

Dr Bijoy Sinha & Dr Madhulika Sinha

Manor Gate Care Home

Inspection report

190 Causeway
Wyberton
Boston
Lincolnshire
PE21 7BS

Tel: 01205366260

Date of inspection visit:
19 January 2017

Date of publication:
21 February 2017

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 19 January 2017.

Manor Gate Care Home can provide accommodation and personal care for 18 older people and people who live with dementia. There were 17 people living in the service at the time of our inspection.

The service was operated by a partnership that was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the partnership and the registered manager we refer to them as being, 'the registered persons'.

At our inspection on 23 December 2015 there was one breach of legal requirements. We found that the registered persons had not fully protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the care and facilities provided. This was because quality checks had not been consistently effective in quickly resolving problems in the running of the service. These problems included there not always being enough staff on duty, shortfalls in the way new staff were recruited and oversights in the support people received to eat enough in order to stay well. In addition, the registered persons had not always ensured that care was provided in a way that fully respected people's legal rights.

After the inspection the registered persons wrote to us to say what actions they intended to take to address the problems in question. We completed a further inspection of the service on 20 May 2016 when we found that the necessary improvements had been made to address the breach and to meet legal requirements.

At this inspection we found that staff knew how to respond to any concerns that might arise so that people were kept safe from abuse, including financial mistreatment. People had been protected from the risk of avoidable accidents and there were enough staff on duty. Background checks had been completed before new staff were appointed.

Parts of the accommodation were not adapted, designed and decorated to meet people's needs and

expectations. Staff had been provided with support and guidance and they knew how to support people in the right way. People had been helped to eat and drink enough to stay well and they enjoyed their meals. Staff had supported them to obtain all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, and promoted their dignity. Confidential information was kept private.

People had been consulted about the care they wanted to receive and had been given all of the practical assistance they needed. Staff promoted positive outcomes for people who lived with dementia. People's choices were respected and they were offered the opportunity to pursue their hobbies and interests. There was a system for resolving complaints.

People had been invited to suggest improvements to their home and quality checks had been completed. The service was run in an open and inclusive way and good team work was promoted. Staff were supported to speak out if they had any concerns and people who used the service had benefited from staff acting upon good practice guidance.

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.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been protected from the risk of avoidable accidents.

Medicines were managed safely.

There were enough staff on duty.

Background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Parts of the accommodation were not adapted, designed and decorated to meet people's needs and expectations.

Staff knew how to care for people in the right way and had received most of the support and guidance they needed.

People had been assisted to eat and drink enough.

Care was provided in a way that ensured people's legal rights were protected.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's rights to dignity and privacy were promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and this had been provided in the right way.

Staff promoted positive outcomes for people who lived with dementia.

People were supported to make their own choices and they were helped to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Good ●

The service was well led.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Quality checks had been completed to ensure that people received safe care.

People had benefited from staff acting upon good practice guidance.

There was good team work and staff had been encouraged to speak out if they had any concerns.

Manor Gate 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 registered persons were 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 19 January 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with seven people who lived in the service and with three relatives. We also spoke with four care workers and the activities manager. In addition, we met with the deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for three people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After our inspection visit we spoke by telephone with a further three relatives.



Our findings

People told us that they felt safe living in the service. One of them remarked, "I like the staff here who are kind and easy to get on with." We noted how people who lived with dementia and who had special communication needs were happy to be in the company of staff. An example of this occurred when we were in the dining room and saw staff laying the tables for lunch. We saw a person enter the room and enjoy helping staff to get the room ready. Relatives were also confident that their family members were safe. One of them remarked, "The best way to describe Manor Gate is to liken it to a family home. It's not posh and parts of the building are a bit run down, but it's very caring and the residents come first."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We found that people had been protected from the risk of financial mistreatment. This was because some people who needed help to manage their personal money were provided with the assistance they needed. Records showed that there was a clear account that described each occasion when staff had spent money on someone's behalf. This included paying for services such as seeing the hairdresser and chiropodist. In addition, we noted that there were receipts to support each purchase that had been made.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames and raised toilet seats.

In addition, we noted that windows located on the first floor were fitted with safety latches. These helped to ensure that they did not open too far and could be used safely. We also noted that hot water was temperature controlled in order to reduce the risk of people being scalded. We saw that radiators that became hot enough to cause burns were fitted with guards. Furthermore, we found that suitable

arrangements had been made to enable people to safely and quickly leave the building in the event of an emergency.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved people being referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them.

