Manorville Care Homes Ltd

Manordene

Inspection report

Manordene
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West Kingsdown
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection carried out on 13 January 2015.

Manordene provides nursing and personal care for up to 19 people, some of whom were living with dementia. The home is a modern building that was purpose built and opened in 2013. Accommodation is arranged over the ground and first floors. The kitchen, laundry, additional office space, a hairdressing room and some storage areas were located on a lower floor. A passenger lift gives access to all floors. There are 17 single bedrooms and one double bedroom that people can choose to share if they wish. All bedrooms have en suite toilet and washing facilities.15 people were living at the home at the time of the inspection.

When we last inspected on 28 August 2014 we found that there were breaches with the Regulations of the Health and Social Care Act 2008 that related to the lack of Personal Emergency Evacuation Plans (PEEPS) for people in case of emergencies. There was a lack of sufficient skilled and experienced staff to meet people's needs, and

Summary of findings

the provider had not made sure that people's records were appropriately and accurately maintained. We asked the provider to take action to make improvements and we found that these actions had been completed.

At this inspection, we found a breach of the Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report. The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Systems were not in place to assess the capacity of each person to make decisions about their care and treatment.

The post of registered manager had been vacant since mid December 2014 until an acting manager was recruited and started work at the home on 5 January 2015. During the time there was no manager in post the provider managed 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.

The provider had taken reasonable steps to make sure people were kept safe. Staff received safeguarding adults training and knew how to report safeguarding concerns. People told us they felt safe at the home and relatives told us people were cared for safely. A relative told us "I could not have chosen better, it is very safe and clean and what I like best is it is a homely home".

Safe staff recruitment processes were followed. The provider made checks on applicants to make sure they were suitable for their employment. There were sufficient numbers of staff on duty to meet people's needs. Staff responded quickly to call bells and if they saw a person requiring attention. Staff received the training they needed for their role. Staff told us they felt well supported and there had been improvements in the support they received and the atmosphere of the home since the acting manager had been in post. Their comments included " This is my best job it's such a good atmosphere, we have a new manager who has only been here a week but already you can tell the difference, I have great faith in her" and " I feel more listened to now".

A new activities coordinator had been appointed and people had enjoyed the activities they had provided on their first day. The activities available were being reviewed and people were being consulted about what activities they would like to do. However, people were not provided with sufficient activities whilst no activities coordinator was in post, some people told us they did not have enough to do at the home. We have made a recommendation about the provision of activities.

The premises were well-maintained, clean, tidy and odour free.

Medicines were stored and administered safely. People received their medicines when they needed them. Reviews with a G.P took place when necessary to make sure people received the correct medicines in the correct dosages.

There was effective monitoring of people's health needs, health and social care professionals were consulted for advice when necessary. We spoke with three health professionals who visited the home. They told us staff had followed through advice they had given and people were well cared for.

Staff understood the importance of obtaining consent from people before care or treatment was provided. Whilst no-one living at the home was currently subject to a Deprivation of Liberty Safeguards (DoLS) restriction in their best interest, we found that the manager and provider understood when an application should be made and how to submit one. However, the provider e did not follow the legal requirements of the Mental Capacity Act 2005 fully and where necessary people's capacity to make decisions had not been assessed.

People were complimentary about the food provided, they told us there was always choice and plenty to eat.

People and relatives told us staff were kind and caring. Staff engaged with people in a friendly and professional manner and people were comfortable asking them for assistance. People we spoke with told us "Everyone is very nice and they do talk to me" and "It's lovely living here, people are so kind and look after you".

Summary of findings

There were systems in place to assess and monitor the quality of the service. These included audits and checks to make sure that fire equipment was in good working order, reviews of care records and checks that the home was clean and well maintained. Residents and relatives meetings were scheduled. Recording of accidents and incidents took place and actions taken to make sure that any risk of reoccurrence was reduced.

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Summary of findings

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 home was safe.

The provider had taken reasonable steps to make sure people were kept safe. Staff were provided with safeguarding adults training so they understood how to identify and respond to any concerns about abuse or harm.

There were systems in place to make sure there were always enough staff to meet people's needs. Robust staff recruitment procedures were in place to make sure staff were suitable to work with people.

