

Dr & Mrs S H Curry

# The Manor House Residential Home

## Inspection report

The Manor House  
Fore Street  
Seaton  
Devon  
EX12 2AD

Date of inspection visit:  
05 March 2019

Date of publication:  
11 April 2019

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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: The Manor House Residential Home is registered to provide accommodation for 15 people who require personal care, aged 65 and over. At the time of our visit 14 people were living at the service.

People's experience of using this service:

People at The Manor House were valued as individuals and treated with care and compassion. Staff knew each person well and provided person centred care. Staff engaged positively with people throughout the day. Staff knew how to communicate with people, so people understood the options available to them. The registered manager, director and staff extended their care and compassion to people's family members and saw them as part of the home's community.

Staff promoted people's dignity and privacy. Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken.

People's views were sought, and opportunities taken to improve the service. Staff were supervised, supported and clear about what was expected of them. People's care was provided in line with best practice. People were cared for by staff who received regular training that was tailored to meet the needs of the people living in the service.

People, relatives, staff and professionals gave positive feedback about the registered manager and director. They were role models and staff had adopted the registered manager's approach to the care of the people living in the service.

People lived in a service that kept them safe. Staff had been recruited safely and had received training on how to recognise and report abuse. People were supported to take their medicines safely. Audits and checks were carried out, so any problem could be identified and rectified.

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

People's needs and preferences regarding food and drink were known and respected. People told us they liked the food and staff gave examples of things they did to help ensure people got the food they liked, whilst maintain their health.

People's views were sought and listened to in relation to the home. People were offered a variety of different ways to spend their time. Staff understood what people enjoyed doing and constantly worked to offer a variety of activities based on people's preferred pastimes and hobbies.

Rating at last inspection:

At the last inspection in September 2016 the service was rated as Good.

Why we inspected: This was a planned comprehensive inspection based on previous rating.

Follow up: We will continue to monitor the service to ensure that people continue to receive safe, compassionate, high quality care.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good". For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# The Manor House Residential Home

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an adult social care inspector and an expert by experience who was knowledgeable about care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** The Manor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Manor House accommodates up to 15 older people in a large three storey detached house in the East Devon seaside town of Seaton. On the day of the inspection, 14 people lived in the home.

The service had a manager, who was also one of the providers, registered with the Care Quality Commission (CQC). 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.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are

specific events registered people have to tell us about by law.

During the inspection we spoke with:

- nine people
- one relative
- The registered manager, provider, two senior care assistants, two care assistants, a housekeeper and the cook.

After the inspection, we contacted twelve healthcare professionals for their views of the service, two of whom replied to us.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "It's the staff, they make me feel safe."
- All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.

Assessing risk, safety monitoring and management

- There were systems in place to assess risks both to individuals and to the environment.
- People were protected against hazards such as falls, nutrition and mobility.
- People lived in an environment which the provider assessed to ensure it was safe and secure.
- Fire checks and drills were carried out in accordance with fire regulations.
- People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of an emergency to keep them safe. These were held on the computerised system and a copy on the back of people's bedroom doors. This meant emergency services would be able to access people's information in the event of an emergency evacuation.

Staffing and recruitment

- Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character.
- Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.
- People said there were enough staff to meet their needs and their call bells were responded to within a reasonable time.
- A monthly call bell audit was completed to ensure call bell response times were acceptable.
- Staff said there were enough staff to meet people's needs and to spend quality time with people.

Using medicines safely

- Medicines were safely managed for people.
- Medicines were stored safely, including those which required additional security. The temperature of the medicines cupboard and fridge were monitored daily.
- Medicines were recorded on the provider's new computerised care system. These contained the information staff needed to administer medicines safely, including photographs of people so they knew they were administering them to the correct person.
- Staff who administered medicines were well trained and their competency assessed regularly.
- People told us they were happy with the way the staff supported them with their medicines.

### Preventing and controlling infection

- People were protected from the spread of infections.
- Staff had access to personal protective equipment for use to prevent the spread of infections.
- Staff had received training in infection control and understood what action to take in order to minimise the risk of cross infection, such as the use of gloves, aprons and good hand hygiene to protect people.
- The home was clean throughout and no unpleasant odours. The provider had plans to trial a new ozone disinfection system around the home. This had been successfully trialled in the laundry.

### Learning lessons when things go wrong

- The provider and registered manager were committed to developing an open and honest culture where staff understood their responsibility to raise concerns and were supported to do so. They both worked alongside staff on a day to day basis and were well informed about any issues.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- The registered managers reviewed all accidents and falls to ensure people had the appropriate action taken.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving into The Manor House to ensure they could meet people's needs.
- Assessments of people's needs were regularly reviewed with them by designated keyworkers.
- Staff knew people well and supported them effectively according to their needs and choices. One person had been an emergency admission to the home and did not want to stay there. Staff had supported the person and reassured them and when they returned to their own home had made the decision to move back to the Manor House.

Staff support: induction, training, skills and experience

- Staff had completed a comprehensive induction and training programme. They had the skills to meet people's needs.
- Staff were supported by the management team through regular supervisions and appraisals.
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Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated.
- Kitchen staff were aware of people's specific dietary requirements, for example, if people needed their food to be prepared differently to minimise the risk of choking.
- Lunchtime was a relaxed and sociable occasion with tables laid with table cloths, napkins, fresh flowers and condiments. Staff were very attentive and supported people appropriately when needed.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged, and staff followed the guidance provided. One GP commented, "Staff have always supported residents and myself well, and if I have ever needed to give care advice have always listened and taken on board my guidance."
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The home is in a listed building and had been modified where needed and possible. There was a lovely homely atmosphere.
- Risks in relation to premises were identified, assessed and well-managed.
- The environment met the needs of the people who lived at the home.

