

Healthcare Homes Group Limited

# The Manor House

## Inspection report

North Walsham Wood  
North Walsham  
Norfolk  
NR28 0LU

Tel: 01692402252  
Website: [www.healthcarehomes.co.uk](http://www.healthcarehomes.co.uk)

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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

The Manor House provides residential care for up to 52 people, some of whom may be living with dementia. It is situated in extensive landscaped gardens and woodland. The communal areas include a large conservatory, two dining rooms and a library. At the time of our inspection 41 people were living in the home.

At the last inspection in March 2016 the service was rated Good. However, there had been a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because cleaning chemicals had not been stored securely. This July 2017 inspection found that this issue had been addressed. Consequently, the provider was no longer in breach of this regulation. This inspection found that the service remained Good and met all relevant fundamental standards.

People were safe living in the home. Risks to people's welfare were identified, planned for and managed. Medicines were managed safely and people received them as intended and in accordance with directions from the prescriber.

There were enough staff to meet people's physical, emotional and social needs. Robust recruitment processes were in place.

Staff were provided with appropriate training and ongoing support. People considered that the staff supporting them were competent and knowledgeable.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff ensured that people had enough to eat and drink. People were offered choices for each meal. Those who required direct assistance or encouragement to eat and drink received this.

Staff were kind, caring and respected people's privacy. They enabled people to maintain as much independence as possible.

People received personalised care that met their individual needs and preferences. People and/or their relatives as appropriate were involved in planning the care that people received. People could participate in events happening in the home and were supported to follow their own interests.

People and their relatives felt confident that if they needed to make a complaint that it would be promptly and appropriately responded to.

The manager promoted an open and receptive culture in the home. The views of people living in the home,

their relatives and staff were sought.

The provider had suitable quality assurance systems in place to identify shortfalls in the service, which were acted upon.

Further information is in the detailed findings below.

## 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 has improved in this area and is now rated as Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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

This was a comprehensive inspection and took place on 21 and 24 July 2017. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection we liaised with the local authority and we reviewed information held about the service. This included statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During this inspection we spoke with seven people living in the home and relatives of two people. We also spoke with the manager, the cook, three care staff and the maintenance staff member.

We made general observations of the care and support people received at the service. We looked at the medication records of three people living in the home and care records for four people. We viewed records relating to staff recruitment as well as training and supervision records. We also reviewed a range of maintenance records and documentation monitoring the quality of the service.

# Is the service safe?

## Our findings

Our previous inspection in March 2016 had identified a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because chemicals which could put people at risk of harm had not been safely secured. This July 2017 inspection found that this issue had been rectified. Consequently, the provider was no longer in breach of this regulation.

There were systems in place to help protect people from avoidable harm and abuse. People told us that they felt safe. People's relatives we spoke with had no concerns about their family member's safety in the home. Staff were knowledgeable about matters that could constitute abuse and were clear about the actions they would need to take if they had any concerns. We saw that information was readily available for staff about the provider's safeguarding and whistle-blowing arrangements.

Risks to people's wellbeing continued to be managed well and we saw actions that staff took to help reduce any risks to people. Care plans we reviewed show that risks were identified that were specific to the individual. Plans were put in place to reduce these risks. These plans were monitored and reviewed on a regular basis.

People and their relatives told us that there were enough staff available to provide support when it was required. One person who preferred to spend their time in their room told us, "If I use the call bell, they come pretty quickly." Staff told us that staffing levels were adequate to meet the needs of people living in the home. The manager told us that staffing arrangements were kept under regular review using a dependency tool which helped determine how many staff were required. Robust recruitment systems were in place to help minimise the risks of employing unsuitable staff.

People's medicines continued to be managed and administered to them safely. One person told us, "I get my medicines as regular as clockwork." The treatment room was well organised. However, the temperature in one area of the home where one medicines trolley was stored needed to be monitored to ensure that medicines were kept within an optimum temperature range. The manager told us that they would remedy this.

The home was kept clean. One person told us, "Staff keep it scrupulously clean here." Another person said, "The hygiene here is very good."

## Is the service effective?

### Our findings

A relative told us, "Staff know what they're doing here." People living in the home felt that staff were capable and knowledgeable about the support they required. One person said, "They know how best to look after me."

Staff told us that the combination of the training and ongoing support they received from appraisals and supervisions meant that they were well equipped to support people safely and effectively. Staff told us about the training arrangements in place for mandatory areas such as first aid and moving and handling. Some also told us about training they had received in other areas such as diabetes support and pressure areas. One staff member told us how despite their previous and considerable experience in providing care their induction to the home was thorough and gave them ample opportunity to understand the standards required of them and get to know the needs of individual people they would be supporting.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS. They understood that they were required to support people to make their own decisions when necessary and we saw this carried out in day to day practice. Where people were not able to make their own decisions staff followed the principles of the MCA. The manager had submitted applications to the local authority in order to restrict some people's freedoms to help keep them safe whilst protecting their human rights.