Identified risks to people's safety were assessed and staff followed guidance about how to minimise risks.

People's medicines were stored and administered safely.

Is the service effective?

Requires Improvement

The home was not consistently effective.

Staff understood how to help people make day-to-day decisions and understood their responsibilities under the Mental Capacity Act (2005).Individual assessments to establish people's mental capacity where necessary had not consistently taken place.

Staff received and put into practice essential training they needed for their role.

People's health needs were well met and referrals were made to health professionals when necessary.

People were provided with a varied and healthy diet with plenty of choice available. Staff assisted people who needed support to eat and drink appropriately and special diets were catered for.

Is the service caring?

Good

The staff were caring

Staff were kind and respectful towards people. Staff did not rush people and had time to talk with them throughout the day. Staff promoted people's privacy and dignity.

People, relatives and health professionals spoke positively of the level of care provided.

People had been asked about their preferences for how they liked their care and support to be provided and staff acted upon their wishes

Is the service responsive?

Requires Improvement

The home was not always responsive.

Summary of findings

People's needs were reflected in their individual care records. People or their representatives had been consulted about their needs and decisions about how they liked to be supported and their wished were acted upon.

People's care records were reviewed and kept up to date.

The range of activities available was under review and a new activities coordinator had been employed. People had not been provided with sufficient suitable activities during the time that there had been no activities coordinator, some people and relatives told us there was not enough to do.

Systems were in place so that concerns or complaints could be responded to and addressed.

Is the service well-led?

Good

The home was well led.

The provider made sure the acting manager received the support they needed in their role. The provider notified us of management changes and other matters we needed to know about.

The provider had a clear vision for the home that included plans to continuously improve it.

Staff, people and relatives said the home was a friendly and welcoming place in which to live and work.

The provider had systems in place to assess and monitor the quality of the home, and where necessary acted upon the information gained.

Action had been taken to improve ways to consult people and relatives about the home.

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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.

The inspection took place on 13 January 2015 and was unannounced. One inspector who was accompanied by a specialist nurse advisor and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who use this type of care service.

Before our inspection we reviewed our previous inspection report and other information we held about the home. This included reviewing notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law. After our inspection, we spoke with two people's relatives and two health care professionals to obtain their feedback about their experience of the home. All the professionals we spoke with gave is their permission to include their comments in this report.

We spoke with nine people who lived at the home, one relative, a health care professional, a social care professional, six staff, one nurse, the cook, the provider and the manager. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experiences of people who may not always be able to express this for themselves.

We viewed all the communal areas of the home and some bedrooms. We observed people being supported whilst they were in communal areas and made observations at lunchtime and at other times throughout the day. We looked at a variety of documents and records. These included five people's personal records and care plans, 16 people's medication records, risk assessments, five staff files , staff training records, staff rotas, complaints records, maintenance records and audits and we sampled the home's policies and procedures.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home, visitors told us they thought it was a safe place for people to live. One person told us they felt safe and "It's just like being at home, it is lovely living here, people are so kind and look after you". A relative told us "I could not have chosen better, it is very safe and clean and what I like best is it is a homely home". They also said their relative was "Treated well and gets the medication needed". Another relative told us they had no concerns about safety at the service and that staff supported their relative in a safe way. They said they had observed their relative being assisted to move using appropriate equipment, two staff always undertook the task to ensure the person's safety and they felt the premises were safe. A health care professional told us "The home is clean and it is safe".

At the last inspection on 28 August 2014 we found the service had breached Regulation 22 of the Health and Social care Act 2008. This related to the lack of suitably qualified, skilled and experienced staff available to meet people's needs and keep them safe. We also found that the service had breached the Regulation 9 of the Health and Social care Act 2008. This related to the lack of systems in place to promote people's safety in the event of an emergency at the service.

We asked the provider to take action to make improvements. The provider sent us an action plan that described how and when the improvements would be made. During our inspection, we found that the provider had taken action and had improved the service.

Staff supported people safely with moving from one part of the home to another. For example, when going to and from the dining room for lunch or helping them to and from a toilet. When a person who could walk by themselves said they felt a little unstable when walking in a corridor staff quickly held their arm and guided them back to the lounge giving them reassurance.

