

St. Martin's Care Limited

# Guisborough Manor Care 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 ●

# Summary of findings

## Overall summary

Guisborough Manor is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Guisborough Manor accommodates 65 people in one adapted building.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to keep people safe and reduce the risks of harm from occurring. Staff had completed training in safeguarding and understood their responsibilities to report any concerns.

There was a registered manager registered with us who had recently left the service. However, there was a new manager recruited to commence registration and a management team in place at the service.

Robust recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly. Medicines were managed safely and administered by staff trained for this role.

Staff received appropriate training and support to meet people's individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and had access to healthcare professionals as and when this was needed.

People were supported by kind and respectful staff who valued people's individuality and independence. We observed positive interactions between people and staff. People could make choices about how they wanted to be supported and staff treated them with dignity and respect. There was a welcoming and homely atmosphere at the service.

People received support which was person-centred and responsive to their needs. Person-centred is when people's preferences are respected. Personalised care plans were in place which helped staff to know how people wished to be supported with daily living. People were involved in developing and reviewing their care plans and decisions about their care.

People were supported to take part in valued individualised activities including regular community outings and entertainment to engage people and prevent social isolation.

People spoke positively about the deputy manager and the wider management team. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

There were systems in place for communicating with staff, people who used the service and their relatives to ensure they were fully informed via team meetings and newsletters.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service had improved to good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The Service was not always well led.

# Guisborough Manor Care 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.

This was a comprehensive inspection which took place on 9 January 2019. The inspection was carried out by one adult social care inspector, an inspection manager and an expert 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with people living at the service. We spoke with 11 people who used the service, nine relatives, activity co-ordinator, laundry and kitchen staff, the deputy manager and three care staff.

We reviewed three people's care records and three staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

# Is the service safe?

## Our findings

People felt the service provided safe care. One person told us, "If I press the buzzer I know they will be there at once someone comes straight away." Another told us, "This is a clean and tidy home and there is always some cleaning going on and they are modernising and changing things which is good."

There were systems and processes in place to safeguard people from abuse. The provider had an up to date safeguarding policy and staff received training in this area. One member of staff told us, "We are constantly on the look, keep an eye and ear out to make sure people are OK. Any signs and we pass it on to the management and they will take it further, if not I would take it further myself."

People had individual risk assessments in place and these were regularly reviewed and up to date. Where risks were identified, care plans addressed the way in which staff could mitigate these risks. Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise risk of further incident.

Personal emergency evacuation plans (PEEPs) were in place for each person and the provider had a business continuity plan in place to ensure minimal disruption to the delivery of care in case of an emergency. Fire drills took place regularly and included evacuation practice. Evacuations had been improved by additional records and a grab bag scheme had been introduced for staff to access in emergency situations to help them be more equipped with the information required.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the deputy manager regularly. Regular maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as hoists.

There were enough staff on duty to meet people's needs individually and safely. Staff were visible at all times and people who received one to one support were supported.

Safe recruitment procedures were still being followed. Pre-employment checks included reference checks and disclosure and barring service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Medicines were managed, stored and administered safely and effectively. Medicine administration records (MARs) we viewed had been completed fully and accurately. This meant people had received their medicines as prescribed and at the right time.

The service was clean and newly decorated in places to a high standard. Staff were observed using personal protective equipment where required such as aprons and gloves and domestics were visible and carrying out regular cleaning activities.

# Is the service effective?

## Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

DoLS applications had been submitted appropriately and CQC had been notified of any authorisations. Staff had been trained in the MCA and DoLS. Mental capacity assessments and best interest decisions had been made and appropriately recorded.

People were supported by staff who were trained and had the right skills and knowledge necessary to meet their needs. Essential training was up to date and specialist training was delivered to ensure staff had the skills necessary to support each individual. Staff told us they valued the training they received. One staff member told us, "I have just completed my safeguarding adults workbook, I have enjoyed it all the training is good."

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them.

Staff told us they felt well supported by management. They received regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Records showed people received ongoing healthcare support from a number of external professionals. One relative told us, "If our relative is unwell they ensure that we are contacted and the GP if needed."

People's nutrition and hydration needs were met. We observed lunchtime in two different dining areas and found it to be mainly relaxed and sociable experience. However, the smaller dining room on the first floor people experienced a 30 minute wait for their food. We raised this with the deputy manager who assured us this would be addressed with better staff deployment.

People were provided with a varied and nutritionally balanced diet. People were offered a choice from the menu or could choose an alternative. The staff were aware of people's dietary needs and kept up to date records. Where people had specialist diets this was clearly directed within their care plans. One relative told us, "Our relative has started to put on weight and enjoy her food again."

The premises were modern, purpose build and provided a choice of communal areas. The building was adapted to meet the physical needs of people. Including signage and areas of interest for people with dementia. There was a lounge with access to the outside space that was adapted for people to access.

