Bupa Care Homes (BNH) Limited

The Manor House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 17 and 21 September 2015 and was unannounced on the first day. The home is an adapted grade 2 listed building set in its own grounds in a quiet residential area. There were a total of 58 bedrooms, all of which had recently been refurbished and had en-suite toilet, wash basin, and shower. On the ground floor there was a spacious lounge and dining room.

The service is registered to provide accommodation and nursing care for up to 59 people and 49 people were living there when we visited. The people accommodated were older people who required 24 hour support from staff. On the ground floor, care was provided for up to 13 people who had dementia and did not require nursing care. The home provided respite stays for people who lived in their own homes.

The home is part of the range of services provided BUPA Care Homes and had a manager who was registered with the Care Quality Commission. A registered manager is a

Summary of findings

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 and associated Regulations about how the service is run.

People we spoke with said they felt safe living at The Manor House. All staff had received training about safeguarding and issues that arose were reported and responded to appropriately. There were enough qualified and experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited.

The staff we spoke with had good knowledge of the support needs of the people who lived at the home and had attended relevant training. The staff we met had a cheerful and caring manner and they treated people with respect. Relatives we spoke with expressed their satisfaction with the care provided.

We found that the home was well-maintained and records we looked at showed that the required health and safety checks in relation to the premises were carried out. We found that medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People we spoke with confirmed that they had choices in all aspects of daily living. They were happy with the standard of their meals and the social activities provided. People were registered with local GP practices and had visits from health practitioners as needed. The care plans we looked at were comprehensive and gave details of people's care needs and information about the person's life and their preferences.

People we met during our visits told us that the home manager was very approachable. People were invited to complete satisfaction surveys sent out from head office and a programme of quality audits was in place to monitor the quality of the service.

Summary of findings

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.

All staff had received training about safeguarding and issues that arose were reported and responded to appropriately.

The home was well-maintained and records showed that the required safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

Medicines were managed safely and records confirmed that people received the medication prescribed by their doctor.

Good

Is the service effective?
The service was effective.

The staff team completed a comprehensive programme of training relevant to their work and had regular supervision and appraisal meetings.

Staff had received training relating to mental capacity and appropriate Deprivation of Liberty Safeguard applications had been made.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available. People's weights were recorded monthly.

People were registered with local GP practices and had visits from health practitioners as needed.

Good

Is the service caring?
The service was caring.

Staff working at the home were attentive to people's needs and choices, and there was evident warmth and respect between the staff and the people who lived at the home.

Staff protected people's dignity and privacy when providing care for them.

Good

Is the service responsive?
The service was responsive.

The care plans we looked at were comprehensive and gave details of people's care needs and information about the person's life and their preferences.

People had choices in all aspects of daily living. They could choose what they would like to eat, what clothes they would like to wear, and where they wished to spend their time.

A copy of the home's complaints procedure was displayed in the main entrance area. Detailed complaints records were maintained.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The home had a registered manager and a clinical services manager. They provided good support for the staff.

People who lived at the home were encouraged to complete satisfaction surveys and residents and relatives meetings were held.

Monthly audits were carried out to monitor the quality of the service.

The Manor House Nursing 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 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.

The inspection took place on 17 and 21 September 2015 and was unannounced on the first day. The inspection team consisted of two Adult Social Care inspectors and a specialist professional advisor (SPA). The SPA was a healthcare professional with experience in the nursing care of older people.

During the inspection we spoke with seven people who lived at the home, four visiting relatives, the manager, the clinical services manager, the area manager and nine other members of the staff team. We looked at the care records of six people who used the service. We looked at staff records, health and safety records, medication and management records.

We carried out a Short Observational Framework for Inspection (SOFI) over the lunch-time period. SOFI is a specific way of observing care to help us understand the experience of people using the service who are not able to express their views to us.

We contacted the relevant quality assurance officer at Wirral Borough Council who informed us that they currently had no concerns regarding the service.

Good

Is the service safe?

