

Essington Manor Care Home Limited

# Essington Manor Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Essington Manor is a care home that accommodates 41 people in two buildings that are adjoined and support is provided on two floors. The home is registered for up to 41 people. There are various communal areas, including a lounge, dining room and conservatory that people can access. The home also has a large garden.

People's experience of using this service:

The service met the characteristics of good in all areas.

At the last inspection in January 2018, the service was rated as Requires Improvement overall, with breaches of the regulations in relation to ineffective quality assurance systems. The provider wrote to us to tell what action they would take to comply with these regulations. At this inspection, we found that the provider had made considerable improvements and there were no longer breaches of the regulations. The home had improved and is now rated as Good.

The care people received was safe. Individual risks were considered. Safeguarding procedures were in place. Medicines were managed in a safe way. There were enough staff available for people. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

The care that people received was effective. They 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. Staff received an induction and training that helped support people. People received support from health professional when needed. People enjoyed the food and were offered a choice. The environment was adapted to meet people's needs.

People and relatives were happy with the staff and supported in a kind and caring way. People were offered choices, remained independent and their privacy and dignity was maintained.

People received care that was responsive to their needs. The care they received was individual and specific to their needs. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were audits in place which were effective in continually developing the quality of the care that was provided to them.

More information is in the full report.

Rating at last inspection:

Requires Improvement (Last report published 19 February 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-led  
Details are in our Well-Led findings below.

# Essington Manor Care Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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:

This inspection visit took place on 13 February 2019. The inspection visit was carried out by two inspectors.

Service and service type:

Essington Manor Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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:

This inspection was unannounced.

What we did:

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make. We used all this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with four people who used the service, three members of care staff and the registered manager who is also the provider. We also spoke with five relatives and a visiting health professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for eight people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- At our last inspection, when incidents occurred or things went wrong within the home there were no current systems in place so that improvements could be made. During this inspection we found the provider had made the necessary improvements.
- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- Individual risks to people were considered. For example, when people were at risk of falling people had sensor mats in their room and on their chairs to alert staff when they were mobilising. We saw this equipment was being used within the home and staff were aware of this.
- People were safe living at Essington Manor Care Home. One person said, "I feel safe here." Relatives confirmed they did not have any concerns with their relations safety. We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people were sat on pressure relieving cushions when at risk of pressure damage.
- When people needed to be transferred with the use of specialist equipment, such as standing frames or hoists. We saw staff using this equipment safely and in line with the person's care plan. This equipment had been maintained and tested to ensure it was safe to use. This showed us people were supported in a way to keep them safe.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

### Learning lessons when things go wrong

- At our last inspection there were no systems in place to ensure lessons were learnt when things went wrong. During this inspection we found the provider had made the necessary improvements.
- Lessons were learnt from when things went wrong and actions taken to reduce the risk.
- The provider recorded when incidents had occurred in the home, the action they had taken and any learning from this. They also documented how this had been shared with staff and how it could be completed differently if this reoccurred.

### Using medicines safely

- At our last inspection, we could not always be sure that risks associated to the administration of medicines had been fully considered and that correct procedures were always followed. During this inspection we found the provider had made the necessary improvements.
- Medicines were managed in a safe way. We saw staff administering medicines to people and they stayed with them ensuring they had taken them.
- We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines.
- We saw there were effective systems in place to store, administer and record medicines to ensure people

were protected from the risks associated to them.

#### Staffing and recruitment

- At our last inspection we received mixed views about staffing levels within the home and support people received was often task focused. During this inspection we found the provider had made the necessary improvements.
- There were enough staff available for people and they did not have to wait for support.
- People, relatives and staff confirmed there were enough staff in the home. One person said, "There are more than enough staff, there is always someone I can call on if I need them. Relatives we spoke with were happy with the staffing levels within the home.
- We saw when people needed support it was provided for them. There were staff available for people in communal areas and when people in their bedrooms requested support by pressing their buzzers, staff responded without delay.
- We looked at three staff recruitment files and saw pre-employment checks were completed before the staff could start working in the home. This demonstrated the provider ensured staffs' suitability to work with people within the home.

#### Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately by the provider and in line with these procedures to ensure people were protected from potential harm.
- Staff knew how to recognise and report potential abuse. One member of staff told us, "Its making sure no harm comes to the people we are looking after." Another staff member said, "I would report my concerns to the support manager or manager, they would action this with the local authority."

#### Preventing and controlling infection

- There were infection control procedures in place and these were followed.
- We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them.
- The provider also completed an audit in relation to infection control, the last audit identified compliance in this area.
- The environment was clean, maintained and free from infection.



# 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

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

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.

- At our last inspection, some capacity assessment were in place however all areas had not always been considered. There was not always evidence as to how best interest decisions had been made. During this inspection we found the provider had made the necessary improvements.
- We found when people needed a capacity assessment these were in place for people and decisions had been made in people's best interests.
- When relatives held the legal powers for people, copies of these were available in care files.
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.

Staff support: induction, training, skills and experience

- At our last inspection, some staff supported people without having the relevant training and agency staff did not always receive the relevant induction. During this inspection we found the provider had made the necessary improvements.
- Staff received an induction and training that helped them support people.
- We spoke with a staff member who completed an induction. They said, "I did training and had the opportunity to shadow other staff for a week. This really helped as I got to know people's routines."
- Staff continued to receive training. One staff member said, "We have training all the time, I have recently completed my safeguarding."

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

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions and specific dietary requirements.

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

- People enjoyed the food and were offered a choice.
- One person said, "I always get a good meal and plenty to choose from." Another person told us, "Very good and a very good range of foods, which pleases me."
- At breakfast and lunchtime, we saw people had a variety of meals. If people did not like the options on the menu they were able to have a different meal, for example one person was asked if they would like a jacket potato as an alternative.
- We saw some people chose to eat in the communal dining room or communal lounges where as others ate in their rooms.
- People were offered a choice of drinks with their meals and throughout the day people were offered a choice of drinks and snacks.
- When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals. People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so that action could be taken if needed.