The service worked with external professionals to support and maintain people's health. Staff knew how to



make referrals to external professionals where support was needed. We saw how people were supported to attend appointments.

## Is the service caring?

### Our findings

People were very happy with the care they received and spoke highly about the staff. Comments included, "My care is amazing I have been here for a number of years and this is now my home.", "The staff are caring all the time not just when you are here -when the visitors go and it is just us it is as good if not better." And "As far as care goes I am just happy to get the best."

Staff explained how they promoted choice, privacy and dignity. They told us people were supported to decide what to wear each day and given choices at mealtimes and with activities and outings. During lunchtime we observed staff checking that people were happy with the choices they had made and offering alternatives without hesitation.

Privacy and dignity was respected by staff and they were discreet when offering people support. Personal interactions took place privately to respect dignity and maintain confidentiality. Staff were seen knocking on people's doors and waiting before entering and all interactions between staff and people using the service was friendly but respectful.

People were supported to maintain their independence wherever possible. We observed staff supporting people at meal times especially supporting them to enjoy their food but to do as much as they could themselves without taking over. One member of staff told us, "Independence, we encourage it. If you don't use it you lose it. I'm not here to take over, I give the encouragement. If it's a bit slow it doesn't matter if they can do it we encourage it."

People were involved in reviewing their care and took part in meetings with the deputy manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process.

People were supported to follow their chosen religion and we saw that local churches visited the home to help people worship regularly.

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. One person who used the service had an advocate who visited them regularly to support them with decision making. We spoke with staff who told us they were able to make arrangements if anyone else required an advocate to support them. They told us, "Yes their advocate comes here all the time, they chat, look at the persons care plan, attends meetings with them and represents them as they don't have any family and need help with decisions."

## Is the service responsive?

### Our findings

People were supported to take part in numerous activities of their choice and one to one activities. During our inspection we saw people were busy and there was a full timetable in place.

When we spoke with people and their relatives they told us how they enjoy taking part in activities; comments from relatives included; "The activities in here leave you feeling exhausted they do more than me said a relative.", "My parent is out and about whether it is lunch or jaunts she is loving it." And "It's good that as relatives we get involved in the activities it really is a lot of fun."

The care plans we looked at were up to date, comprehensive and tailored to meet people's individual needs. We saw these were reviewed on a regular basis and contained personal information about people's life history, likes and dislikes. This meant staff had detailed up to date guidance to provide support in a way that met people's specific needs and preferences. People's care plans also had a one page profile that included; 'what is important to me' and 'what do people admire about me'. Examples includes, 'Likes to wear make-up, likes to look glam', 'Tea no sugar' and '[Name] has a lovely sense of humour and loves a little joke'.

People were supported to raise any concerns or complain if they wished. We saw evidence that complaints were handled in line with the policy. There had been no recent complaints received in the previous twelve months and previous complaints had been investigated fully and recorded appropriately.

No-one at the service was receiving end of life care at the time of our inspection, however, people had a section within their care plan that reflected their wishes regarding end of life care. Staff had received training in this area.

People were supported to maintain relationships within the community and with their families and friends. One person we spoke with told us; "We make sure people who have relationships have private time, we respect this."

Information could be made available in various formats. The deputy manager told us how they could make relevant information in larger print for example or easy to read if needed.

People were asked for their views on the service during regular resident meetings and in the annual survey. We saw that the feedback was positive. The deputy manager told us how they planned to expand this and to include a 'you said we did' display board and this was working progress. Relatives told us, "I like that we are asked and that my relative is included and it's all about what they want to do."

## Is the service well-led?

### Our findings

There was a registered manager registered with us who had recently left the service. However, there was a new manager recruited to commence registration and a management team in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff spoke positively about the management team, including the deputy manager. One member of staff member said, "The manager is great, I have no concerns in going to them with anything."

The deputy manager told us how people were encouraged to be active citizens within their local community by using local services regularly with support. They told us about the range of community activities that people were involved in including; using the local community centres and social clubs. The deputy manager told us, "We use the local pub all the time for lunch and the local bridge club for activities on a weekly basis."

The deputy manager and home manager conducted a programme of regular audits throughout the service. We saw there were clear lines of accountability within the service and management arrangements with the provider. Audits had been effective in identifying and generating improvements in the service, for example regarding medicines.

There was a good system of communication in place to keep staff, people using the service and their families informed of what was happening within the service.

The deputy manager held regular staff meetings to discuss relevant information and policy updates. We saw the minutes of these meetings and how people's needs and care plans were discussed, staff told us they valued these meetings.

The deputy manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to reduce the risk of any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

The provider had made timely notifications to CQC when required in relation to significant events that had occurred in the home.