Our findings

Two visitors we spoke with felt that their relative was "absolutely safe" at The Manor House. A third relative told us "I couldn`t be happier and my mother is so content – I have no worries here – I know she is well looked after and kept safe." Training records we looked at showed that all staff had completed safeguarding training during 2014 or 2015 and this was updated annually. Staff we spoke with were aware of the whistleblowing procedure and said they would use it if necessary. Members of staff told us "We have got to look after the people here and if I thought something was wrong I would be straight in to see the manager." and "Most of the people here can`t speak up for themselves so we need to advocate and stand up for them."

A safeguarding file recorded details of issues that had been reported and dealt with since the manager took up post in 2014. There was evidence that, where appropriate, internal investigations had been undertaken and authorities notified including the local safeguarding team, the police and the Care Quality Commission. This showed us that the provider had taken the appropriate action to safeguard people against the risk of abuse and had suitable arrangements in place to respond appropriately to any allegation of abuse.

We looked at six staff files. Two of the staff files we checked were for nurses and we saw evidence that their registration with the Nursing and Midwifery Council had been checked and renewed as required. Both had also undergone a `competent nurse' interview as part of their recruitment process, which we found to be comprehensive. All the files we looked at included a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check. This showed whether the applicant had any criminal conviction which would mean they were unsuitable to work with vulnerable older people. The provider`s policy was to review CRB/DBS every five years and we saw this had been completed in line with their policy requirements which helped ensure the safety of people who used the service. Application forms and interview notes were seen in the files we looked at. Photographic identification was also seen including driving licences and passports. Two references had been obtained for each person, one employer and one character reference.

We looked at the staff rotas. The registered manager and the clinical services manager, who were both registered nurses, were supernumerary to the staff rota. The manager told us a dependency tool was used to help ensure that enough appropriately trained staff were employed on each unit. On the day of our inspection, one senior care assistant and two care staff were on duty on the dementia unit. The staff members we spoke with told us they "managed very well" with this number. At night there was one senior and one care assistant on duty. For the first and second floors there were always two nurses on duty, with nine care staff during the day and two at night. During out visit we observed that there was an adequate number of staff and call bells were answered in a timely manner. In addition, there were three housekeeping staff and catering staff working both in the kitchen and providing a waitress service.

We looked at the toilet and bathroom areas and found them to be clean and hygienic. The areas we looked at contained hand cleanser, sanitizer, paper towels and pedal bins. Housekeeping staff completed daily cleaning schedules. Staff wore appropriate personal protective clothing when conducting domestic duties and serving meals. The home had been inspected by Wirral NHS Infection Control in May 2015. A score of 84% was achieved and it was recorded that all actions required had been completed. The home had a five star food hygiene rating following an environmental health inspection in August 2015.

The manager kept an accident file containing copies of accident forms that had been filled in by the staff. A monthly accident audit was completed and a monthly falls meeting was held. The manager told us that assistive technology such as 'wander beam' and chair or mattress alarm was available for people at high risk of falls. We saw records of discussions with people who lived at the home and their relatives about using appropriate technology. A Deprivation of Liberty Safeguard was applied for whenever people were subject to the use of assistive technology. Personal emergency evacuation plans were in place to advise how people should be evacuated safely in the event of an emergency situation.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person. These included checks of bedrails, wheelchairs, window restrictors, water temperatures, and the fire alarm system. Records showed that testing, servicing and maintenance of plant and

Good

Is the service safe?

equipment was carried out as required by external contractors. We spoke with an electrical contractor on site who told us that the home's electrical circuits had been replaced as part of the refurbishment programme.

We inspected medication storage and administration procedures in the home. Medicines were administered by qualified nursing staff on the first and second floors and by appropriately trained senior care staff on the ground floor dementia care unit. We were told that two people who lived at the home had been found to have the capacity to self-medicate following risk assessment, and suitable locked storage was provided in their rooms.