The registered manager told us that they had completed an assessment of how many staff needed to be on duty taking into account how much assistance each person needed to receive. We noted that during the week preceding our inspection all of the shifts planned on the staff roster had been filled. People who lived in the service said that there were enough staff on duty to provide them with the individual care they needed and wanted. One of them commented, "The staff always seem to be available when you need them. I never seem to have to wait overly long." Another person said, "When I ring the call bell at night the staff are pretty quick to arrive and they don't mind you calling them." During our inspection we noted that staff quickly responded when the call bell rang. We also saw that when people who were sitting in the lounge asked for assistance this was given without delay. We concluded that there were enough staff on duty because people were promptly being provided with care that met their needs and expectations.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.



Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "I'm fine with the staff who give me all the help I need." Another person remarked, "The staff are more like friends really. Over time you get to know them so well and they get to know us and how we like things done." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "Yes I do think that the staff are okay and know what they're on with. I can see that my family member is cared for in the right way and how I want it to be done."

However, some people and relatives voiced reservations about the standard to which some parts of the accommodation were presented. Summarising this view a person said, "It's okay and homely enough I suppose, but parts of the building are just plain tatty and look run down. We don't want it too posh but parts of it are at the other extreme." We noted a number of defects in the accommodation. These included numerous areas where the painted finish on woodwork was chipped and discoloured. We saw that a door leading to one of the lounges was heavily scored at ankle height and looked unsightly. In one of the bathrooms the panel fitted to the side of the bath was cracked and in one of the lounges some of the wallpaper was missing while on another wall it was peeling away.

However, we also noted that since our last inspection the registered persons had almost completed a significant refurbishment of parts of the accommodation. This work had included adding some new build bedrooms, a walk-in shower with a heated floor and a conservatory. Records showed that these improvements were part of a larger development plan for the service which when completed would address all of the defects we have noted above. The registered manager assured us that the registered persons recognised the importance of completing all of the elements of the plan. This was so that people who lived in the service would fully benefit from having their care provided in a comfortable and pleasant setting.

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also found that most staff had obtained a nationally recognised qualification in the provision of care in residential settings.

We noted that new staff had undertaken introductory training before working without direct supervision. Records showed that arrangements had been made to further develop this training so that it met the

requirements of the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way.

Documents showed that staff had received refresher training in key subjects. This training included how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. We noted that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

People told us that they enjoyed their meals with one of them remarking, "The meals are okay here and there's certainly enough food served." Another person remarked, "I have my meals in the dining room but I could eat in my bedroom if I wanted to." We asked a person who lived with dementia and who had special communication needs about their experience of dining in the service. We saw them point towards the dining room and give a 'thumbs-up' sign to show us a positive response. Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to use cutlery were discreetly assisted by staff so that they too could enjoy their meal.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. Records showed that people had been offered the opportunity to have their body weight regularly checked. This had helped staff to quickly identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. We also noted that staff were discreetly checking how much some people were drinking each day. This was being done to make sure that they were having sufficient hydration to maintain their health and wellbeing.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A relative spoke about this and remarked, "The staff are very good about this and I know that they contact the doctor straight away if they've got any concerns. Also, they let me know too which is good."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them. The member of staff gently reminded the person why their doctor had prescribed the various medicines in question. After this, we saw that the person was reassured and was pleased to accept all of the medicines that the member of staff offered to them.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals. They had done this to ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a

person's care manager (social worker). This was necessary because a decision needed to be made about where it would be best for the person to live after they left the service. We noted that careful plans needed to be made so that the person could be given all the care they needed while at the same time being able to maintain contact with their relatives.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that two people were being deprived of their liberty at the time of our inspection visit. This was necessary to ensure that they remained in the service so that they could safely receive the care they needed. Records showed that the registered manager had applied for the necessary DoLS authorisations for both of these people. By doing this the registered manager had ensured that only lawful restrictions were used that respected people's rights.

Records showed that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager and senior staff. This helped to ensure that suitable steps could be taken to liaise with people who had the legal right to be consulted about the care and other services provided for a person living in the service.



Our findings

People who lived in the service were positive about the quality of the care they received. We saw a person who lived with dementia and who had special communication needs sitting with a member of staff smiling and pointing to photographs of their grand-children. Another person said, "The staff are fine with me. I've no problems with any of them." Relatives were also confident that their family members received a caring response to their needs for assistance. One of them said, "All I can say is that the staff care for my family member in the way that I would. You can't really ask for more than that can you."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. We noted an example of this when a person needed to be supported in a particular way when they returned home after going out to the local village shop. The member of staff supported the person to have a drink and then chatted with them about where they had been and what they had enjoyed doing. We saw that the person was pleased to speak about this detail after which they looked forward to going out again the next day.

