

Pinnacle Care Ltd

Manor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection site visit took place on 1 May 2018 and was unannounced. Manor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is a two storey building and is registered to provide care for up to 26 people who do not require nursing care. At the time of our inspection visit there were 14 people living at the home.

There was no registered manager in post. However a manager had been appointed in October 2017 and was in the process of applying to become the registered manager. The manager was on temporary leave from the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider's area manager and human resource manager were jointly supporting care staff at the home in the manager's absence.

We last inspected this service in May 2017, when we rated the service as 'Requires Improvement' overall. Following the last inspection, we asked the provider to complete an action plan to show how they would improve the rating of the safe, responsive and well led key questions to at least good and how they would address the breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance in the well led key question. The provider had not ensured that effective systems or processes were established and operated effectively to assess, monitor and improve the quality of the service, to mitigate the risks relating to the health and safety of people who used the service, to maintain accurate and contemporaneous records in respect of service users and persons employed to carry on the regulated activity.

At this inspection we found the provider had taken steps to improve the service, they had met most of the requirements of their action plan and there was no longer a breach of regulation. However, there were still some improvements required in Safe and Well-led regarding medicine storage and management, assessing risks to people's safety and checking the quality of the service. We have rated the service as 'Good' in Responsive, however the rating for Safe and Well-led continues to be 'Requires Improvement'. Therefore we have rated the service 'Requires Improvement' overall. This is the second consecutive time the service has been rated 'Requires Improvement'.

Improvements had been made since our last inspection. The provider checked staff's suitability to deliver care and support during the recruitment process and there were enough staff to meet people's needs safely. Important events were recorded and acted on by senior staff to keep people safe. Staff understood their responsibilities to protect people from the risk of harm. However, medicines were not always stored and managed safely, some risks to people's safety had not been assessed and the quality monitoring system continued to not always be effective.

The manager had worked closely with commissioning authorities to make improvements to the service. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authorities or health authorities. People were satisfied with the service and were positive about the leadership of the service and said there had been improvements.

Staff had the skill, experience and support to enable them to meet people's needs effectively. Staff worked within the principles of the Mental Capacity Act 2005 (MCA) and supported people to have choice and control of their lives.

Staff monitored people's health and referred them to other healthcare professionals to maintain and improve their health.

People told us staff were caring. People were encouraged to maintain important relationships. Staff knew people and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. Staff respected people's right to privacy and supported people to maintain their independence.

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 continued not to be consistently safe. Medicines were not always stored and managed safely and some risks to people's safety had not been assessed. Some improvements had been made since our last inspection. Staff understood their responsibilities to protect people from the risk of harm. The provider checked staff's suitability to deliver care and support during the recruitment process and there were enough staff to meet people's needs safely.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health.

Good ●

Is the service caring?

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring.

Good ●

Is the service responsive?

The service was responsive. People were able to choose how they were cared for and supported and staff respected their decisions. People were confident to raise any concerns or complaints about the service.

Good ●

Is the service well-led?

The service continued not to be consistently well-led. The quality monitoring system was not always effective. Some improvements had been made since our last inspection. The manager had worked closely with commissioning authorities to make improvements to the service. People were satisfied with the service and were positive about the leadership of the service and said there had been improvements.

Requires Improvement ●

Manor House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 1 May 2018. It was an unannounced comprehensive inspection. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is someone who has experience of using this type of service.

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 information the provider sent us in the PIR in our inspection planning.

Prior to our visit we reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. They last visited the service in January 2018 and made recommendations for improvements, which were in the process of being made.

During our visit 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 talk with us.

During our visit we spoke with six people about what it was like to live at the home and one relative. We spoke with a health care professional during our inspection visit. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. We also spoke with the area manager, the team leader, three members of care staff, the cook, the housekeeper and the laundry assistant about the service. We observed how care and support was delivered in communal areas and we observed how people were supported at mealtimes.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system.

Is the service safe?