Staff told us they had undertaken safeguarding adults training which helped them to recognise the signs of abuse and who to report it to. They knew who to inform if they had any concerns about a person's safety. The training plan for the home and information in staff files showed that permanent staff had completed safeguarding training three times during 2014. The provider had strengthened the processes for making sure that staff understood safeguarding procedures through training and review of the safeguarding policy, and had worked collaboratively with the Local Authority regarding any safeguarding matters.

There was a safeguarding policy and procedure available to staff reviewed in November 2014, we saw that information about how to contact the Local Authority had been brought up to date. There was a whistleblowing policy and procedure and staff signed to confirm that they had read both documents. Staff told us they would inform the acting manager if they had any safeguarding concerns and there were out of hours reporting arrangements in place. They knew they could also raise concerns with other organisations such as the Care Quality Commission and the local authority.

Systems were in place to keep people safe in the event of an emergency. Each person had a Personal Emergency Evacuation Plan in place. These had been developed since the last inspection to give staff clear information about each person's needs and the level of support they would require to evacuate the premises safely during the day and at night. Staff had signed to confirm that had read and understood the procedures. Fire equipment such as fire alarms were regularly checked to see if they were working properly and fire doors and emergency exits were clearly signposted and clear from obstructions.

At the last inspection on 28 August 2014, we found that the provider had not made sure that there were enough qualified, skilled and experienced staff to meet people's needs because there were not sufficient numbers of qualified, skilled and experienced staff employed.

At this inspection, we found that there were sufficient staff on duty to meet the needs of the people living at the service. The provider had reassessed the number of staff needed to safely meet people's needs and had increased the number of care staff on duty. Of the carers on duty in the mornings and afternoons one was a senior carer. There were now three rather than two care staff on duty between 2 p.m. and 8 p.m. each day. The home was not full at the time of the inspection; however, the provider told us that due to people's needs they were currently reassessing the need to have an additional carer on duty at night. A cleaner, cook and laundry assistant were employed and a temporary kitchen assistant was in post whilst a permanent one was being recruited. This meant that staff were always deployed in their specific roles which had not

Good

Is the service safe?

been the case during the previous inspection, when due to staffing levels care staff had needed to undertake some essential cleaning tasks. We looked at the staff rotas for the previous three weeks and saw that the correct compliment of staff had been on duty.

Some agency nursing staff were used and the manager told us that as far as was possible they were agency staff that were familiar with the home. The nurse on duty during the inspection was at the service for two set days each week and was knowledgeable about people's needs. The provider was in the process of trying to recruit more permanent nursing staff.

The provider had followed safe recruitment practices and procedures. These included carrying out Disclosure and Barring checks (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people at care services. The provider also sought and checked personal identification documents before employing new staff. The nurse's files contained a record that their registration with the Nursing and Midwifery Council (NMC) had been checked and had not lapsed.

People's individual care records contained information for staff about identified risks to people's safety and guidance for staff about how risks could be reduced. Risk assessments included those relating to falls, skin integrity, nutrition and hydration, moving and handling and risks connected with individual medical conditions. The risk assessments had been reviewed and brought up to date when they needed to be to reflect changes in needs. Staff gave us examples of changes to people's needs and the support people needed as a result to reduce individual risks. For example, how they supported people to reduce the risk of them becoming dehydrated or to make sure they helped them to move safely.

The premises were clean, tidy and well maintained; a maintenance worker visited each week to undertake necessary work on the property. All areas of the home used by people staff and visitors were clean and free from offensive odours. There were window restrictors fitted to bedroom and other windows to make sure that people's access to them was safe and radiators had guards fitted to prevent injury to people from excessive heat. There were handrails throughout the home in areas that people accessed so that people could use them when they needed to when moving from room to room. The provider and manager were looking into ways to improve the safety of the upstairs landing area, which led onto a stair well, to make sure that it did not present a hazard to the safety of people who were living with dementia. They had recently contacted CQC to inform us that they had assessed that changes were necessary to the area and were seeking advice from appropriate organisations on how to achieve this in line with DoLS (Deprivation of Liberty Safeguards).

