

The Manor, Exminster Limited

# The Manor Exminster

## 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 ●

# Summary of findings

## Overall summary

About the service: The Manor Exminster is a residential care home that was providing personal care for up to 25 people aged 65 and over. 25 people lived there at the time of the inspection.

People's experience of using this service:

People were supported by caring and compassionate staff who treated them with dignity and respect. They received person centred care based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. There were enough staff who worked flexibly to ensure people received care and support in a timely way.

People were supported by staff who received regular training and supervision to provide them with the skills and knowledge to meet people's needs. Staff worked in partnership with local professionals to provide effective care, support and treatment.

People were asked for their consent before they received any care and treatment. People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People were encouraged to socialise and pursue their interests and hobbies in a variety of creative ways. Where people chose to remain in their room, isolation was prevented by regular visits from staff and volunteers. Care plans were up to date about people's individual needs and preferences.

People's concerns were listened and responded to. Accidents, incidents and complaints were used as opportunities to improve the service.

The service was well led. People, relatives and professionals told us about improvements under the leadership of the new registered manager. The provider's quality monitoring systems which included audits, observation of staff practice and regular checks of the environment, with continuous improvements made in response to findings.

Rating at last inspection: Good. (14 November 2016)

Why we inspected: Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. At this inspection, the service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see full report which is on the CQC website at [www.org.uk](http://www.org.uk)

## 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 Exminster

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** An inspector and an expert by experience visited the service. An expert by experience is a person who has personal experience of using or caring for someone who uses care services for older people.

**Service and service type:** The Manor Exminster is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

In July 2018 when the previous manager left, local professionals raised safeguarding concerns about some people's care. A safeguarding meeting was held which identified the service needed some support to improve some aspects of safety and quality of care. Since then, local professionals and the local authority quality monitoring team have been working with the service to make those improvements.

The service had a new manager who registered with the Care Quality Commission on 28 March 2019. This meant that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced. We visited the service on 9 and 10 April 2019.

**What we did:** Prior to the inspection we reviewed all information we held about the home, such as details about incidents the provider must notify CQC about. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people and six relatives to ask them about their experience of the care provided. We

looked at four people's care records and at their medicine records. We spent time in communal areas and observed staff interactions with people. 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.

We spoke with the registered manager, deputy manager, a volunteer and with eight members of staff which included care, housekeeping, catering and maintenance staff. We looked at four staff files around staff recruitment, supervision, appraisal and staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners and health and social care professionals who worked with staff at the home. We received a response from five of them.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported would be listened to and responded to.
- The provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked in partnership with the local authority and other professionals to ensure individual plans were in place to protect people.

Assessing risk, safety monitoring and management

- People said they felt safe living at the home and relatives agreed. One person said, "I am very well looked after here." Relatives said; "Mum is safe here and gets the care she needs," and "She is safe and happy."
- People's risk assessments included measures to minimise risks as much as possible. For example, in 2018 falls management was identified as an area for improvement. Since then, staff had undertaken further training in falls prevention. People identified at high risk of falling had detailed care plans which showed control measures in place to minimise risks. For example, ensuring people had good fitting footwear, checking on people regularly and reminding them to use any mobility aids. Also, by keeping corridors and bedrooms clear of clutter.
- Where people's behaviours sometimes challenged the service, staff knew how to manage and reduce those risks. They sought advice and support appropriately from the local mental health team. Staff engaged positively with people and were proactive in trying to avoid incidents in communal spaces. However, challenging behaviour care plans needed more detailed guidance for staff about how to manage any verbal or physical aggression. Also, about how to support people who refused necessary care. We discussed this with the registered manager who was arranging appropriate face to face training to help staff with this.
- Environmental risk assessments highlighted potential hazards and ways to minimise risks around the home. For example, where there was a slope on the corridor so hazard tape was used to warn people about a change in floor level. There was an ongoing programme of servicing, repairs, maintenance and redecoration.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored to identify any trends and lessons learnt, which were discussed at staff meetings. For example, where an analysis of falls showed a person had several falls on the stairs, they were moved to a ground floor room. However, reports captured in a newly introduced accident/incident reporting database lacked sufficient detail of accident or incidents. For example, what immediate action staff took and subsequent management action. We discussed this with the registered manager who said further staff training was needed to use the new system more effectively, which they would arrange.

### Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People said they received support when they needed it. One person said, "If I feel upset the carers spend time with me and let me talk about it." People said call bells were responded to within a short period. Staff were visible around the home, chatting to people, and making sure they were comfortable and had everything they needed.
- The registered manager used a dependency tool to monitor staffing levels met people's changing needs. For example, they had employed more housekeeping staff which freed up care staff to spend more time with people. They also ensured staff worked flexibly so there were always enough staff to support people at busy times of the day, such as early in the morning and at lunchtime.
- Several staff had left over the past six months, and new staff were recruited to replace them. All pre-employment checks on new staff such as criminal record checks and obtaining references had been carried out.

### Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices. Staff used personal protective equipment, such as disposable gloves and aprons.
- Daily cleaning schedules were followed and the home was clean and odour free. A recent Food Standards Agency inspection awarded the service the highest rating of five out of five.

### Using medicines safely

- People received their medicines safely and on time and were happy with the support they received.
- Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- A local pharmacist reported good improvements in medicine management systems. The service did regular audits with action taken to follow up any areas for improvement. For example, reducing waste by removing medicines and creams no longer in use.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People praised their care at The Manor and said their healthcare needs were met. Relatives comments included; "She came for respite and was so happy she stayed," and "I am confident that my mother is being cared for well."
- Following concerns raised about standards of care in July 2018, health professionals reported improvements. Comments included, "Things are getting better, we saw an improvement straight away with new manager," and "Staff request visits appropriately from GP's and follow our advice." A health professional said catheter care had improved following training, although further training was needed for newer staff. Another professional praised staff for avoiding people having lengthy stays in hospital. They said, "They keep in regular contact with the hospital, and are happy to have people back as soon as possible."

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

- People's needs were fully assessed before they began to use the service. This helped to make sure the service had staff with the right skills to provide the care each person needed.
- People received care and support in accordance with their assessed needs. A relative said, "Mum was struggling with her continence, staff immediately did an assessment and put things in place for her."
- Care records showed staff followed evidence based practice in relation to moving and handling, falls prevention, nutrition, and skin care. They were updated regularly and showed the support each person needed from staff.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the training, knowledge and skills to meet their needs. Several newly recruited staff were still undergoing induction and initial training. They praised the support they received from management and staff to get to know people and learn the role. New staff comments included; "Induction was nice, I was shadowed by an experienced member of staff," "Staff know people well, they are friendly and happy to answer questions. I am looking forward to working here." Where staff were new to care, they completed the care certificate, a nationally agreed set of standards.
- Most staff had qualifications in care, and training methods included online, face to face training and competency assessments. A training programme included moving and handling, infection control, fire safety, safeguarding and dignity training.
- Staff felt well supported in their work and had opportunities to receive feedback, and discuss any further training and development needs through regular supervision meetings. The registered manager and deputy manager monitored staff practice around the home. Following staff feedback the registered manager was

arranging further staff training on dementia and managing challenging behaviour.

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

- People and relatives all praised the quality and choice of food. Comments included; "The food is excellent," "[Person] has put on weight which is great." The cook was passionate about food and its importance in improving people's health and wellbeing. They involved people in menu planning, so their favourite foods were included. They talked to each person about menu for the day and used an album of attractive photographs of the meals on offer to help them make their choice.
- Mealtimes were an important part of the day. Lunch was a very social occasion, people and staff ate lunch together in the dining room. Each table was served individually, which ensured the food was served hot with staff on hand to offer any assistance needed.
- People at risk of poor nutrition and dehydration had detailed care plans to inform staff about their needs. Progress was monitored through recording food and drink each day, and through regular weight checks.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 with appropriate legal authority. 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, and found they were.

- People were offered choices, and their consent sought before they received personal care.
- Where people lacked capacity, mental capacity assessments were undertaken. Care plans included information for staff about how best to ensure people were given choices and make as many decisions for themselves as possible. For example, "[Person] finds it difficult to weigh up choices but can choose what to eat, wear and what she wants to do."
- People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, a person's GP, family members and staff were consulted about a decision to disguise medicines in food for a person who regularly refused medicines vital for their health.
- The registered manager had submitted DoLS applications to the local authority for several people who lacked capacity that were subject to some restrictions for their safety. For example, for a person who though they could go out alone for a walk but needed an escort for safety.

