Normanton Lodge Limited

Manorfields Residential Care Home

Inspection report

47 Farley Road
Derby
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Website: N/A

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Ratings

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

Overall summary

This inspection took place on 19 November 2014 and was unannounced.

Manorfields provides care for up to 40 older people. Accommodation is provided over two floors and people's bedrooms and communal bathroom facilities are available on each floor. People can access the garden.

There are two stair lifts available to the first floor. At the time of our inspection there were 37 people living at the service and three people were in hospital. Some of these people were living with dementia.

For the past year a registered manager from another service in the provider's group was providing manager cover at Manorfields as there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 manager told us that they were intending to apply for registration with us at this service, however we are yet to receive an application.

At the last inspection on 22 January 2014 we found a breach in regulations relating to meeting people's nutritional needs. The provider sent us an action plan outlining the improvements they would make.

At this inspection we found that some improvements had been made. However some people who had been assessed as requiring support during meal times were left unsupervised.

People told us that they were happy with the service they received and that they felt safe there. Staff had a good understanding of how to safeguard people.

There were sufficient numbers of suitably recruited staff and most people received their medicines as prescribed.

People were provided with a living environment that was, overall, clean. However, there was on occasions unpleasant odours that needed to be addressed.

Staff were well supported and had put into practice the training they received that was essential to their role. Referrals were made to other healthcare professionals when people's healthcare needs changed.

People told us that staff were kind and helpful towards them and that their privacy and dignity was respected. Staff had a good understanding of people's care needs and preferences about the way in which they preferred their care to be delivered. However, we noted that one person did not always receive support that met their needs. Communication between the staff team and people who lived at the service was good.

The manager and care staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before delivering care.

People had opportunities to put forward their suggestions about the service they received and how the service was run. This included ideas for social activities and we saw that people's suggestions were acted on. People knew how to raise complaints and these were responded to in a timely manner.

The provider had systems in place to check the quality of the service provided.

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?
The service was safe.

There were sufficient numbers of staff and most people received their medicines as prescribed.

Staff were confident in how to safeguard people from abuse and what to do if they had concerns. Recruitment checks were carried out to ensure staff were suitable to work at the home.

Good

Is the service effective?
The service was not consistently effective.

Although improvements had been made in relation to how people's nutritional needs were met, people did not always receive the support they needed during meal times.

Staff put into practice the training they received in order to meet people's care and support needs.

Staff had a good understanding of mental capacity and we saw where people did not have capacity to make decisions, support was sought in line with legal requirements.

Referrals were made to other healthcare professionals when people's healthcare needs changed.

Requires Improvement

Is the service caring?
The service was caring.

People described staff as being kind to them and that they treated people with dignity and respect. We observed that staff interacted with people in a kind and considerate manner and that people were supported to express their views and staff listened to them.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of people's individual care needs and preferences.

Care was provided that was responsive to most people's individual needs and people were supported to take part in social activities of their choice.

People were confident that they could raise any complaints they had and that these would be acted upon.

Good

Summary of findings

Is the service well-led?

The service was not consistently well led

A registered manager was not in post despite there being a manager in day to day charge of the service for over a year.

The provider, manager and staff were clear about the aims of the service and people, their relatives and staff had opportunities to put forward their suggestions about the running of the service.

Systems were in place to monitor the quality and safety of service people received.

Requires Improvement

Manorfields Residential Care Home

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 19 November 2014 and was unannounced.

The inspection team comprised of two inspectors, an inspection manager and a specialist in diet and nutrition.

We contacted the local authority for information about the quality of service provided. They told us that they were happy with the service provided. We reviewed the information we held about the service. This included notifications. A notification is information about important events which the provider is required to send to us by law.

We spoke with nine people using the service and four relatives and friends. We spoke with four visiting professionals. We spoke with seven staff, the acting manager, the deputy manager and a senior manager. We reviewed the records of six people and two staff records. We looked at a range of documents in relation to the management of the service. We used a Short Observational Framework Inspection (SOFI) and made general observations of people during their day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We looked at how people were kept safe from bullying and avoidable harm to ensure that they were kept safe. All of the people we spoke with told us that they felt safe at the service. One person told us "Oh yes I do [feel safe]." We asked visitors if their relatives were safe. They told us that they thought that their relatives were safe. They told us that they knew how to raise concerns and would expect them to be acted on.