People were protected from the risk of infection. Staff used personal protective equipment (PPE) such as plastic aprons and gloves when serving food or drinks or delivering personal care, and had completed infection control and food hygiene training. There were hand sanitizer dispensers throughout the building and hand towel dispensers in toilets and bathrooms. Plastic apron and glove dispensers on each floor were well stocked and located where staff could easily access them. There was a cleaning schedule which was completed by staff to show which areas of the service had been cleaned each day, if there was a reason why a task had not been completed, this was noted with an explanation.

Incidents and accidents were recorded and action was taken if there were any patterns or trends noted. For example, a person who had experienced falls had been referred for assessment by a G.P so that the cause could be explored. The type of equipment another person used was being reassessed for its suitability to make sure it did not pose a risk to their safety.

Systems were in place for the safe storage and administration of medicines. The home requested a review of people's medicines when necessary. A relative told us that when their family member moved into the home a medicines review had taken place with the G.P. This had resulted in a necessary change to the person's medicines. Relatives were confident that people received the medicines they needed when they needed them.

Medicines were safely stored in locked cabinets and in a medicines fridge. There was a designated room for medicines storage, which was locked when not in use. The temperatures of the medicines room and fridge were recorded daily and we saw that medicines were stored at the correct temperature to make sure medicines remained fit for use. We examined 16 people's medicine recording sheets, which showed that they had mostly been correctly completed. The medicines recording sheets for people who had recently moved to the home did not have photographs

Good

Is the service safe?

of people on them so that staff administering medicines could be sure they were giving them to the right people. The manager told us this was because these people had only recently moved in, they confirmed that staff had taken photographs of people that were ready to print and attach to the records. There were a small number of gaps where staff had not recorded when people's "as required" pain reliving medicine had been offered and people had declined it. Previous entries showed that when people had felt they did not need this medicine the correct code had been used to record this. The acting manager and provider confirmed they would take action to make sure these records were correctly checked. We observed the nurse on duty administering medicines and saw that they followed correct administration and recording procedures.

Requires Improvement

Is the service effective?

Our findings

Staff were trained in the principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). There was no one living in the home for whom it had been necessary to make an application under DoLS in order to restrict their liberty. The provider and manager demonstrated awareness of the DoLS and were looking into ways to enhance the safety of the premises in the least restrictive way for people.

Appropriate action had not been taken to make sure that people's mental capacity to make choices had been individually assessed. Care records referred to the level of day-to-day choices people could make and reflected that relatives had been involved in making more complex decisions, such as about medical treatment. However, there was no clear process in place to assess people's mental capacity or to separately record consultations with relatives and/or health and social care professionals as Best Interests meetings. During our inspection a social care professional visiting a person undertook a Mental Capacity Act 2005 assessment for them. We saw that some people's pre admission assessment information contained evidence that people's mental capacity had been assessed before they moved there by other professionals, but the home did not routinely complete these assessments for each person.

We found that Mental Capacity assessments had not been completed by the home so that people's ability to make decisions about their care and treatment was assessed and recorded. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw examples of documents on some people's files that recorded their wishes in the event of the need for them to be resuscitated. These are called DNAR (do not attempt resuscitation) forms. We saw that people's choices were recorded. Where a G.P had recorded on the form that they had discussed resuscitation with a person, this was also recorded in the person's care records.

Staff received the training they needed for their roles and told us they received the support they needed. Staff files we looked at evidenced that supervision with the previous manager had taken place. Both parties had agreed a signed copy of the supervisions. The newly appointed acting manager had arranged for a staff meeting to take place the following week, we saw a notice about this on display and staff told us they knew the manager would be discussing supervision arrangements at the meeting. Staff told us that although they had not had very recent one to one supervision they felt well supported by the manager and could approach them about anything they needed advice on at any time.

The training plan and staff records showed that staff had received essential training during 2015. Additional training to help staff understand people's individual needs was also provided, such as dementia care training and training in the support of people with behaviours that challenged. We observed that staff confidently cared for people who became anxious or agitated. A staff member explained to us how they supported a person when their behaviour was becoming disruptive to others and told us the strategy used was effective.