Medicine trolleys and stocks were kept in two locked rooms on the first floor. Although we found that medication was stored securely, the amount of space available was barely adequate and the manager told us he had received authorisation to improve this by making the two rooms into one. Room and fridge temperatures were recorded daily to ensure medicines were being stored at the required temperatures.

Most medication was dispensed in a monitored dosage system and individual named boxes contained medication which had not been dispensed in the monitored dosage system. We saw that medication was checked in and signed for by nurses when it was received at the home. We checked a sample of blister packs against what was recorded on the people's medication administration record sheets and found that these were correct. This assured us that medicines had been administered correctly.

We saw that controlled drug records were accurately maintained and controlled drugs that were not in regular use, for example some anticipatory medicines prescribed for end of life care, were checked each night by the night nurses. Short term care plans were in place when antibiotics were prescribed. We saw that all 'as required' (PRN) medicines were supported by written instructions which described situations and presentations where the PRN medicines could be given. The manager told us there was no covert administration of medicines, however corporate policies and procedures were in place to support this if needed.

We saw care plans relating to the use of prescribed creams and ointments, however it was unclear how often and where to apply the creams as the directions on the products were "as directed". A nurse we spoke with said this was a common problem with GPs and she would make sure that in future all care plans would have the correct instructions on them. The manager told us that a pharmacist was going to attend the nurses meeting being held on 23 September 2015 and this would be discussed with them. A care plan we looked at for a person who required thickened fluids gave clear instructions to care staff on how much thickener to use and what consistency the drink should be.

Good

Is the service effective?

Our findings

The manager informed us that the home was supported by an area trainer and was 97% compliant with the corporate training programme. Records we looked at showed that all staff attended regular training in subjects relating to the health, safety and well-being of the people who used the service. These included food hygiene, bed rails, challenging behaviour, fire safety, infection control, moving and handling, and dementia awareness. A member of staff told us "I`ve completed all my training – they are really good with training – you only need to ask and it gets sorted for you." The majority of care staff had a national vocational qualification (NVQ) in care, some at level 3. New staff completed five days induction training and then worked supernumerary alongside experienced staff for as long as needed, depending on their previous experience and skills. We saw records to show that staff had regular supervisions and appraisals and staff we spoke with confirmed this.

We saw evidence that staff had received training about mental capacity and members of staff we spoke with had a good awareness of mental capacity assessments and Deprivation of Liberty Safeguard (DoLS) procedures. One member of staff told us "I have had training around mental capacity and best interests and know we need to get consent before giving any support." In the care plans, we saw consent forms that had been signed by the person using the service or a relative. We found some confusion relating to who had the authority to sign consent forms. The provider may wish to note that families may, and usually should be, consulted about the proposed care and support, and their views taken into account, but this is not the same as consent. They do not have automatic legal authority to provide permission for the proposed care or treatment unless they have a Lasting Power of Attorney (LPA), or have been appointed by the Court of Protection as a deputy.

The care plans we looked at showed mental capacity assessments had been completed. A mental capacity assessment is a necessity when caring for people living with dementia or any form of cognitive deficit. Applications for DoLS had been submitted for the people who lived on the dementia care unit as they were not free to leave the unit unaccompanied. The manager told us none of the DOLs applications to the Local Authority had as yet been approved because of delays within the local authority. In light of the recent European ruling related to a person `lacking capacity, not free to leave and being under continual supervision` the manager had made applications in line with the requirements. We heard staff asking for consent before providing support, for example with personal care. Bedrails assessments, where necessary, had been completed and reviewed monthly and were up to date.

The care plans we looked at recorded contact with, and referral to, healthcare professionals, for example GPs and district nurses, dietician and wound care specialist nurse, optician and dentist. During our visit we spoke with a physiotherapist who told us she provided a service for some people who lived at the home on a privately funded basis.

We looked at arrangements for meals and drinks. People could have whatever they wanted for breakfast including a cooked meal, and this was served in people's own rooms. The home employed waitresses who were responsible for taking drinks and meals to people's rooms and for supporting them in the main dining room. The waitresses also ensured that a daily menu choice form was filled in for each person.

