

Hyde Lea Nursing Homes Limited

The Manor House Nursing Home

Inspection report

Burton Manor Road
Hyde Lea
Stafford
Staffordshire
ST18 9AT

Tel: 01785250600

Website: www.manorhousestafford.co.uk

Date of inspection visit:
22 November 2022

Date of publication:
09 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Manor House Nursing Home is a nursing home providing personal and nursing care to up to 125 people across three adapted buildings. The service provides support to people with physical and mental health needs, some of whom were living with dementia. At the time of our inspection there were 81 people using the service.

People's experience of using this service and what we found

People were supported by trained staff and felt able to raise any concerns around their care and support. People were supported by enough staff to meet their needs in a timely way. People were supported by staff who understood and were following best practice infection control guidance. People had comprehensive risk assessments in place which supported staff to meet their needs. People were supported to receive their medicines as prescribed.

People were supported by safely recruited staff. People were supported to eat and drink in line with their needs and wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported in a clean and homely environment. People had access to health and social care professionals as they required them. People were supported by kind and caring staff who knew them well. People's dignity, privacy and independence was supported.

People had end of life care plans in place. People's preferences were included within their care planning and staff provided support in line with these. People had access to information in a range of formats in line with their communication needs.

People knew who the manager was and were encouraged to give feedback about their care and support. Staff had access to regular supervisions and felt supported. The registered manager completed quality assurance tools to ensure any improvements were identified and action was taken to make these improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 August 2021). At this inspection the service had been rated as good.

Why we inspected

This inspection was prompted by a review of the information we held about this service and feedback

shared by the Local Authority.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have made recommendations around the variety of activities.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Manor House Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Manor House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Manor House Nursing Home is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 16 people who lived at home and 10 of their relatives. We spoke with 13 members of staff including the Nominated individual, the registered manager, quality assurance manager, regional support manager, nursing and care staff. We also spoke with administration staff and maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 11 people's care records and multiple medicines records. We also reviewed records relating to training, recruitment, quality assurance and complaints.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and able to raise concerns about their care and treatment. One person told us, "I do feel safe, very safe." Another person told us, "I'd tell any member of staff if i was worried. They are all very nice."
- People were supported by staff who were trained and had a good understanding of safeguarding. One staff member told us, "If I was to see any care that worried me, I'd report it to the nurse or to the registered manager. I know I can go straight to the local authority and CQC and whistle blow. I have no concerns here and I trust the manager to do the right thing".
- Where potential safeguarding concerns arose, these were investigated and reported to the Local Authority for their review.

Using medicines safely

- People received their medicines as prescribed by trained staff. We saw staff completed documentation to confirm people's medicine had been administered.
- People had access to 'as required' medicines as they were prescribed and when they needed them. One relative told us, "[Staff] are very attentive with extra pain-killers at the ready if [person's name] needs them."
- Medicines were securely stored at temperatures within the manufacturer's guidelines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had comprehensive risk assessments in place which explored their known risks and gave staff clear guidance to reduce these risks. For example, people at risk of falls has falls risk assessments in place with actions taken to reduce future falls.
- The registered manager ensured action was taken where things had gone wrong. For example, where there were changes to people's skin condition, they were referred to their GP and tissue viability nurses.
- Where people experienced episodes of distress, there was guidance in place for staff to enable them to safely support the person and mitigate any risks or further distress. For example, during our inspection we observed a staff member supporting a person experiencing distress in a sensitive way. Following this interaction, the person was visibly calmer and more relaxed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with their wishes.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them receiving care and support at the home. This meant staff had clear guidance in place to enable them to meet people's needs.
- People and their relatives were involved in the planning and delivery of their care. One person told us, "[Relative's name] can get up and go to bed when [they] want. One day [they] didn't want to get up until 2.00 pm as they were having a 'lazy day'. Sometimes [they] like to get up in the night. The staff allow this and [they] can walk about then or have a drink."
- People and their relatives were involved in the review of their care. For example, we saw evidence people and relatives had been invited to and contributed to the review of their care planning and delivery.

Staff support: induction, training, skills and experience

- Staff received an induction and training prior to starting their role. For example, staff had a 1 day induction and 3 days shadowing more experienced staff to learn about the people they were supporting. New staff had a mentor to support them in their new role.
- Staff received a mixture of online and in house training which they described as 'good'. One person told us, "Staff are well trained. They know what they are doing."
- The registered manager checked staff competencies to ensure their training remained effective.

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

- People were supported to eat in line with their needs and preferences. For example, we saw people who required additional support with their diet received this.
- People who required alternative diets received these to enable them to eat safely. For example, we saw people eating a variety of diets including pureed, soft and finger foods.
- People spoke positively about the food. One person told us, "The food is lovely. We pick what we want, it's always lovely."
- People's weights were monitored and action was taken where there were concerns. For example, people were referred to speech and language therapists and dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health professionals where they needed them. For example, following a person's mobility needs changing they were referred to a physiotherapist. One relative told us, "[Person's name] gets access to other professionals when they need it. They see a doctor, a dentist and an optician."

- A representative from the GP visited the service weekly to ensure changes in people's healthcare needs were addressed in a timely way. We saw advice from health professionals clearly recorded within people's records.
- The registered manager used regular agency staff to support staffing within the home. These agency staff were consistent and worked alongside regular staff to understand people's changing needs.