Records included examples of improvements to people's health. A person had entered the home with serious pressure ulcers, these had completely healed. People who needed to had gained weight since living at the home. Staff discussed with us the action they had taken if there was concern about a person's weight. People's weights were regularly checked and recorded and people were referred to health professionals if there was concern about their weight. Staff told us that when a referral to a dietician was needed this had been done promptly. When people were assessed as being at risk of malnutrition they were provided with fortified drinks and other food supplements. During the morning and afternoon drinks and a range of snacks were offered to people including fortified drinks and high calorie foods.

Staff promoted good relationships with external professionals. A healthcare professional who visited the home told us staff were helpful and approachable and followed advice they had given including monitoring the skin of a person who had been at risk of pressure areas on the feet. Another professional told us the home was "Responsive and helpful" and the manager was knowledgeable about the needs of the person the professional supported. They told us the person's records were in good order and they felt confidence in the manager and staff. Another health care professional told us "Staff were very responsive and knew what they were talking

Is the service effective?

about" and that advice they gave was followed. They said that when they had consulted records kept by the home of involvement and action by other health professionals they found these clear and helpful.

People's verbal consent or refusal to care, treatment or support was recorded and people were asked every time for their consent to their care and support. There were written examples of people's verbal consent to care and support, and a daily record was kept of the support people had received with their personal hygiene needs. For example, a person was recorded as having given, "Verbal consent to be assisted to wash". People's care records included examples of consent having been given by themselves or a representative to medical interventions. For example, recorded consent had been gained to people having a flu jab.

People saw health and social care professionals when they needed to such as chiropodists, dieticians, a G.P, specialist nurses and mental health specialists. Relatives told us staff contacted a G.P if they had concerns about a person's health. A G.P we spoke with told us staff contacted them appropriately if they had concerns about anyone's health and prepared a list of people for them to see on their regular visits.

There were procedures in place to assess and monitor people's health needs. Staff recorded and monitored the weight, food, and fluid intake of people assessed as being at risk of not being adequately nourished or hydrated. People who needed repositioning regularly to prevent them developing pressure ulcers had charts in their rooms where staff recorded when people were repositioned. The charts showed that staff had the followed guidance about how to reposition people.

All the people we spoke with about the food were complimentary about it. A relative told us "The food is good as she is rather picky and doesn't have a good appetite but there does not seem to be any problem at all". One person gave us the "Thumbs up" sign and told us meals were "Very good". Other people told us "The food is good here and there is plenty of it", "It is ok here, the food is really good". During the morning staff asked people what they would like for lunch, there were two main options offered and if people did not want either they could request an alternative such as a sandwich. Staff understood that people who lived with dementia might not always remember their choices and explained again to people what the meal was when it arrived. One person who preferred to eat their own ethnic food had this prepared for them at their request, the person told us they went down by themselves to the dining room when they were ready, we saw them do this.

The cook told us she planned menus and that there had been an increase in the budget available for food, they were in control of the budget and that the system worked well. Previously on some occasions, the home had run out of some foodstuffs but the cook said that now there "Had been great improvements".

A relative told us that their family member had been unwell and off their food. They told us staff asked the person what they would like to eat and when they told them they would like a sandwich with a particular filling one was made for them. Staff told us about the need to sometimes encourage people to eat and said, "We don't mind if they eat something that is not usual for a particular meal, as long as they do eat something ". Another relative told us that before their relative moved to the home they had lost a lot of weight. The person had now returned to a normal weight. The person needed a fortified milk drink; their relative confirmed that staff made sure the drink was provided.

People who were assisted to the dining room by staff arrived a short while before the meal was served. This meant that they did not have long to wait for their meal which could have resulted in some people becoming anxious or agitated. There were several members of staff with people throughout lunchtime. They involved people in conversation and explained what they were doing when assisting them to transfer from walking frames or wheelchairs into other chairs, or whilst assisting them with eating. During lunch when a person became agitated staff calmly settled them by assisting the person with their meal and getting them a drink. People told us they enjoyed the meal, it was well presented and looked appetising. People who required a soft or pureed meal were served this with the different components recognisable on the plate. Staff supporting people with eating talked with them without causing distraction from eating, respected people's own pace and offered mouthfuls that were of suitable size for people to manage. Some people chatted with each other and the atmosphere was comfortable and relaxed

Good

Is the service caring?