- People and relatives had access to different communal rooms and areas about the home

Supporting people to live healthier lives, access healthcare services and support

- Care records showed that people's health needs were monitored.
- The service had worked effectively with relevant healthcare specialists, such as the speech and language team (SALT), chiropractor, dentist and audiology to ensure people's health needs were met.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a clear understanding of the MCA. Throughout the inspection we heard staff consistently asking people to consent to their care and treatment, and ensuring they had the information they needed to make decisions.
- People had been asked to sign consent forms held in care records. For example, consent to photography
- There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- The registered manager had a clear understanding of their responsibilities in relation to DoLS. At the time of the inspection nobody at the service required a DoLS application.

# 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

Good:  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

- Staff engaged with people with kindness and compassion and shared warm interactions. They used people's preferred names and greeted them with bright smiles. One staff member said, "We make it a home from home, giving the person the best care, they need and deserve and as much independence as we can give them. I treat them as I would have loved my mother to have been treated."
  - People told us their relatives were made very welcome in the home. Relatives said how the caring culture was extended to friends and family.
  - We regularly saw staff offering reassurance to people and asking if they needed anything.
  - Staff ensured people's rights were upheld and that they were not discriminated against in any way.
- Supporting people to express their views and be involved in making decisions about their care
- Interactions between people and staff were two-way and meaningful and enabled people to share their views about their care and the home.
  - People were encouraged to make decisions about their day to day care and routines where possible. Those with close family, friends or those with the legal authority to make decisions on behalf of people if required were consulted.
  - Staff knew people's individual likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People's wishes to spend time in their rooms was respected by staff.
- People had a choice of male / female staff to provide support to them
- Staff knocked on people's doors before entering their rooms.
- People were treated with dignity and respect and their privacy was supported by staff. One staff member commented, "Everybody is different, one lady likes to be in her room, likes to wash herself and on her own, and have towels put in certain places, wears what she would like to wear. Mustn't take away their independence."
- Staff offered people assistance in a discreet and dignified manner.
- People said staff respected their needs and wishes and they felt that their privacy and dignity were respected.
- People's relatives and friends were able to visit without being unnecessarily restricted.
- A health care professional said, "To my knowledge and experience clients are treated in a thoughtful manner and dignity has always been considered and protected."

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support was planned in partnership with them in a way that suited the individual.
- Staff understood the importance of getting to know people, so they could provide their care and support in their preferred way. Information about people's background and personal history was recorded in detail to help staff to know the person and their needs.
- Care plans contained detail about people's preferences; how they spent their day and how they preferred to receive their care.
- People were enabled to live as full a life as possible. Activities and social opportunities were planned and organised by care staff with people's interest in mind. Individual interests, such as cooking, as well as group activities such as bingo, singsongs, quizzes and exercises were provided. We observed people making pancakes with their personal choice of fillings, enjoying a singsong and having their hair done by a visiting hairdresser.
- People had the opportunity to attend events and activities in the local community. People were regularly supported to visit the local amenities.
- The provider had three cats and a dog which people who lived in the home loved.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. The provider had a complaints policy which was available to people and visitors.
- The registered manager and provider lived at the home and regularly spoke with people. Where there were niggles, these were addressed promptly to prevent the concern becoming a complaint.
- There had been two complaints/concerns since our last inspection. Records showed action had been taken regarding these to help improve the service. For example, one person had complained about a television of a neighbour being too loud. Headphones had been purchased to resolve this concern.

End of life care and support

- The registered manager told us they were passionate about people receiving excellence care when they required end of life care.
- Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.
- When required staff ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.

- The service had received positive feedback from people's relatives about the end of life care they had provided.

# 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- □ The registered manager and provider had a clear vision of providing a personalised service to people, which was homely, and everyone treated as if they were in their own home. Staff were all positive about working at the service and said they would be happy for a relative of theirs to be cared for there.
- □ Staff said they were supported by the management. One staff member fed back, "The staff here are absolutely lovely. (The registered manager and provider) are brilliant you can go to them about anything. It is a really well-run home."

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

- □ People, relatives, professionals and staff all gave positive feedback about the registered manager and provider about their leadership skills, approachability and caring nature.
- □ The registered manager and provider knew everyone extremely well including relatives. They did not pass anyone in the home without talking to them and asking how they were. This caring approach reflected the relationships staff built with people and relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- □ There were a variety of ways people could influence the service provided; including feedback surveys and informal conversations with staff, the registered manager and provider.
- □ Changes and improvements that had been made because of people's feedback and suggestions. One person said the beef was too tough, so they changed the way beef was cooked at the home.
- □ Staff views were sought regarding the running of the home, through regular supervisions, meetings and the registered manager and provider working alongside staff.

Continuous learning and improving care; Working in partnership with others

- □ A system of audits and monitoring helped ensure any gaps in practice or required improvements were identified.
- □ Senior staff had been delegated checks they were responsible for. These were overseen by the registered manager and provider.
- □ Staff worked with local services such as GP's and district nurses to ensure people's health and well-being was promoted. A GP commented, "I have always found the Manor House a homely home, somewhere a

would happily recommend a family member to, which for me on a personal level means a lot."