Our findings

We last inspected this service in November 2017 and rated Safe as 'Requires Improvement'. At that inspection we found some events which called into question people's safety had not been consistently recorded or reported to senior managers for analysis. Some identified risks had not been recorded and assessed in full on people's care plans. There were insufficient numbers of staff to meet people's individual needs on the day of our inspection visit. At this inspection, we found some improvements had been made. However, these did not reach the required standards and further improvements were still needed. Best practice continued to not always be followed in relation to storing and administering medicines. Therefore the rating of Safe has not changed since our previous inspection and continues to be 'Requires Improvement'.

People told us they had their medicines when they needed them and only trained staff administered medicines. One person told us, "I am given medication, they never forget to give it to me." However, we found medicines were not always stored and managed safely. Care staff who administered and recorded when medicines had been taken, signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked by the team leader for accuracy. We found staff who administered medicine had not followed good practice because they had not recorded on a bottle of liquid medicine, when it had been opened. Some medicines such as liquid medicines, have a reduced 'expiry date' after being opened to ensure they remain effective. The lack of a recorded date on the medicine meant it was not clear how long the medicine had been open and whether it had passed its recommended expiry date once opened. We discussed this with the team leader and the area manager, who assured us improvement would be made. This was a continued issue which had been identified at our previous inspection. We saw the provider's most recent audit dated April 2018, had not checked if liquid medicines had been dated when opened. We discussed this with the area manager who gave us their assurances they would review the medicine audit and update it to reduce any risks to people's safety.

Some people were prescribed medicines on a when required/as needed basis. We found there were protocols in place to guide staff on when to administer these 'as needed' medicines. However, the protocols did not include sufficient guidance for staff to establish if medicines were required. For example, care staff told us one person had complex health needs and due to their limited understanding they found it difficult to communicate if they were in pain. The person had been prescribed pain relief 'as needed'. The protocol did not give staff guidance about what signs to look for to indicate the person may be in pain. This put people at risk of receiving their medicines inconsistently, or when they were not required. We discussed this with the area manager who was not aware of the lack of clarity in the protocols. They advised staff were currently in the process of updating protocols for everyone who used the service.

Some people had been identified by health professionals as being at risk of choking and required thickened drinks. We asked staff how they made people's thickened drinks. Some staff told us they had been shown by other staff how to thicken drinks. There was no guidance for staff in people's care plans or in the food preparation area, about how to prepare people's drinks using thickeners. This meant people could receive the wrong consistency of fluids and potentially choke. We discussed this with the area manager who assured

us they would update people's care plans with provide staff with more detailed information, to ensure people's needs were met effectively.

Since our previous inspection, there had been some improvement in the way risks associated with people's care had been assessed and managed. When people started using the service, an initial assessment of their care needs was completed that identified potential risks to providing their care and support. People's plans included risk assessments related to most of their individual needs and abilities. However, we spoke with one person who had experienced a fall and had not had access to a call bell in their bedroom. We discussed this with the area manager who explained the person had a pressure mat which alerted care staff if the person put pressure on it, for example by falling on it. We found the person had not been assessed to identify if they required a call bell to use independently to alert staff. We discussed this with the area manager who assured us they would review the person's needs straight away and ensure everyone who used the service was assessed to identify if they required independent access to a call bell to increase their safety.

People told us they felt safe at the home. Two people told us, "I am okay, I walk around with my walking stick for support" and "I feel safe when I have a bath, I am supported by staff." People told us they would go to care staff if they felt worried about something. We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to work with people living in the home.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. A member of staff explained the process they would follow if they had any concerns about people's safety. We found since our previous inspection, there had been an improvement in the way concerns had been recorded and reported and appropriate action had been taken by the provider to keep people safe.

We found since our previous inspection, there had been an improvement in the level of staff. We used SOFI to observe five people in the communal lounge during the morning and they looked relaxed and happy. There were enough staff to provide support to people when they needed it. The area manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service during that period.