Our findings

People were complimentary about staff and told us they felt well cared for. Their comments included "Everyone is very nice and they do talk to me" and "It's just like being at home, it's lovely living here, people are so kind and look after you". Another relative told us "I have been very happy with the way they have looked after her" and "I think they are very friendly, not too familiar, they speak to her respectfully, and they do very well". Healthcare professionals told us staff were caring and understood people's needs.

Staff told us they liked the atmosphere of the home. Their comments included "The home is lovely because it is pretty big but does not have too many residents, so it feels very homely" and "I have worked in big homes and they are more like an institution, whereas this feels like someone's house".

People and relatives we spoke with told us staff were friendly and cheerful. Visitors said that staff were welcoming, friendly and familiar to them. When visitors arrived staff welcomed them and called them by their names. Visiting professionals told us staff were helpful, provided the information they needed about people confidently and followed advice they had given.

Staff demonstrated an interest in people, some people's relatives had prepared life histories to provide staff with staff information about important events in people's past. Staff told us they always liked to have these as then they could talk with the person about their experiences and had a better understanding of them. Staff said it benefited people that some staff had worked at the home since it opened; their comments included "Their faces light up sometimes when we come in".

We spent time in communal areas of the home and saw that the staff interacted with people in a friendly way They checked on people in the lounge to make sure they were safe, warm enough and comfortable and to see if they needed anything. We observed that although the lounge was kept warm when a person in the lounge commented that they felt cold so a staff member said they would turn up the heating. The staff member remained concerned and they agreed between themselves that the person would tuck their hands under a blanket, which the person was happy with. During our visit staff maintained a calm and gentle manner with people and even though they were busy there was no feeling of them being rushed or not to have time for them.

At lunchtime people could chose to eat in their rooms or in the lounge/dining area, people who came to lunch from their rooms arrived independently or with assistance from staff. People were asked where they would like to sit to take lunch and with whom, their wishes were respected. People who had already been settled in the lounge chose to stay where they were. Staff arranged tables that were an appropriate height in front of them so they could eat comfortably and with dignity

People were reassured whilst they were assisted with moving or if they appeared to be agitated or upset. We observed a person being assisted by staff to move with the use of appropriate equipment. Staff communicated quietly and gently with the person to give reassurance about what they were doing.

Staff were polite and respectful. After a staff member had helped a person into a chair and brought them their handbag and a drink when the person thanked them they said "You are very welcome". Staff treated people with dignity and personal care was delivered discreetly. Staff respected people's ethic needs. For example, one person was supported to be able to have their own ethnic meals. People's spiritual and religious needs were recorded. Staff did not discuss people in front of others and we saw examples of staff approaching the nurse, manager or other care staff to discuss matters at the staff station away from people's hearing.

If people chose they were given the opportunity to discuss their wishes for the end of their life. Some people or their representatives had been consulted about their wishes that were recorded in their care plans.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection on 28 August 2014 we found the service had breached the Regulation 20 of the Health and Social Care Act 2008. This related to individual records not always having being accurately maintained and the use of some disrespectful language in a person's daily records.

We asked the provider to take action to make improvements. The provider sent us an action plan that described how and when the improvements would be made. During our inspection, we found that the provider had improved the service.

The records we examined contained respectful language and had been accurately maintained. People's care records contained guidance for staff so that knew how to support people. For example, the support people needed with their personal hygiene or with eating.

People told us that they received care or support when they needed it. When people used their call bells staff responded to them promptly. Relatives told us they were very happy with the service and one relative commented that they had seen an improvement in their relative's health since they had been at the home.

Staff understood that people's needs might change from day to day. A relative told us that their family member had days when they were sleepier than others. They knew that when this happened staff made sure the person went to bed earlier than on other days so they could sleep in comfort.

People had personalised their rooms to their individual taste and the rooms included pictures, ornaments, furniture and other items that they had brought with them from their own homes. One person had a pet budgerigar that they were fond of. We saw a broken wooden chair outside a person's room that was unsafe to use. The manager said it was there whilst they looked into if it could be mended as it had been brought to the home by the occupant of a room and was important to them. The premises had wide landings and corridors that allowed for people who were independently mobile, who used walking aids or who used a wheelchair to have plenty of space to move around safely.