Lunch was a three course meal, including a cooked option, which people could choose to take in their own room or in a dining room. We observed staff supporting people to eat their lunch on the dementia unit. There was always at least one member of staff in the dining room. One person required support to eat their lunch and they were assisted appropriately. There was a calm atmosphere with music on in the background. Staff were very patient with people and interacted well with them at all times. People were given a choice of food which included soup, sandwiches or a hot meal. We saw that a menu was displayed on the wall, but there were no picture menus to help people who had communication difficulties to choose what they would like. The manager told us this was being addressed. We also saw white plates were used and white table cloths which may cause problems for some people with dementia, and some form of colour contrast is recommended. We did not see any condiments on the tables.

Afternoon tea was served, and drinks and snacks were available throughout the day. Dinner was three courses including a choice of two cooked main courses. A 'night bite' menu was available for care staff to make for people when the main kitchen was closed. We saw weight

Good

Is the service effective?

monitoring charts and a ‘Malnutrition Universal Screening Tool’ (MUST) in people’s care plans, however the MUSTs were not all up to date. We brought this to the attention of the manager who said this would be addressed immediately.

At the time of our visit, a major refurbishment of the home was nearing completion. Bedrooms had all been refurbished to a high standard and new carpets were being laid in the entrance areas. Both the internal and external environments were clean and tidy and people who used the service moved around freely and safely.

We found that the dementia care unit did not provide a `dementia friendly` environment in some respects and the manager was aware that improvements were required to prompt people with cognitive difficulties to find their way around, for example in signage on bathroom and toilet doors and different coloured toilet seats and doors. We also found that signage throughout the building needed improvement following the refurbishment to help people find their way and identify what was behind closed doors, for example toilets, sluices, store rooms.

Two wheelchair lifts had been installed on small staircases between the main floors and made these areas more accessible for people who lived at the home and for staff using trolleys and other equipment. We noticed that there was a telephone in each bedroom and a lockable drawer in each bedroom. The home had spacious, well-tended gardens that were accessible for people to use.

Good

Is the service caring?

Our findings

People we spoke with said “I am very well looked after, everyone is very nice and kind. I know that I can’t live at home and this is the next best place. We go out on trips and I have a lovely room.”; “The staff are lovely, the food is good and I am very happy.” and “I have never had a single complaint here – the staff are absolutely wonderful – some have been here a long time and I think that helps.”

We observed relatives visiting during the day and were told by a family member that there were no restrictions on visiting and they could visit at any time. A visiting relative told us that their mother had some respite stays at The Manor House before going to live there permanently and was invited back to join in social events. She had settled in well and joined in all of the activities and particularly enjoyed singing and the religious services. She was treated with dignity and respect and had made some new friends. The food was good and she had put on weight. The laundry service was very good. Following refurbishment they did not think there was enough furniture in the bedroom and spoke to manager who quickly provided an extra wardrobe. The relative told us “I visit several times a week and can walk in at any time and I have never seen or heard anything of concern. There are loads of staff and never any smells.”

Another relative considered that it was “very relaxed” on the dementia care unit and this had really reduced their mother’s anxiety. The relative felt that mother was absolutely safe, treated with dignity and respect, and received very good personal care. The manager was “around and about” and very approachable. A third relative said “I am thrilled my mother`s here. She is consistently cheerful. I always know what`s going on, the communication is very good – they do keep in touch.”

During our visit a thank you card was delivered to a member of staff. This read “We have such treasured memories of Mum’s time at The Manor. Your energy and enthusiasm and caring nature made it such a wonderful place to be.’ Other letters received recently stated ‘Mum always said she would never be happy in a retirement home. How wrong she was! From the very first time she stepped over the threshold of The Manor her fears were completely dispelled. Everyone involved in Mum’s care couldn’t have been more caring or attentive. Everyone did everything to ensure she was comfortable and safe.’ and “Thank you all so much for your patience and kindness during my mother’s stay at Manor House. You all work so very hard to support and care for your residents.’