The provider had processes to manage environmental risks, this included risk assessments and testing and servicing of the premises and equipment. Not all tests were up to date. For example, the fixed electrical installation test had not been carried out since 2012, which was outside recommended guidelines. The area manager provided confirmation following our inspection visit that the test would be completed within the month.

There were cleaning schedules and housekeeping staff, to keep communal areas and people's rooms clean. However, some areas of the home were not clean. For example, there was a chair in the communal lounge with visible dirt on the fabric cover. Care staff told us the chair had been dirty for several days. We raised this with the area manager who gave us their assurance the chair would be cleaned or removed from the service if it could not be cleaned.

Some cleaning equipment was not stored according to best practice. For example, one mop had been soaked in dirty water in a mop bucket for several hours and this posed a risk of cross infection. Although

staff had received infection control training and were able to explain what action they should take to reduce the risk of spreading infectious diseases, they did not always put their knowledge into practice. Personal protective equipment such as aprons and gloves were available for staff to use and we observed they used these when required.

Is the service effective?

Our findings

At this inspection, we found staff training continued to meet the needs of people who lived at the home. Staff supported people to maintain their health. We continue to rate Effective as 'Good'.

People received the care and support they needed to maintain their health and wellbeing. Staff told us they felt confident in their skills because they had time to get to know people and had training that was relevant to people's needs. Staff were positive about training. One member of care staff told us the training they received in moving and handling was useful because it helped them to work with different types of equipment. The area manager told us some senior staff were undertaking training in dementia awareness, to help them support care staff to provide more effective care for people in the home who were affected by this.

All staff received an induction, training and support that gave the skills and confidence to meet people's needs and promote their welfare. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they felt supported by senior staff. Most staff had regular meetings with senior staff to discuss their work and identify any areas for development. We found not all staff had received recent supervision with their manager and this was not in accordance with the provider's policy. However, staff told us they could request a meeting whenever they wanted to.

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 an assessment shows a person lacks 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff and the area manager understood their responsibilities under the MCA. People told us they were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The area manager told us three people had a current approved DoLS order. They told us the manager was in the process of working with the local authority to ensure other people's DoLS assessments were reviewed and up to date.

There were assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. People's care plans gave guidance to staff about what support people required to make decisions. The area manager told us most people who lived at the home had capacity to make decisions

about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example, decisions about their accommodation. The area manager explained how they would involve people's representatives in making best interest decisions on people's behalf.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. A member of care staff told us, "I talk to people and tell them what we are doing." During our inspection visit, we saw one member of staff knocking on a person's door to check if it was okay to come in and support them.

We saw staff supported people to eat and drink in a way that met their individual needs. Two people told us, "The food is very good, and I have more than enough to eat and I have a choice" and "The food is good, the cooking is done here, and we have a choice of three." Staff encouraged people to eat together in the communal dining room. However, some people chose to eat in their bedroom. Where people required assistance, staff were patient and supported people to eat at their own pace. Some people used adapted plates and cutlery to help them eat independently.

We found the choice of food on the day of our inspection visit, did not reflect the choices on the pre-planned menu. We asked the cook about this and they told us they did not have the correct ingredients because the food had already been used, so they substituted with other available foods. Food and drinks were available throughout the day to encourage people to eat and drink. A relative told us, "The residents are offered refreshments and they offer me refreshments when I visit." Regular drinks were important to prevent people from becoming dehydrated. However, we found there was a limited supply of healthy snacks such as fresh fruit and yogurts. Staff told us fresh fruit was not provided as a daily snack option, however it was served as dessert, "A couple of times a week."

Kitchen staff who had worked at the home for many years and who knew people well, were able to tell us how they met people's dietary needs. For example, some people were on a soft food diet or were vegetarian. However, people's food preferences and allergies were only recorded on their care plans and were not accessible in the food preparation area. This meant there was a risk staff who did not regularly prepare food, may prepare food that did not meet people's dietary requirements. The area manager gave us their assurance dietary information would be made accessible for all staff in the food preparation area.

Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. For example, the area manager told us about one person who had received advice from the dietician and were supported to ensure they continued to enjoy their food and eat safely.