People's needs were assessed before they moved to the home. The home accommodated some people who had moved in straight from hospital, or who were funded by the local authority, so assessments by other professionals had been used to add to the information staff had about these people. A relative told us that the manager had assessed their family member before they moved to the home and given them information about the home to help them make a choice about moving there.

Information about people and their needs was communicated at staff handover meetings. Staff starting their shifts were given information about any changes in needs by the staff handing over to them. The handover sheet was kept up to date and staff confirmed it was used and was helpful in keeping them informed. Staff told us they also read information in people's care records to make sure they knew of any changes.

Where there was a need to consider alternative ways in which to meet people's needs and make sure their health was monitored these were explored. One person felt unsafe being weighed on the scales used by the home due to their individual health needs. The provider had sought advice on types of alternative weighing equipment that might be suitable and was considering the best way to monitor the person's weight.

Staff responded to people's individual needs ,understood when they needed to spend extra time with people and how to communicate effectively with them. During the morning medicines round a person who lived with dementia was becoming upset because they did not wish to take their medicines. The nurse administering medicines took time to talk with and patiently calm the person. The nurse explained to them what the medicines were for and offered water and juice to help the person swallow them. The person then became calmer and accepted the medicines.

A visiting social care professional told us they found staff responsive and helpful and that even though a person they asked staff about was quite new to the home, staff were familiar with the person's needs and confidently answered questions about them.

Staff told us they understood how to support people who were living with dementia or who needed support to make day-to-day choices such as about what to eat and what to wear. They understood that some people needed support with making more complex choices and that their capacity for choice could alter from day to day. We observed staff

Requires Improvement

Is the service responsive?

explaining to people what they were doing and asking for their consent before they provided them with support and offering them choices. Staff told us about how some people were offered a choice of two sets of clothes to wear and staff knew which colours people liked, but knew people could become overwhelmed if given a choice of too many clothes.

People were well dressed, had tidy hair, clean glasses and clean nails. We heard people in the lounge chatting about having had their hair done by the visiting hairdresser the previous day; one person complimented another on their hair. A relative told us their family member always looked well dressed with their hair done and commented that the person "Looked lovely the other day, and her hair had been done".

People were consulted about how they liked their care and support provided and their views were acted upon. People's care records included information about their choices and preferences. For example, whether they preferred baths or showers, what they liked to wear and what they liked to eat. The home had shower and bathrooms so people could choose which to use, records showed that people's choices were respected. Care records were individual to each person and contained sections in which staff recorded people's care and support needs. Records contained detail about people's needs that was not just centred on essential tasks to be completed by staff, but that also described actions that would enhance people's wellbeing. One entry stated that a person "Likes putting on her make-up and likes to be praised if she looks nice, this keeps her happy and calm". Staff demonstrated that they paid attention to information recorded about people's choices and told us about the kind of clothes people liked to wear, what people liked to eat and their preferred daily routines. They followed the guidance in the records, for example, where they had recorded that a person needed food cut up into small pieces this was done for them.

Staff supported people to maintain their independence. People who could access areas of the premises independently chose which areas to use, and were free to move around whenever they wanted to. People were supported to eat independently with assistance being given if it was needed with cutting up food or choosing what to eat.

The provider had recently appointed a new activities coordinator; the home had been without one since early December 2014. The new coordinator had started work at the home the day before our visit and the provider and manager told us they would be increasing the number of days they worked to four days per week. There had been a lack of activities since the last coordinator left but during December people had been provided with Christmas entertainment. People told us there had not been many activities taking place recently, some were happy to pursue their own interests in the lounge or their rooms, whilst others preferred not to join in with activities. A relative said they felt there were had not been enough activities for people and that their relative would appreciate more musical sessions such as had been provided at Christmas.

The provider told us they were going to ask people about what activities they would like and the acting manager had arranged a meeting with people about this. Then they planned to develop a new activities programme in response to people's wishes. Two staff members commented on the positive impact the new activities coordinator had made the previous day. They told us the coordinator had helped a person reply to a letter they had received and that the person "Was thrilled to do that" and that another resident had their nails painted. Staff felt it was the personal touch residents really enjoyed. A dog visiting service came to the home regularly; there was a notice about the visits on display.