The SPA who contributed to the inspection commented “On all three floors I found the staff to be attentive to people’s needs. I observed them knocking on doors before entering. I observed staff speaking to people in a way which was obvious they knew them well and had a good relationship but which was respectful also.”

Staff members we spoke with were knowledgeable about people’s care needs. One member of staff told us “I treat everyone here as if they were one of my own family. We have a duty of care to look after them.” We observed that the people who required support with personal care appeared smart and well-dressed.

We observed that a door which led to the adjoining sheltered housing accommodation was locked but had a glass panel which could compromise people’s privacy. We pointed this out to the manager who said he would get the glass panel obscured without delay.

We saw that there were noticeboards around the home with useful information, including copies of the minutes of the most recent resident and relative meeting and the activities programme. There was a copy of the home’s service user guide in each bedroom and this gave people clear information about the services provided with details such as charges for visitors’ meals, hairdressing, and sample menus.

Is the service responsive?

Our findings

A person who lived at the home told us "I am very fussy but the staff are lovely. They know just what I like and what I don't like." A visitor we talked to spoke highly of the care their relative was receiving. However they told us, and a senior member of staff, that they had "a couple of little niggles" regarding their relative's care. The senior member of staff said they would look into it and reassured the relative. We observed that this was done and an appropriate explanation appeared to be given.

The staff we spoke with showed a good understanding and knowledge of people's individual care needs and explained the needs of two people who lived on the dementia care unit. The staff knew their roles and what was expected of them. The clinical services manager appeared knowledgeable about people's nursing needs and we found that one nurse we spoke with had an excellent knowledge of tissue viability and wound care.

One person had a wound to their leg. The wound assessment in their care plan stated left leg but all other documentation stated right leg. The nurse confirmed which was correct and there was good evidence that the wound had been dressed and evaluated regularly and was in fact now healed. We also saw evidence of district nurse involvement for leg ulcer dressings for a person who did not receive nursing care at the home. One person had a grade two pressure sore and we saw records of regular wound assessment and evaluation, with input from an NHS wound care specialist nurse when required.

We saw evidence of positional change charts that had been completed hourly for a person at high risk of pressure damage. We saw that people were provided with appropriate adjustable beds and had pressure relieving mattresses as needed. Where people required the use of a hoist due to mobility problems, there were clear instructions for care staff about which hoist and sling was to be used. There was also detailed guidance for care staff on how to manage a person's catheter.

We saw evidence of continence assessments and details of which products were to be used. We found that continence products were not kept in people's bedrooms or bathrooms but were in a locked cupboard and were distributed daily by the maintenance person. We were unable to determine whether each person received their own products or the correct size. The clinical services manager said they had produced a list to leave in the cupboard with details of the name, size and type of product for each person which staff had to sign. When we checked this we found it had not been completed and we were told that it needed updating.

A new format for care plans had been introduced in March 2015. The care plans we looked at were written in a person-centred style and contained enough detail to allow care staff to provide care in a safe way. Care plans and risk assessments had been reviewed monthly. We looked at two care plans on the dementia unit. They had a section entitled `My Day – My Life` which was a portrait of the person and focused on their individual likes, dislikes and choices. This reflected a person centred approach to providing care. One of the care staff told us "If I thought something needed changing in a person`s care plan I would see one of the seniors and get it reviewed – it needs to be up to date"

We looked at the documentation for a person new to the home. We saw that a pre-admission assessment had been conducted to ensure that the home could meet the person's needs and a service agreement form had been signed. Care plans and risk assessments had been put in place.

