

Laso Health Care Ltd

Manor View Care Home

Inspection report

19 Manor Road
Hatfield
Doncaster
South Yorkshire
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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?	Requires Improvement ●

Summary of findings

Overall summary

Manor View is a residential care home providing personal and nursing care for up to 49 people. This is inclusive of a separate build, Church View, which accommodates up to 14 people. At the time of our inspection there were 39 people using the service.

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

People were supported to have their medicines as prescribed by staff who had been trained and assessed as competent. However, medicine administration was not consistently recorded, the registered manager immediately put strategies in place to mitigate the risk of this occurring again.

People were protected from known risks. However, records were not always completed accurately to evidence this. Risk assessments were completed, and strategies identified to mitigate these risks. Staff understood safeguarding and how to recognise and report any concerns of potential abuse.

Quality assurance tools had not always identified the concerns we found at this inspection. The management team committed to develop an action plan to work towards making improvements to their quality assurance processes.

Staff were safely recruited, inducted and trained to meet people's needs. Adequate staffing levels were observed.

People were supported by staff who knew them well and had the information required to meet their needs. People and relatives were all consistently positive about the staff and the support they received.

Care plans contained person centred, detailed information to support staff in understanding the person's individual holistic needs. People's likes, dislikes, preferences, choices and life histories had been recorded.

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's communication needs were assessed and when required, information had been presented in a different format to meet people's needs. Such as, large print or easy read.

Staff supported people to access healthcare services as required. Any specialist support was recorded, and actions completed.

People were supported to access activities, outings and celebrations. Friends and relatives were welcomed into the service and people were supported to maintain relationships.

People were protected from infections. Staff wore appropriate personal protective equipment, the home was regularly cleaned and the registered manager followed government guidance on COVID-19.

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 good (published 27 June 2019).

Why we inspected

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

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manor View Care Home on our website at www.cqc.org.uk.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor View Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one Inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means 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.

What we did before inspection

We reviewed information we had received about the service. We also sought feedback from the local authority. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided.

We spoke with eight members of staff including care staff, housekeeping, maintenance, and the registered manager. We spent time observing people.

We reviewed a range of records. This included five people's care records and six medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Using medicines safely

- People received their medicines at the times they were prescribed or when they needed them. However, we found some issues which have been addressed in the well led section of this report.
- People's medicines records did not always accurately reflect the level of medication in stock. For example, we found one person had more tablets in stock than recorded on the medicine administration record (MAR).
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately, although we identified one entry which had only been signed by one member of staff.
- The temperature of the medicines fridge and room was checked daily and documented, the temperature was in accordance with the medication policy and within acceptable parameters. However, some creams were kept in people's rooms where the temperature was not always recorded to ensure safe storage.
- People had access to medical professionals to review their medicines where this was required.

Assessing risk, safety monitoring and management

- People had risk assessments in place for all their care and support needs. Risk assessments were reviewed regularly or in response to a change.
- Risk assessments were detailed; staff understood the risks and knew people well. One staff member said, "I am able to find risks and how to keep residents safe all on the system [name], this is a big help."
- Risks to people's health and wellbeing were discussed within handovers and recorded on the electronic system. This meant staff were involved and knew what the risks were for people.
- Bedrail checks were regular. However, they were not always consistent with frequency the person's plan indicated. For example, one person's sleep plan stated bedrails should be checked hourly, yet it was recorded as being checked two hourly. The registered manager told us this was an error on the care plan and two hourly was the correct frequency.
- Equipment checks were maintained and there were general risk assessments in place for the home, for example, using outside spaces. Management staff completed a daily walkaround and checks at night to monitor the quality of the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding. They had a good understanding of the signs to look for when people might be being abused and how to report any concerns. Staff comments included, "If I was in the least bit concerned, I would speak to the manager. I know I can also speak to external organisations," and, "I have no concerns about people's safety but would report any immediately. There is information around the

home giving advice on the process and organisations to contact."

- People confirmed they felt safe. One person told us, "I have no concerns at all. I do feel very safe here."
- The registered manager investigated safeguarding concerns and ensured plans were in place to keep people safe. Safeguarding alerts were raised externally when required to the local authority and the CQC were notified.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us they did not have to wait long for staff. We saw there were enough staff to meet people's needs in a timely fashion and staff responded to call bells quickly.
- The provider monitored the staffing levels in the home. The provider had a staffing tool which used people's dependency levels to calculate the number of staff needed to provide safe support to people. The home had been staffed in line with the dependency tool.
- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of identity were checked. Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service promoted safety through the layout of the premises and staff's hygiene practices. However, handwashing advice was not available in all bathrooms and toilets. This had not been identified in any audit. The registered manager committed to address this immediately.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

Learning lessons when things go wrong

- Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again.
- People received safe care because staff learned from safety alerts and incidents.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 before they moved into the home. This information formed the basis of their care plan.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed in care plans. Moving and handling and nutrition plans demonstrated they had been created with evidence-based practices in mind.