Staff told us they knew how to protect people and had a good understanding of the ways in which they could support people during the times that they exhibited behaviour that challenged others. For example, they told us that by encouraging people to take part in different activities the number of incidents had reduced as people were occupied. We observed people engaged in activities and that staff were available to support people as needed. All the staff we spoke with had a good understanding of safeguarding. They were able to describe the signs they would look out for which may indicate if a person was not safe. They told us that they had received training about this and the training records confirmed this.

Staff had a good understanding of how to report accidents and incidents, in order to notify the relevant people of these. People who had accidents at the service were taken to hospital in order to obtain medical treatment if needed.

On entering the building at the start of the inspection, we noted an unpleasant odour. Whilst people living at the service did not raise any concerns about this, relatives and health professionals told us that they had also found there to be an unpleasant smell on some occasions when they visited. A senior manager agreed that there had been an unpleasant smell on entering the service on the day of the inspection. We discussed this with the domestic cleaning staff who told us that they had ran out of the usual sanitizer used to eliminate odours. They also told us that a trial of a stronger sanitizer had been unsuccessful so they were awaiting the delivery of more stock, which had been ordered.

We observed that the premises was, overall, clean and tidy and redecoration to the upper floor was taking place. We saw that monthly internal infection control audits took place to check the levels of cleanliness within the service and no issues had been identified.

We asked people at the service if there was a sufficient number of suitable staff to meet their needs. All of the people we spoke with told us that staff were available at the times they needed them. One person told us, "The staff are good and they come to me quickly if I need help." The relatives of two people told us that they thought that there were enough staff available to meet people's needs when they visited.

Staff told us that there were enough staff available in order to meet people's needs. At this inspection we found that there were sufficient numbers of staff available to meet the needs of people who currently used the service. We found that suitable arrangements were in place to demonstrate how the staffing levels within the service had been determined in relation to people's dependency needs.

We found staff recruitment procedures operated by the provider were safe and were in line with their policy. This meant that suitable arrangements were in place to reduce the risk of unsuitable staff being employed to work with people at the service.

Overall, people's medicines were managed so that they received them safely. Staff told us that they were responsible for administering everyone's medicines at the current time as no one had chosen to self administer their own medicines. One person said, "I receive my medicines when I need them." We saw that the GP was asked to review most people's medicines when needed. We observed staff giving people their medicines and saw that they stayed with most people whilst they took all their medicines. However, we observed that a person was given a chewable tablet but they removed it from their mouth once the care coordinator had moved away from them. We spoke with the care co-ordinator about this. They told us that this person often did this and that they had not requested a GP review of this medicine. They told us that they would arrange for this to be done. Following the inspection the provider confirmed that this had been done.

Requires Improvement

Is the service effective?

Our findings

At the last inspection on 22 January 2014, we found a breach in relation to meeting people's nutritional needs.

The provider sent us an action plan outlining how they would make improvements. At this inspection we saw that some improvements had been made and new nutritional risk documentation had been introduced.

People had mixed views about the quantity and quality of food provided. One person described meals provided as "Enough but not always appetising." We spoke with a family member who told us they felt the food offered to people was "Good" and that their relative had "Enough" to eat. Another person told us the meals were "Regular and good."

We observed how people were supported with eating and drinking. For people who needed observation and encouragement with food and fluids in order to meet their nutritional needs, care and support was not always provided that met their needs. We noted that care provided did not always reflect the care to be provided as outlined within people's care plans. For example, we noted that a staff member was assisting a person with their meal and drink without giving the person time to finish their mouthful of food before being given the next. This person then fell asleep. Another person ate half of their own dessert and put their bowl down in front of the person that was asleep. The staff member then returned and proceeded to attempt to give the other person's half eaten dessert to the person who had since woken. We intervened as the person was noted to begin chewing the food that was left in their mouth whilst they had been asleep, which presented a choking risk. There may also have been the risk of cross infection as one person had half eaten the meal and staff were unaware of this and were about to give it to another person.

In the person's records we saw that it had been identified that the person fell asleep during the day and that staff should support them during meal times. We saw that care and support had not been provided that met this person's needs. We discussed this with the manager who took action and spoke with the care co-ordinator to request more frequent observation of the person during mealtimes.