The home had a complaints procedure and people told us they knew who to go to if they had any concerns. A relative said they would discuss any complaints should the need arise. They felt any member of staff would listen but had not had occasion to raise any concerns. The complaints folder contained records relating to two complaints made to the home in 2014. We saw written evidence that complaints were responded to in line with the procedure.

We recommend that the provider continuously seeks and acts upon the views of people about activities, and that staff provide suitable daily activities for people in accordance with their needs and preferences.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they were satisfied with the level of service provided. A relative we spoke with told us the home had a calm atmosphere and that was the reason they had chosen it over other services for their relative. They told us "I am very happy with her being there".

Staff told us they liked the atmosphere of the home. Their comments included " The home is lovely because it is pretty big but does not have too many residents, so it feels very homely " and " I have worked in big homes and they are more like an institution, whereas this feels like someone's house".

A book was on display in the entrance area containing thank you letters and cards sent to the staff thanking them for the care and support given to people, the comments were very complimentary.

The feedback we received from health and social care professionals was positive, they told us that staff were knowledgeable and approachable, and confident in being able to follow through the advice they gave them.

All the staff we spoke with told us they felt well supported by the newly appointed acting manager and that the provider had supported them and made positive changes to the home over recent weeks. They told us they had a good rapport with the acting manager. Staff commented "This is my best job it's such a good atmosphere, we have a new manager who has only been here a week but already you can tell the difference, I have great faith in her". Other staff commented that Manordene was "So very different and a lovely place to work, particularly with the new manager" and "I feel more listened to now". Staff confirmed that during the time when the home had no manager the provider had offered good support and guidance to staff and been at the home each day.

The registered manager post had been vacant since mid-December 2014. The provider had notified CQC of this well in advance of the registered manager's leaving date and informed us that they would manage the service until a new manager was in post. The provider had notified CQC of any significant events that affected the home as they are legally required to do.

The provider had a clear set of vision and values for the home, which stated that their aim is to offer people skilled care to enable them to stay as healthy as possible and to promote their well-being. They told us they were investing in improvements to the home. These included increasing staffing levels and making environmental improvements. They had taken action to strengthen the quality monitoring systems including engaging an external Health and Safety consultant to complete an assessment on the premises. The provider and manager were reviewing the auditing processes to make sure they were effective.

There were a range of checks and audits in place to monitor the quality of the service. These included checks to make sure that medicines were stored at the correct temperature, fire equipment was in good working order, hot water was kept at a safe temperature, the premises were checked for Health and Safety hazards, that staff training was kept up to date and care records had been regularly reviewed. People's care records were reviewed and audited by qualified nursing staff each month, we saw examples of where they had been brought up to date when needs had changed. These included if people's mobility was compromised or equipment was needed following a fall. Accidents and incidents were recorded with a record made of action taken in response to them.

The provider and manager discussed openly with us they had identified the need to improve upon, or change some systems and processes previously used in the home and demonstrated that this process had started. Staff confirmed the acting manager and provider had made some positive changes during recent weeks. These included increased support for staff and reintroduction of staff and residents and relatives meetings so that people had the opportunity to be consulted about the service they received. A residents meeting had last been held in November 2014 and the agenda and minutes were on display. The views of some relatives had been sought in surveys as well as at meetings during 2014 as they were given survey forms at a summer social event. However, this had not taken into account the need to make sure relatives who had not attended the event had the opportunity to comment on the home. The manager said they had already identified a need to involve relatives more and make the return of comments forms more confidential and would be putting this into practice this year.

Good

Is the service well-led?

The home had an open and inclusive culture that centred upon people as individuals. Staff told us about recent positive changes, for example they told us that there was improved communication between staff and as the provider had increased staffing, this made the running of the service more efficient and improved outcomes for people such as care workers having more time for people individually. Staff were clear about their roles, liked working at the home and had a commitment to it, they told us they were confident that if they raised any concerns they would be listened to.

The Care Quality Commission had been kept notified of any significant events that affected the home. These had included deaths at the home and changes in management. Where action had needed to be taken in response to the information in notifications the provider had informed us of these. These included action taken in relation to the need to improve the security of the premises after an intruder entered an area of the building inaccessible to people living there in 2014. The action taken had been to install additional security systems and improve ways in which the security of the premises was monitored.