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

- The home was decorated in accordance with people's choices and needs.
- People had their own belongings in their bedrooms. When people sat in specific areas in the communal rooms they had tables next to them with their own individual items near to them.
- There was a garden area that people could access and people told us they enjoyed using in the summer.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- People had access to healthcare professionals and their health was monitored within the home.
- One person told us, "They get the doctor in when I am unwell." A relative confirmed to us that their relation had access to health professionals in a timely manner and were update about this.
- We saw recorded in people's files when they had been seen by the GP or other health professionals such as district nurses or speech and language therapists. (SALT)
- Records we looked at included an assessment of people's health risks.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. We saw people had recently been referred to the falls team and SALT.
- A visiting health professional spoke positively about the home. They said, "I have no concerns the staff are very good, they communicate well with us, they always know we are here. Very happy with everything."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives were happy with the staff and the care they received.
- One person told us, "It is a really nice, warm and comfortable place to live." A relative told us, "Its exceptional, the care they show my relation and myself is so kind."
- We saw staff chatting and laughing with people throughout our inspection. People were treated with respect and approached in a kind caring way. For example, staff constantly asked people if they were happy and if they needed support. Staff spent time with people talking to them and finding out what they needed. Staff respected people's wishes.

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

- People were offered choices and made decisions about how they would like to spend their day.
- One person told us, "I can do as I wish here." A staff member gave us an example of how they offered people choices. They said, "If we can ask people we do but for the people who can't verbally communicate we show them items or use pictures so they can understand what we are saying. Some people will point to let us know their choice where as others with nod their heads."
- Throughout our inspection we saw staff asking people what they would like to do. This included where they would like to sit and if they wished to participate in activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted.
- One person said, "The staff are very respectful and direct with regards to personal things."
- We observed staff knocking on people's doors and offering support to people in a discreet way.
- We saw posters around the home advertising a dignity event that was happening the following day within the home.
- People were encouraged to be independent.
- One person said, "I try to do what I can for myself, I have a go."
- We observed people were encouraged to be independent. For example, we heard staff encourage people to do tasks for themselves such as eating their meals. Staff could tell us how they encouraged people's independence and we saw care plans reflected the levels of support people needed.

# Is the service responsive?

## Our findings

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

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

- Staff knew people well and knew their needs and preferences.
- People had care plans which were personalised, detailed and regularly updated.
- A relative told us, "Yes they know my relation very well. I have the opportunity to attend reviews and if anything changes for them they are always updating the care records."
- Staff had the opportunity to attend handover at each shift where they could share information and changes about people.
- People told us they were happy with their care. One person said, "I am very happy with the care I receive and how staff deliver it." All the relatives we spoke with felt the staff knew their relation well and were happy with the levels of support they received.
- People's communication preferences had been assessed and there were plans to guide staff. This showed us that the provider had complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.
- We saw communication aids such as hearing aids and flash cards were used by peoples in the home.
- People's cultural and religious needs had been assessed, however the provider was not currently supporting anyone with this.
- People had the opportunity to participate in activities they enjoyed. There were two activities coordinators in post.
- During the morning of our inspection we saw various activities were taking place, including a music session and an exercise activity.
- One person said, "There is always something for me to have a go at, its lots of fun. I love the old songs myself I can have a good old sing a long." Another person told us about an outing that had taken place the previous day. They said, "We went to the old tea rooms yesterday. It was lovely, we had jam sandwiches and lovely old type cakes. We had a taxi from here to the door, eight of us went with the staff. It was a really lovely day. We all enjoyed it."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- People and relatives knew how to complain. Since our last inspection no formal complaints had been made. When people had made 'grumbles' the provider had recorded these and taken action to ensure they were resolved.
- Although no one we spoke with had raised a complaint both people and relative felt any complaints or concerns would be actioned by the registered manager.

End of life care and support

- At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

# 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

The service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At our last inspection quality monitoring systems were in place however this information was not consistently completed or used to drive. During this inspection we found the provider had made the necessary improvements.
- Quality checks were completed within the home. These included monitoring of medicines, complaints and infection control. The registered manager identified this was an area they were continually developing and audits were to be introduced in other key areas.
- We saw when areas of improvement had been identified the necessary action had been taken. For example, we saw a medicines audit had been completed this had identified that stock levels for some medicines were low, so further stock had been ordered.
- The provider had introduced a service improvement plan that identified areas of improvement that were needed within the home.

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

- At our last inspection feedback was sought from people and relatives however this was not always used to bring about changes. During this inspection we found the provider had made the necessary improvements.
- The provider sought the opinions of people who lived in the home and their relatives. This was through meetings and satisfaction surveys.
- People and relatives had the opportunity to attend meetings [forums] to discuss and share any concerns.
- The provider had introduced a 'you said' 'we did' to show action they had taken when areas of improvement had been identified.
- We saw when needed the provider had taken action, for example it was suggested new chairs were needed in an area of the home these had been replaced.

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

- People, relatives and staff spoke positively about the management team and the support they received.
- One person said, "It a lovely home with a nice atmosphere, I am very happy here." A relative commented, "It a lovely well-run home, the manager is very approachable and is always available. If I have anything to ask they also make time for me, as do all the staff."

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

regulatory requirements.

- Staff felt supported and listened to by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home in line with our requirements.

Working in partnership with others

- There were good relationships with local health and social care professionals, community centres and social groups.
- A visiting health professional confirmed the home worked jointly with them to deliver effective care to people.