Staff were knowledgeable about people's individual medical conditions and were observant for changes in people's behaviours. One person told us, "I can see a doctor as soon as I need one and other professionals are available." A health professional said, "Staff always act if there's an issue, for example, if there's a pressure area they contact us straight away." Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals. For example, on the day of our inspection one person was supported to obtain advice from their GP due to a sudden decline in their physical health.

The layout of the building was a two storey building containing 26 bedrooms. There were communal bathrooms and toilets, a kitchen, a laundry, communal lounges and a communal dining room. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheelchairs. The second floor was accessible by lift or two different sets of stairs. There was a communal garden at the rear of the home, where people could socialise and spend time if they wished. People told us they enjoyed spending

time in the garden when the weather was fine.

Is the service caring?

Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection. The rating continues to be 'Good'.

People felt staff cared about them and valued them as individuals. Two people told us, "The staff have very caring attitude" and "I feel that they let me be as independent as possible." A relative told us, "The staff here understand the importance of communication and they take time to understand people." All the staff we spoke with enjoyed their work. A member of staff said, "The home is great, you can hear laughter".

We observed caring interactions between staff and people who used the service. For example, one person displayed signs of anxiety and we saw a staff member gently reassured them until their mood changed and they became less anxious.

The area manager told us person centred care meant, "Doing things with people as individuals." They told us they followed person centred dementia care principles and as part of this staff had supported people to create 'memory boxes'. The boxes contained five things which were important to people. They told us people had enjoyed putting these boxes together. Staff shared the registered manager's caring ethos. One member of staff told us, "I say 'Goodnight, I love you' to people and they respond in a positive way."

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff knew people well and we saw they shared jokes with people and enjoyed each other's company. For example, staff made eye contact when they spoke with people, to check people understood their words. People were confident to seek support when they wanted it, which showed they trusted staff.

People's care plans recorded how they would like to be cared for and supported. One person told us, "I think that staff know my likes and dislikes." Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. Care plans had a life history section called 'About me', which included information about people's religion, family and significant events.

Staff encouraged people to develop and maintain relationships with people who were important to them. Staff understood how important it was to people to enjoy time with their family and how this had a positive impact on their life. We saw visitors were welcomed and made to feel at home.

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. One member of staff explained how they supported people with complex health needs to successfully join in a painting activity and encouraged people to try new things. They ensured people who had limited communication skills, were supported to watch the activity and then join in if they wished.

Staff understood the importance of treating people with dignity and respect. Two people told us, "I go to my

room when I want to, they respect that" and "The staff always close the curtains and door and knock before entering to help me with personal care." A member of staff explained how they helped to maintain people's dignity, they told us, "I ask people how they would like to be supported to wash and I put a towel over people."

Is the service responsive?

Our findings

Improvements had been made to the quality of people's care plans since our last inspection. Therefore the rating has changed since our previous inspection, from 'Requires Improvement' to 'Good'.

People told us they were happy with the care and support staff provided. People took part in different activities, including watching TV and taking part in 'visiting entertainer' sessions. These included reminiscence events and sing songs with a musician. Two people told us, "We sometimes get taken out to the shops or for something to eat" and "I enjoyed gardening at home, they support me to do some here." The area manager told us they had limited transport available for people, but they tried to engage people in a variety of activities as often as possible. They told us local Churches held services regularly at the home for people to attend if they wished.

People told us they were able to make their own choices. Two people told us, "I choose what time I go to bed and what time I get up in the morning" and "I love to have a good soak in the bath, I can have one at anytime." Care plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was guidance for staff about how to support people with their identified needs. A member of staff told us, "I encourage people to do things for themselves. For ex-ample, if I'm supporting someone with personal care I get them to wash and dress themselves as much as they are able to."

The area manager explained how people were initially assessed before they first used the service. They told us a meeting was held with people and their relatives and they were asked for their views on how they would like to be supported. The area manager explained people's relatives were not asked to formally contribute to on-going reviews of people's care and support unless they had legal authority to do so. However, relatives were asked for their opinion of their family members care when they visited or made contact with care staff. People's care plans were reviewed on a regular basis by staff.

