's care and wellbeing needs.
- Throughout the inspection, we observed interactions between staff and people using the service. They showed that staff had developed good relationships with people and knew their care needs well. We observed staff patiently and kindly supporting people. For example, when a person wanted to move around a staff member patiently observed them using their mobility aid safely. A staff member told us, "We think a lot about the residents. It's important to give them time to do things for themselves for as long as possible."
- Some of the staff we spoke with told us they had worked at Manor House Care Home Ltd for some time and had built caring relationships with the people who lived there. They told us this had been even more important during the COVID-19 pandemic when people were unable to see their families and friends. One staff member told us, "It has been a really difficult few years, but we've worked hard as a team to keep everyone safe."
- Equality and diversity was embedded in the principles of the service. Staff received training in this area and understood how people should be protected against discrimination. Staff understood the importance of people's diversity, culture and sexuality and managing their care needs in a person-centred way. A staff member told us, "It's important to accept people for who they are."
- Staff knocked on people's doors to seek consent before entering. Discussions about people's needs were discreet and conducted in private. Personal care was delivered behind closed doors and staff understood people's right to privacy.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in decisions about them wherever possible. Some people experienced limitations in expressing their views. However, the registered manager and staff team had the knowledge and skills to support this. For example, explaining things in a way that was easy to understand and allowing people time to respond in their own way.
- The operation of the home was designed to be as flexible as possible. Staff understood and respected people's individual choices.
- Staff supported people to keep in touch with their family. A family member told us, "The staff are good at keeping me up to date with things." The service had made the decision to keep visiting in the small conservatory or in good weather, the garden. The service had also utilised other ways of keeping contact with family and friends by using technology. Staff told us it had helped people and families with their wellbeing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service used an electronic care reporting system to report and plan people's individual needs. There was information in place showing people's needs, routines and preferences.
- Care plans were person centred and detailed people's likes and dislikes and how best to deliver care and support. For example, how to manage a person's mood changes. Staff told us the information was clear, easy to follow and helped them to respond.
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs including, support people needed to maintain their physical health and well-being, nutrition and personal hygiene.
- Where people had a specific health condition, such as diabetes or the need for skin pressure care. Guidance was in place for staff on how to manage those conditions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There had been some disruption to the activity programme during the COVID-19 pandemic. There was no formal approach to activities. Staff supported people usually on a one to one basis. Some people liked reading and watching television. Others liked spending time in their rooms. We observed staff frequently visited people in their rooms, offering regular chats, drinks and snacks. One person told us, "I enjoy sitting together and having a chat. We have been using the garden a lot this summer. It's been lovely."
- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe. A visiting relative told us, "We are always made to feel welcome and [relative] always looks well. We don't feel any pressure when we visit and feel very safe."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. There was one open complaint currently being investigated.
- Relatives told us they would be confident to speak to the management or a member of staff if they were unhappy. They said, the communication is very good. The manager always lets us know of changes and just for updates." Another family told us they had been disappointed in the lack of communication about a relative's care. We shared this with the registered manager who agreed there had been a delay but agreed to ensure this was addressed with immediate effect.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- During the COVID-19 pandemic, relatives were supported to safely visit people where they were receiving end of life care.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care with other professionals.
- Care plans contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed and agreed with the person's legal representative and GP.
- Staff worked with the appropriate health and medical professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Three family members told us the service was good at keeping them informed of any changes. However, another family felt they had not been informed or involved in decisions about a relative's care. We shared this with the provider who acknowledged there had been some delays due to the registered manager not being available when decisions and changes had been made.
- The service had systems in place to engage with all stakeholders. Questionnaires were given to people's families. The responses to questions from the most recent survey were generally positive.
- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- Staff had received one-to-one supervision with the registered manager. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services. Two professionals told us the registered manager regularly communicated with them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the staff team and staff told us they felt supported by the management team. The registered manager had built an open and trusting relationship with all stakeholders. A staff member told us, "[Managers name] is always approachable." Relatives told us they found the registered manager and staff accessible and supportive. One person told us, "[Relatives name] has settled in really well. The manager and staff could not be more helpful"
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people.

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

- In general, the management team had an oversight of what was happening in the service. Where concerns had been raised with the deputy manager, they had been recorded but no evidence of action taken. We discussed this with the provider who identified this had been due to the absence of the registered manager for a short period. We were assured follow up action was taken with immediate effect.
- The registered manager understood responsibilities under the duty of candour and reported accidents and incidents. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. There was good oversight of the governance systems in place.
- Regular audits took place, and these were completed by the registered manager and senior staff members. These included checks on people's health, social needs and staffing.
- There was a clear management structure in place which staff understood.
- Important information about changes in people's care needs were communicated at staff handover meetings each day.

Continuous learning and improving care

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.