Staff were knowledgeable about the support people needed, gave them time to express their wishes and respected the decisions they made. An example of this occurred during our inspection when a person who was sitting in the lounge said that they wanted to return to their bedroom. We noted that a member of staff quietly assisted the person to gather together items including a magazine and their cardigan before walking with them back to their bedroom. We also noted that shortly after this the reverse occurred as the person had changed their mind and wanted to return to the lounge.

We noted that staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls

in private. Speaking about this a person remarked, "I can use the office 'phone if I want. I just have to ask. I could have a 'phone in my room but I don't want all of the costs that go with it."

We saw that the registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

We saw that written records which contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We noted that staff understood the importance of respecting confidential information. An example of this was the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.



Our findings

During our inspection we found that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person who lived with dementia and who had special communication needs. The member of staff used a number of methods to ask the person if they were warm enough. These included pointing to the weather outside and pointing to their own cardigan in order to see if the person also wanted to wear additional clothes. The person concerned was able to relate to this communication. We saw them smile and squeeze the hand of the member of staff concerned to show them that they were comfortably warm.

People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. One of them remarked, "The staff here are very obliging and they give me all the care I need. I wouldn't be able to manage without them that's for sure. They're always there when you need them." Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. We saw an example of this when people were helped to reposition themselves when sitting in their armchair or when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aids that promoted their continence.

We noted that staff promoted positive outcomes for people who lived with dementia and supported them when they became distressed. An example of this occurred when a person was becoming anxious about the number of people who were gathered in one of the hallways along which they wanted to walk. This had resulted in the area being rather more noisy than usual. A member of staff responded to this by suggesting that the person might enjoy using an alternative route going through a less busy area of the service. We saw the person taking the advice of the member of staff who accompanied them back to their bedroom. Soon after this event we saw the person again. This time they were relaxed and resting in their bedroom. The member of staff had known how to recognise that the person needed reassurance and had provided this in the right way.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. We noted that people were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was held in the service. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate

their family member's life.

There was an activities manager and records showed that people were offered the opportunity to enjoy taking part in a range of social events. These included activities such as arts and crafts, quizzes and gentle exercises. During our inspection we saw a group of people enjoying participating in a crafting session in the lounge where they were making decorative collages. We also saw people being assisted to pursue individual activities such as reading and watching television. In addition, we noted that the activities manager made a point of spending time with people who preferred to rest in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. In addition, we were told that there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes.

People told us that there were enough activities for them to enjoy. One of them said, "The activities lady is good and she's always coming up with things for us to try and it makes the time go by and not drag." Relatives also gave positive feedback with one of them remarking, "Although my family member doesn't choose to get too involved, I do see social things going on in the home regularly and overall there's a lively atmosphere."

People said and showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a complaints procedure that explained their right to make a complaint. In addition, relatives were confident that they could freely raise any concerns they might have. One of them said, "The manager is around a lot and there are no airs and graces with her. I have a chat with her and she's very helpful and just a genuinely kind person who wants to help."

We also saw that the registered persons had a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had received one formal complaint since our last inspection. We saw that the registered manager had promptly investigated the matter so that the complainant could be given a full response that addressed their concerns.



Our findings

People who lived in the service said that they were asked for their views about their home as part of everyday life. One of them remarked, "I see the staff every day and if I want something I've only got to say and the staff are easy to talk to like friends." We saw a lot of examples of staff consulting with people. One of these was a member of staff chatting with a person about any additional social activities they would like to see available in the service. We also noted that people had been invited to attend residents' meetings at which staff supported people to suggest improvements to their home. Records showed that an example was people being consulted about what extra dishes they wanted to be included in the lunch time menu. We saw that as a result of this changes had been made to the menu that reflected people's preferences.

Records showed that the registered manager had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed and staff had the knowledge and skills they needed. We also noted that checks were also being made of the accommodation and that these had contributed to the creation of the development plan that we have mentioned earlier in this report. In addition, records showed that checks had been completed to ensure that fire safety equipment, hoists and stair-lifts remained in good working order.

People and their relatives knew who the registered manager was and said that they were helpful. Commenting in general on the management of the service a relative said, "I do think that the place is well run. It's not obvious at first glance because the building looks quite untidy in places. But the most important thing is that the care is good. To achieve that in a less than ideal building must take some doing." During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a very detailed knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped the registered persons to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior member of staff on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for support were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to support people in a responsive and effective

way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager having used national guidelines to systematically review the way in which medicines were managed in the service. We saw that this commitment to good practice was reflected in the way that people were reliably supported to use medicines in the right way.