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

- The home was spacious with communal areas to suit people's needs. People had access to hairdressing salons and outdoor space.
- People were able to personalise their rooms to make them feel homely in line with their preferences.
- The provider had pictorial signage to support people to orientate themselves around the home.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by trained staff who understood and followed the principles of the MCA. For example, people were asked for their consent prior to staff supporting them.
- People had decision specific capacity assessments and best interests decisions completed where these were required. These assessments involved the people and those close to them where appropriate.
- Where people lacked capacity to consent to their care, the registered manager had applied for DoLS from the local authority.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff who knew them well. One person told us, "The staff couldn't be better, no one is horrid. They are all equally as good." Another person told us, "Staff are caring and kind. They are courteous and treat me with respect."
- People's protected characteristics were recorded within the care plans and staff were aware of these.
- Relatives gave positive feedback about staff and their approach. One relative told us, "Staff are all pleasant, friendly and pretty much on the ball. "

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

- People were supported to make decisions around their day to day care. For example, one person had chosen to stay in bed the morning of our inspection and get dressed later. Staff had respected this wish.
- People were offered choices around their meals, drinks and how to spend their time at the home. For example, we saw people being offered gravy with their meal and multiple drink options.
- People's preferences for their care were recorded within their care records. For example, whether people would prefer a male or female staff member to support them with personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person told us, "There's always a lot of privacy and staff cover me when they examine me."
- Staff closed people's doors and curtains when supporting them with personal care.
- People's independence was promoted by staff and we saw prompts for staff to maximise people's independence recorded within their care plans. For example, one person's care plan directed staff to encourage them to use the toilet regularly to support with their continence care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we found people did not all have equal access to activities across the home. At this inspection we found improvements had been made and all people across the home had access to activities within a shared communal space called 'the hub'.
- There was limited activities available during our inspection and people and their relatives fed back they would like more variety around activities. One person told us, "I am a bit bored here. They try to include me in the activities in the hub. I don't want to paint teddy bears, but they do try to include me."

We raised this concern with the provider who told us they had purchased a range of activities which would be available to people both in communal areas and via tablets for people within their rooms. We recommend a review of activities to ensure these are varied and in line with people's preferences. We will check this at our next inspection.

- People being supported on a 1 to 1 basis were engaging in activities with staff such as reading, talking and watching the football.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we identified concerns that people's care plans did not always contain enough detail around their personalised support needs and preferences. At this inspection we found improvements had been made.
- People had personalised care plans which reflected their preferences. For example, where people would prefer to spend their time and how their care is delivered.
- People's preferences were respected and people received their care in line with these. One staff member told us, "We know people very well." One relative told us, "Staff are getting to know [persons name's] likes and dislikes very well."
- Relatives told us the registered manager encouraged them to complete a comprehensive document when people were admitted to the home. This helped staff understand people's life histories, choices and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- People had communication care plans in place which explored their needs and gave clear guidance to staff on how to meet these. For example, whether people used glasses and hearing aids and how people preferred staff to speak with them.
- People had access to a range of information in formats which they understood. For example, people could access information in large print.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to complain and knew the process of doing this. One relative told us, "If I have an issue I could speak to [the registered manager] or the nurse and they will help me."
- The registered manager took prompt action where concerns were raised. All concerns were investigated in full with those complaining receiving a response to those concerns.

End of life care and support

- People had end of life care plans in place which explored their preferences for the end of their lives. For example, people had shared their funeral plans and wishes for family support at this time.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the registered manager. One person told us, "[They're] friendly." One relative told us, "I think [the home is] very well managed. I've not had any problems. They always fill me in on what [person's name] has been doing or what [they] have eaten, that gives me reassurance and I don't worry."
- Staff also gave positive feedback about the registered manager. One staff member told us, "The registered manager was a nurse here and since they've been the manager, they've been great. Whatever equipment you need its ordered and delivered within days"
- The registered manager was present and approachable throughout the home. They were well supported by the provider and wider management team to ensure improvements were ongoing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had informed professionals, people and their relatives when concerns about people's care had been identified. This was in accordance with the Duty of Candour

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

- The registered manager and provider had continued to make improvements to the quality assurance tool and processes since our last inspection. For example, there was comprehensive audits in place across the home to identify where improvements were required and ensure action was taken to make these improvements.
- Audits completed on people's care and medicine records updated these to ensure they remained accurate. Where people had missed medicines, there was clear records of why this had occurred and action taken to address any concerns.
- The provider had informed us about significant events which occurred at the home within required timescales as they are legally required to do so.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website in accordance with the law.

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

- People and their relatives felt able to feedback about their care and support. One relative told us, "If I have any sort of problems at all, I call. I'm confident they would deal with any concerns."
- People and their relatives were encouraged to complete regular surveys about their care. The registered manager had reviewed these and completed an action plan to any drive improvements that were required.
- The registered manager held staff meetings to discuss changes in the home and any concerns.
- Staff had access to regular supervisions and appraisals to share their feedback and receive any support they required. One staff member told us, "The registered manager sees that you work hard and you're reliable and will support you to achieve and progress."

Continuous learning and improving care; Working in partnership with others

- Where incidents had occurred, the registered manager had completed an in depth analysis and ensured action was taken to reduce further risk to people and those around them.
- The registered manager worked closely with external health and social care professionals to ensure people received the support they required and the home continued to improve. Feedback from professionals was positive.