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

- Improvements had been made to the environment of the to make it more suitable for the needs of people living with dementia. For example, improve lighting in lounge, dining room and corridor areas and use of colour and symbol signage to identify toilet and bathroom areas, which helped people find them independently. An enclosed courtyard patio meant people living with dementia could safely use this area independently.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who developed positive, caring and meaningful relationships with them. There was a happy and homely family atmosphere at the service. Staff were motivated, kind, caring. They knew people well, about their life, family history, likes and dislikes, and were passionate about their care and quality of life.
- People's comments included; "I'm content here," "It couldn't be better." "Relatives said; "It has been a really positive experience for both mum and us, she loves it," "Staff work really hard and are excellent." Professionals commented; "They see the whole person, not just a patient or resident," "Staff have love and respect for the people in their care," and "It feels like a good home, there are lots of smiling faces."
- The service took account of people's cultural background, gender and religious preferences. A relative said, "Mum was supported to go to church when she was able to. Now it is too much for her, but she is still able to receive communion from a lay preacher that comes here." During an activity, a staff member asked a person, "How do you count to ten in Welsh?" This demonstrated they knew the persons cultural background and sought an opportunity for the person to speak Welsh.
- Staff sensitively supported two people who had formed a close friendship. They sought advice from the local authority and took account of the Care Quality Commissions' guidance on 'Relationships and sexuality in adult social care services.' This helped to uphold their human rights.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect. They said staff ensured their privacy during personal care and did their hair in their preferred style. At lunchtime, some people were offered protectors, to protect their clothing from spills and lightweight beakers with handles, they could manage without help.
- Staff encouraged people to help with day to day tasks around the home, if they wished, which gave them a sense of purpose. Care records showed what aspects of daily living people could manage independently and what they needed help with.
- People were encouraged to keep in contact with family and friends. Relatives and friends were welcomed at any time and were offered refreshments. People's birthdays were celebrated with a party tea and cake, which made them feel special.

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

- People felt involved in decision-making and had their views and preferences listened and responded to. People were consulted in ensuring their care plans reflected their needs accurately.
- Where people needed more support with decision making, family members, or other representatives were involved. Relatives commented; "They [staff] often pop in for a chat," "We are always consulted," and "When he was found unwell at night the staff member immediately called an ambulance and then us."

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People receive personalised care which responded to their needs and promoted their physical and mental wellbeing. One person said, "I am very content here," a relative said; "I feel she is well looked after here and I enjoy my visits to see her." Staff noticed when people needed assistance. For example, they offered a blanket and hot drink to someone who was feeling cold and fetched another person's walking frame for them when they got up to move.

- Since we last inspected, an activity co-ordinator had been appointed, who involved all the staff team in contributing to a wider range of activities. A visitor said, "I am very impressed, [name of co-ordinator] is very good and engaging, she is always motivating people and trying different activities." A relative said, "My mum really loves the entertainment. During these sessions, they often sing, quiz, play games or participate in craft projects. It is the highlight of her week."

- A visual 'Wishing tree' had been created to prompt people to express things they wished to achieve. So far, photographs captured how much it meant for an ex royal marine to visit their training ground at Woodbury Common and how much another person enjoyed a picnic at the seaside.

- A monthly activities schedule was distributed to each person which included armchair exercises, baking, and trips to the garden centre to choose bulbs to plant. People enjoyed visits in a minibus to areas of local interest such as Powderham castle. People enjoyed a 'Chatting table' activity, where an array of garden foliage, that people could touch, see and smell were discussed. We saw people smiling and engaged when their favourite music was played.

- Activities took into account people's abilities and the needs of people living with dementia. For example, photographs helped people initiate conversations and recall important events and there was a reminisce newsletter and specialised jigsaws. Where people chose to remain in their room, isolation was prevented because they had regular visits from staff and volunteers who chatted, read and did one to one activities with them.

- People were part of the local community. One person enjoyed visiting the local churchyard and chatting to the children coming out of school. Others enjoyed regular trips to Exminster golf club and Seafrost at Exmouth. The service had made links with local primary school, children had visited and enjoyed reading and baking activities with people. The service had several local volunteers who provided people with musical entertainment, visiting dogs and befriending.

- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Each person's care plans included their individual communication needs. For example, instruction for staff about how to help people with visual problems or hearing loss communicate effectively. Written information was available in bigger print for people who needed it.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. People and relatives said if they were unhappy about anything, they felt happy to tell staff who addressed them. A person said, "Once I was cross I wasn't got up early enough. I spoke to the manager and she sorted it." At regular residents' meetings people were asked if they were happy with their care and encouraged to raise any issues.
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was provided to each person and displayed on notice boards.

#### End of life care and support

- People were supported to have a comfortable, dignified and pain-free death. A health professional said, "Staff work closely with GPs and the district nurses to keep people in the Manor at the end of their life (rather than moving them to a nursing home or hospice)."
- Where people had expressed any advanced decisions about resuscitation, end of life care wishes or preferred funeral arrangements these were recorded in their care plan. When people died, the registered manager attended to perform last offices, whenever possible, as a mark of respect, and to support staff.

# 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and professionals expressed confidence in the leadership at the home and said it was well run. Relatives praised recent management and staff changes. One said, "It has resulted in a new dynamic with the greater emphasis on interaction and stimulation of residents." Professionals described ongoing improvements under the leadership of the new registered manager and their deputy. Their comments included; "I think the Manor is doing well under the new leadership, staff appear to be happier," "It feels like a good home, smiley faces, people happy and being attended to."
- The service promoted a positive culture that was person-centred, open, inclusive and empowering, and achieved good outcomes for people. Staff were friendly, polite, and helpful. A staff notice board captured the ethos and said, "Be kind, be loving, be happy."
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.

Where any concerns about individual staff performance were identified, these were dealt with positively through training, supervision and disciplinary processes as a last resort. Where mistakes were made, the registered manager was open and honest with people and families and outlined improvements made in response.

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

- The registered manager and their deputy were relatively new in role and described themselves as "still learning." Both were undertaking management qualifications to help them develop their roles. They worked alongside staff and acted as role models for less experienced staff. The registered manager when asked about their leadership style said, "I encourage good and kind practice with on the spot coaching. I would never ask staff to do anything I wouldn't do myself."
- Staff all said they enjoyed working at the home. Their comments included; "One of best places I've worked, welcoming and helpful," "Staff are part of a team, we help one another, we all muck in." They expressed confidence in the "supportive" leadership of the home. Their comments included; "The manager is very "hands on" and is always available for a chat," "She is very enthusiastic and efficient" and "always helpful and understanding."
- The service had a range of effective quality monitoring arrangements in place. Regular health and safety and infection control checks were carried out, as were audits of care records, medicines management, and regular surveys. A recent 'Mystery shopper' audit reported, "Staff were really friendly and residents were cheerful and comfortable. It had a lovey feel to it." Provider visit reports and visits by the local authority quality monitoring team both showed continuous improvements.

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

- People were consulted and involved in day to day decisions about the running of the home through regular meetings. Areas discussed at recent meetings included menu planning, the newsletter, activities and planned excursions, as well as new staff, and building improvements.
- Staff were consulted in decision making and regular staff meetings were held. They were encouraged to contribute ideas, raise issues, and received feedback about areas for further improvement.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff kept up to date with developments in practice through the national good practice websites such as Skills for care and Social Care Institute for Excellence (SCIE). They praised the support they received from the provider and other experienced registered managers within the group. They had opportunities to share good practice ideas through provider meetings, and through local learning networks. They kept up to date with regulatory changes through monthly newsletters.
- A service improvement plan captured continuous improvements, for example in the environment, staff training and in record keeping. Good practice ideas were disseminated through staff meetings, supervision sessions and staff training. Recently, a 'A colleague of the month' scheme was started to capture positive people and staff feedback about individual staff. This helped recognise individual staff contributions, highlight positive practice and celebrate success.
- People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists. A new community nurse manager told us about plans to meet with the registered manager soon to identify ways they could further improve communication to support people's care.
- The service had developed links with other local groups. For example, during a Dementia action alliance event, local college students visited the home to provide entertainment. Plans were also underway to involve the local Women's Institute (WI) group in the home. WI members were planning to get involved in arranging a knitting group and in reading to people.