People continued to be supported with their nutrition and hydration. One person told us good naturedly, "They're always pestering me to drink." We observed that effective arrangements were in place for those who required the support of staff to eat and drink or who required encouragement from staff during meals.

People could choose from a range of meals. The cook told us how they sought to provide as much home cooking as possible because people enjoyed it. They made their own pies and cakes where possible. Roast dinners were on offer at least two days a week upon people's request as they enjoyed them so much. Staff took the time to serve people's food in the way that they preferred it. For example, one person said, "They always heat the milk up for my Weetabix each morning." Another person told us with a smile, "I like toast with peanut butter and banana. Some staff were slicing the bananas the wrong way. Now they slice the bananas the way I like them done."

People had access to healthcare professionals. We saw that arrangements were in place to ensure that people received prompt and appropriate support with their healthcare needs. Records showed that a wide variety of healthcare professionals were engaged to help support people's welfare.

## Is the service caring?

### Our findings

People living in the home were positive about the staff that supported them. One told us, "The staff are lovely." Another person said, "The staff are so good. They can't do enough for us." Relatives we spoke with were also complimentary about the staff. "The is an absolutely brilliant place. The staff are amazing."

We saw that staff offered appropriate physical re-assurance to one person who became upset and they stayed with them until the person was feeling better. Staff were discretely observant of what people were doing and only stepped in when necessary to assist or ensure their safety. In this way people's independence was promoted. For example, one person was trying to put their cardigan on but was having some difficulty. After it became clear that they would not be able to do this unaided a staff member went and offered assistance.

Staff were friendly and exhibited good manners. They asked permission before removing people's plates at lunchtime in case they had not finished eating. The atmosphere in both dining rooms was pleasant. In the dining room where many people required significant support to eat their meals the cheerful chatter drowned out the sound of the television. This relaxed environment helped encourage people to eat.

Staff were respectful of people's privacy and dignity. When people required assistance to go to the bathroom this was handled sensitively and quietly. When several people enquired after the wellbeing of someone who hadn't come to the dining room for lunch as usual the staff member replied with discretion so as not to disclose confidential information.

People told us that they were involved in making decisions about their care. Relatives we spoke with told us that staff kept them well informed about their family member's wellbeing as appropriate. Records we looked at supported these views.



## Is the service responsive?

### Our findings

People told us that staff knew them well and provided the support they needed. One person said, "I needed to lose weight. I spoke with the cook and we came up with a plan and it's worked. They were really supportive." Other people told us that staff were careful to make sure that their hearing aids were working and staff assisted people to put them in first thing in the morning. One person told us, "They are always popping in to check on me and make sure I have everything at hand like my glasses, tv remote control and call bell."

The service had identified that some people became distressed when the weekly fire alarm and fire door testing was being carried out. This involved testing the fire alarm and ensuring that fire doors closed automatically, which would help compartmentalise the home to protect people in the event of a fire. It was decided to carry this out during the lunch period when many people would be together with staff so it was hoped people's anxiety levels would be lessened. We were in the dining room where people required a high level of support when these tests were carried out. People barely paid any attention to the loud noise of the alarm or the sound of the closing doors. The service had responded to reduce people's anxieties by revising the way they carried out these checks.

The service continued to support people to engage in meaningful activities to reduce the risks of under stimulation. People told us there was plenty to do in the home and they were always invited to participate. Some told us that they were involved in preparations for the home's fete. Others told us that they preferred to spend time in their rooms reading or watching television.

Some people's care records contained more person-centred detailed than others. However, all were clear about what support people required. The manager was aware that some care records could be improved and we saw that work was underway in this area.

People and their relatives told us that they were confident to raise any concerns they might have with the manager and felt that if they were to do so they would be responded to appropriately. However, no-one we spoke with had any concerns.

## Is the service well-led?

### Our findings

A registered manager was in post. From speaking with them it was clear that they understood what events or incidents they needed to report to both CQC and the local authority.

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 manager had continued to foster an open, inclusive and positive culture in the home. People knew who the manager was and told us that they were very approachable. One person told us, "We see her around all the time. She always asks how we are." Staff were supportive of each other and worked well as a team. They were proud of the standard of service they provided to people.

The manager continued to carry out audits to assess the quality of the service people received and to identify where improvements needed to be made. Some audits monitored risks to individuals, for example nutrition and hydration, falls and pressure area care. These helped provide the manager with a clear oversight of people's welfare. Other audits reviewed environmental issues, for example health and safety and infection control. We saw that actions were being taken to remedy any identified issues.

The views of people living in the home and staff had been sought through a survey. An action plan was in place to remedy any areas found to require attention.

Meetings were held with people and their relatives on a regular basis. They were informed about changes in the home and their views were sought. For example, the change to fire alarm testing over the lunch time period had been introduced, discussed and agreed.