During our observation of the support people received at lunch time, one person told us that they felt the food was "Ok" and "Edible", but they were noted to only eat part of their meal before pushing it away. We did not see that staff offered them an alternative meal, which meant that they had only eaten a small quantity of food and had not had the opportunity of an alternative.

We observed how the lunch time arrangements were organised to see how people were supported during meal times. People shared dining tables of between two and six places. The way in which meals were brought out resulted in people eating alone on some tables whilst others watched. In some cases people had finished their meals before the people sharing their table had received theirs. It took 20 minutes to give all the people in the room their meals and a number of people were noted to leave the table during this time. We saw that some people had begun to argue and others had fallen asleep.

People received care from staff who had the knowledge and skills to carry out their roles effectively. Staff told us that they put the on-going training they received into practice. For example they told us that they had used what they had learnt during safeguarding training to support people by reducing the risks of known triggers to incidents, thus reducing the number of safeguarding incidents between people who lived at the service. Staff told us that during their induction to the service, they worked alongside experienced staff members, who were able to show them how to provide care in order to meet people's needs. The manager gave us an example of a care worker who had come to work at the service in order to develop their career pathway. We observed this person being shown how to communicate with people as they received their medicines.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. We found that suitable arrangements were in place and appropriate assessments had been completed. The staff training plan identified that care staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff spoken with were able to demonstrate a good awareness and understanding of MCA and DoLS and when these should be applied. The manager had a good understanding of DoLS legislation and told us

Requires Improvement

Is the service effective?

that referrals to deprive a person of their liberty were in the process of being completed and submitted to the supervisory body (Local Authority) for their consideration and authorisation.

People were supported to maintain their health care needs and received on going health care support when needed. People had access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing. For example, people were supported to attend hospital appointments and to see their GP. Relatives confirmed that they were kept informed of people's healthcare needs and the outcome of healthcare appointments.

We saw the GP was called when people's health needs changed and we saw that other professional visitors attended to people's needs. This included regular visits to people by the district nurses or the chiropodist. We saw that referrals were made as people's needs changed.

Good

Is the service caring?

Our findings

People gave us positive feedback about the service they received and the staff that supported them. One person described staff as being "Kind." Another person said the support they received was, "Very good because staff do not rush me."

A visitor described the caring nature of staff as "Very good" and commented positively about how staff had worked to improve the quality of life for their relative. They told us that staff supported their relative if they could not sleep and checked that they were comfortable.

We observed that staff were patient, friendly and approachable. We observed a person being transferred using hoisting equipment. Afterwards when we asked the person about this they told us, "Staff have time for you and don't rush you." We observed when staff interacted with people they were kind and considerate.

Two visitors told us they had been consulted about their relative's care records and had contributed to this. We looked at the care records for people who lived in the service and saw that family representatives had been involved.

People were supported to express their views on a daily basis where possible. For one person who did not enjoy certain foods, we saw that staff listened to them and they were not given this particular food. This person also preferred to have showers, again this preference was met.

People who needed help to express their wishes and did not have family or friends to support them were provided with information about how to access community advocacy services. An advocate is a person who helps to support people to communicate their wishes. People were supported to express their views and to make decisions about their care and treatment.

People told us that their privacy and dignity was promoted and respected. One person told us "I think staff are kind and I am treated with respect." We observed staff to knock on doors and wait before they entered a room and to close bathroom doors when a person was receiving personal care. This ensured people's privacy was respected.

We saw that staff communicated clearly and in a sensitive way with most people who lived at the service. We observed staff to have conversations with people and talked about different things such as the weather or an item of interest on the news. Staff spoke in a reassuring manner using a gentle approach when asking if there was anything they could help people with. We noted that the staff team had worked with the family of a person whose first language was not English to try to ensure effective communication.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and supported them when they needed help. One person told us "If I need a drink staff are available to provide this." Assessments of people's care and support needs were undertaken prior to living at the service. This was in order to ensure that people's care and support needs could be met whilst living there. Care plans were written from this information and included information about people's preferences in relation to how their care was delivered. Family members confirmed that they were involved in this process. Staff spoken with had a good understanding of people's current care and support needs.