People and their relatives said they would raise any concerns with staff. One person told us, "I would feel comfortable making a complaint if I had one, but I have no concerns or complaints." Staff understood the complaints process and knew how to support people if they had a concern. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. However, we found there was no policy on display in the communal part of the home for people to refer to if needed. The area manager assured us the policy would be made available to people as soon as possible. They confirmed there had been six complaints made in the last 12 months, including four verbal complaints which had been recorded. We saw the issues were dealt with in accordance with the provider's policy and to the complainant's satisfaction.

We saw 24 compliments had been recorded within the last 12 months. These included positive reviews taken from the internet, by people who used the service. For example, there was evidence of a compliment from a relative about the standard of care received. The area manager explained compliments were shared with staff.

People were supported at the end of their lives. The area manager explained there was end of life training available for care staff, however not all staff had received this. They explained care staff worked alongside other organisations, such as district nurses, to provide end of life care to people which was responsive to their needs. The area manager told us advance care planning was available for people, however no one had been supported to record their wishes.

Is the service well-led?

Our findings

We last inspected this service in November 2017 and rated Well-led as 'Requires Improvement'. At that inspection we found some senior staff did not always feel supported by the provider and checks on the quality of the service were not always effective because required actions had not been carried out. At this inspection, we found some changes had been made, however these were insufficient to meet the standards and further improvements were still required. Some staff told us communication with the provider was difficult and checks on the quality of the service had improved but some continued not to be effective. Therefore the rating of Well-led has not changed since our previous inspection and continues to be 'Requires Improvement'.

There were systems in place to monitor and improve the quality of service, however these were not always effective. We saw senior managers had made checks of the quality of people's care plans and medicine records, in accordance with the action plan they had provided us. Records showed required actions were taken following the audits. However, we found some audits were not effective because they had not identified issues we found during our inspection visit. For example, the infection control audit had not identified incorrect storage of mops. The medicine audit had not identified liquid medicine had not been dated when opened. The household audit had not identified when some maintenance checks were required, for example, the fixed electrical installation test was not up to date. We discussed these issues with the area manager who gave us their assurance quality checks would be reviewed and updated to reduce any risks to people's safety.

The area manager explained they had shared the CQC action plan with the new manager when they began their role. They explained they had also been working alongside local authority and NHS commissioners to make improvements to the service. Both commissioners had visited the service in 2018 and made recommendations for improvements. We found actions were being taken to make the required improvements.

People were happy with the quality of the service. Two people told us, "It is homely and beautifully laid out. We have everything we need" and "It is well managed, they check on the staff and everything they do is entered in files." Two members of staff told us, "The home is improving and everyone's needs are being met" and "I'm happy here, I enjoy it, it is so rewarding." All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their new manager and the area manager. One member of staff told us the manager was, "Lovely and they will listen to suggestions." Staff told us communication was good within the home and they were encouraged to suggest improvements and share information. A health professional told us they had seen improvements in the management of the service recently.

The area manager and the manager were aware of their responsibilities to have oversight of the service and took action in the absence of a registered manager. They had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. The area manager told us they kept up to date with

best practice by receiving updates from various organisations such as Skills for Care, CQC and the National Activity Provider Association [NAPA]. Also, by attending training events held by the local authority and the NHS. They told us best practice was shared with the provider's other senior managers at regular management meetings and with care staff at team meetings.

People had the opportunity to share their experiences of the service by completing surveys. We saw the most recent survey was completed in 2017 and found the results were mainly positive. The responses had been collated by the manager and shared with people. Some people had raised concerns about the laundry service. We discussed this with the area manager who told us they had made improvements to the service following these comments and employed a laundry assistant. People told us this had made a positive impact and improved the laundry process. People were also invited to meetings at the home to share their experiences of the service they received. However, meetings were not regular. The area manager explained there would a meeting soon, to introduce the new manager to people and their families.