We saw evidence that a range of age appropriate activities was provided. A large screen in the main lounge meant that people could enjoy watching films because they could see them clearly. Other regular social events that took place were musical entertainers, a sewing group, bingo, keep fit and handball exercises, and story-telling. A religious service was taking place when we visited and was well attended. One person's craftwork was displayed. People spoke highly of the activities organiser. An i-pad was available for people to use in their rooms. There was a computer in the lounge and some people had their own electronic equipment. The manager told us wifi was available throughout the home.

The home's complaints procedure was displayed in the entrance area and in the information pack in people's rooms. We found that the complaints procedure advised people to contact the home manager with any complaints or concerns but did not give the name or contact details, for example telephone number or email address, of anyone else within the organisation who people could contact if they wished to make a complaint or raise a concern. The complaints procedure referenced CQC and the local

Good

Is the service responsive?

authority ombudsman, but did not advise people that they could contact Wirral Borough Council with any complaints or concerns. We received evidence that, following our visit, the manager had added more detail to the complaints procedure.

A member of staff told us “If anyone, a resident or a family member wanted to complain about something I would try and help or tell the manager.” We spoke with one person who lived at the home who had made a complaint. This was being investigated by the area manager and the person told us they were satisfied that their complaint was being addressed.

We looked at detailed records of complaints that had been received during 2015. The records showed that all complaints made had been addressed by the manager and a full and detailed reply made to the complainant and appropriate action taken. An apology had been offered whenever standards had fallen below what was expected, and acceptable, in the service.

Good

Is the service well-led?

Our findings

Visiting relatives told us "There is a wonderful culture here. I come in as often as possible and you can see the staff are tremendously well trained."; "We are kept informed of any changes but if I thought something could be improved I would feel more than happy talking to the manager about it."; "We get sent a survey every year from BUPA and I always fill them in, so we are involved 100%." A member of staff said "I left for a while but had to come back. I really love coming to work here. I really enjoy it." Another staff member said "I have only been here twelve months and all that time we have had all this refurbishment going on and at times it has got in the way of doing things."

Staff and family members spoke positively about the manager and described him as "really approachable". We found that the manager was aware of the notifications that were required to be sent to CQC and kept copies of all notifications. The manager had responded appropriately and taken action when complaints and safeguarding issues were raised. The quality assurance officer at Wirral Borough Council told us they currently had no concerns about The Manor House. We found the manager was keen to take the service forward, however in some respects this had been difficult while such a major refurbishment was taking place. The manager was open and responsive to our feedback.

We found that staff had a good understanding of their roles and responsibilities towards the people who used the service. They said meetings were a regular occurrence and records we looked at confirmed this. As well as meetings for the whole staff team, there were also meetings for groups of staff including housekeeping and nurses. A nurses meeting was arranged for 23 September 2015 with a pharmacist attending. The manager told us that BUPA were currently conducting a staff survey and forms had been sent to staff at their home addresses.

Noticeboards around the building had minutes of most recent residents and relatives meeting held on 29 July 2015. We read that this had been well attended by nine people who lived at the home and 13 relatives. The minutes recorded that the manager had given people an update on the refurbishment work and discussed staffing, housekeeping, catering, activities and administration. Four meetings a year were held and a copy of the minutes was provided for each person who lived at the home.

A relatives survey had been carried out by BUPA in May 2015 and a summary of the responses sent to the home manager. We found that this summary did not provide much detail to enable the manager to address any issues that people had raised. For example, a relatively poor score was recorded for meals but it was not clear what aspect of the meals people considered required improvement. We saw that a satisfaction questionnaire was included in the information folder in a bedroom used for people who came to stay for respite care. A member of head office staff also made a phone call to people following a respite stay and provided feedback to the manager. We saw that very positive comments had been made, for example "The people were great, the rooms are great and the welcome was great. 100% for everything." and "The home and staff were marvellous."

The manager prepared a weekly report to the area manager regarding occupancy and staffing. A monthly quality assurance audit covered all aspects of people's care including pressure ulcers, nutrition, infections, medication, use of bedrails, safeguarding, care plans, and accidents. There were also regular quality monitoring visits to the home carried out by the area manager and the quality manager.