We did, however, observe that a staff member gave a person whose hands were not clean a cup of tea and a snack. This person's relatives told us they often visited and saw the person's hands were often not clean, however they were happy with the care provided. They told us their relative needed extra observations before every meal and after they had been to the bathroom so that staff could check that their hands were clean before eating and to reduce the risk of cross infection to other people at the service. We looked at the care records for this person and found that there were no instructions for staff to follow about the support this person needed in relation to this. We discussed this with the manager who told us that staff were aware of this risks and that they routinely checked this person's hands. However, from our observations and discussions during the inspection we found that support was not always being provided in a way that met this person's needs. Following the inspection the provider confirmed that this person's care plan now included specific guidelines for staff to follow about how to meet this person's needs in relation to this.

People were supported to take part in activities of their choice. One person told us that they enjoyed playing dominoes or being included in the bingo sessions at the service. Another person told us that they preferred their own company and that staff respected this. We saw a range of activities were held in the service including movement to music and visits from external entertainers. The provider had appointed an activities coordinator who was present during our inspection. They spoke with us about the range of activities provided. Staff told us that there were some people who preferred not to join in with group activities and that they preferred to spend their time in quieter areas of the home, which was respected. A relative told us that staff encouraged their relative to engage with others and supported them when taking part in entertainment and activities.

All of the people we spoke with told us they were confident to raise concerns or complaints if needed. People told us that they felt they were listened to and a person told us that they had, "No problems" raising any concerns with staff. One person said, "I am quite happy and I am able to say what I want to staff, and if there is anything I want to let them know about, they listen to me."

We saw that information about how to raise concerns was available for people in a larger print format so that more people could access the information. One person and a relative told us they had previously raised concerns and that these had been dealt with to their satisfaction. We saw complaints and concerns were responded to appropriately and an audit showed us all complaints received in the last 12 months had been dealt with in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

We looked to see the ways in which the provider encouraged people to be involved in developing the service. We found that there were arrangements in place to obtain people's views about the service they received, so that they had opportunities to put their suggestions forward. For example, people were recently asked for their opinions about the redecoration programme taking place at the service and could choose colours for their bedrooms. We saw that after our last inspection, a group meeting involving people who used the service was held. People's suggestions put forward had been acted upon, for example new menus were produced. We saw that the seating arrangements at meal times had been improved so that more people could be seated at a table.

Relatives told us that they could have a say and were asked their opinions about the service people received. A family visitor told us that they had expressed their dislike of the restricted visiting policy around meal times. However, they told us that the manager had explained the reasons for this. The manager told us that relatives could visit outside of meal times as this was less distracting for other people at the service.

There was a clear management structure at the service. However, the manager had been in post for over a year and was yet to register with us. This was despite there being a requirement of the service's registration to have a registered manager in post. The manager told us that they were intending to apply for registration with us at this service, however we were yet to receive an application. This person who was in day to day charge of the service and provided leadership to the rest of the staff team. The manager was present during our inspection and we found that they had a good understanding of people's care and support needs. Relatives told us that the manager was approachable and we found that they had a clear understanding of their role and responsibilities.

Staff told us that they enjoyed working at the service. A staff member told us, "We all get on well and support each other." The manager told us that staff morale was good and that the staff team worked well together. Staff meetings were held as well as individual staff supervision meetings. These provided staff with opportunities to put forward their suggestions about the running of the service. One staff member told us that they were encouraged to give their opinion about the service provided to people. They also said that they could write their concerns down before the next staff meeting to be added to the agenda. Staff told us they were aware of how to alert external agencies if people were at risk of poor care. They told us that they had not needed to use the provider's 'whistleblowing' policy but that they knew how to access if needed.

Other arrangements were in place to monitor the quality and safety of the service at both provider and manager level. We found that actions had been taken in response to shortfalls identified from their own monitoring checks. For example, the provider had identified that there were areas of the home such as the first floor lounge and dining area that were in need of redecoration and this was being acted on. We did, however note that the quality monitoring checks had not identified the continued shortfalls in relation to how people's nutritional needs were being met.

The provider confirmed equipment was serviced and up to date checks had been undertaken for gas safety, the fire alarm systems, electrical wiring safety, hoist and lift checks. This demonstrated that the provider had taken steps to provide care in an environment that was appropriately maintained.