Staff support: induction, training, skills and experience

- People received care from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively. Staff received all the training they required to meet the needs of people they supported.
- A relatively new member of staff told us, "My induction was excellent. The manager and staff have been very supportive and I feel the training I've had so far has given me the knowledge and confidence to do a good job."
- The providers training matrix identified when mandatory training required updating.
- People described staff who provided them with care at home as competent, one person told us, "In my experience, the staff all seem to know what they're doing."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings with their line managers and an annual appraisal of their overall work performance.

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

- The registered manager told us they were in the process of liaising with people regarding menu choices to form a new menu plan.
- People we spoke with were complimentary about the food and drinks available. Comments included, "The food is really nice. We always get a choice", "I enjoyed my lunch." and "The food is usually very good."
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank.
- People's weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.

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

- The home provided a suitable environment for people. There were several communal areas so people could socialise or spend quiet time.

- The home was fully accessible using a passenger lift. Stairs and corridors were wide and well-lit to enable people to move freely around the building.
- A noticeboard in the reception area showed pictures of staff who worked at the home, so people could easily identify a member of staff and know their name.
- Improvements were planned for the home. Decorating was in progress and some flooring was due to be replaced as part of an ongoing plan of maintenance and refurbishments.

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

- Staff supported people to see health and social care professionals including speech and language therapists, dementia wellbeing team, district nurses and GP's, so people would enjoy the best health outcomes possible.
- Where people needed access to emergency health care staff promptly sought this and advocated for people so they would receive the care they needed. Where consent had been given, senior staff updated relatives regarding changes in people's wellbeing.

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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently. For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with care and assistance.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the home supported decisions made on people's behalf and were in their best interest.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff respected people's individuality and treated people with kindness and compassion.
- People spoke highly of the care they received. One person said, "Yes, I believe I am cared for very well." A relative told us, "[Person] has told me the staff really good and I agree. Everything I have seen has been very positive."
- Staff we spoke with knew people well. They spoke about the people they cared for with empathy and respect. It was evident staff had built positive relationships with people and knew what mattered to them.
- Staff knew people well enough to have meaningful conversations with them about their family and things they may want to do with their time.
- People's care plans included details of their religion, culture and sexual orientation. People were able to choose what gender of staff they preferred for personal care. We saw evidence that people's preferences had been respected.

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

- People told us they were treated with respect and their individual rights were promoted. One person told us, "They [staff] are very kind and polite. They [staff] listen to me and respect my decisions."
- People and relatives told us they were involved in their care planning and decision making. Records contained signed consent forms for sharing information, photos and support.
- People made many of their own decisions about their care, such as what time they wanted to get up, what they wanted to eat and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of the importance of promoting people's independence.
- Staff respected people's privacy and dignity. Staff told us they knocked on people's doors before going into their bedrooms. Personal care was carried out behind closed doors. We observed people being offered choices in what they wanted to wear and what they preferred to eat.
- People were smartly dressed and looked well cared for. People were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to visits with the home's hairdresser.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which was specific and tailored to each person. This supported staff to deliver care and support in line with people's wishes.
- The home had a visible, person centred culture. People's care was holistic and considered people's physical, emotional and spiritual wellbeing.
- Changes to people's needs were responded to quickly and appropriately. People had a continuous evaluation which helped identify any deterioration or change in people's health. Daily records were also completed for each person.

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's care plans had information regarding their communication needs. Care plans contained information regarding any visual or hearing aids required and if a person was able to communicate verbally. We observed staff communicating with people in their preferred way.
- The provider had easy read posters in communal area and corridors to support people to understand procedures such as complaints.

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

- People's care records reflected people's life histories and what was important to them was recorded.
- Activities were an integral part of each person's daily life. The home employed an activities coordinator. Some people liked to join in the completion of daily household chores. During the inspection we heard some people singing whilst others hummed along as they participated in an activity of their choice.
- People told us they enjoyed activities. One person said, "I really enjoyed all the Jubilee things we did."

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint. One person told us, "If I did have any worries, I'd tell one of the staff, they're all very good." A relative said, "I am aware of the complaints process but have had no need to use it, everything is fine."
- The management teams reviewed and responded to complaints in full and in line with the provider's

complaints policy.

End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the home instead of being admitted to hospital.
- Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support people.

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 good. At this inspection the rating has changed to requires improvement. This meant the governance of the service and record keeping was inconsistent.

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

- Quality assurance systems were in place but did not always operate effectively. These systems had not identified the shortfalls found during the inspection. For example, with medicines, record keeping, bedrail checks and handwashing signs. The provider and registered manager accepted our findings and committed to address the issues immediately.
- The registered manager had the knowledge to perform their role and a clear understanding of people's needs in the service they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. They knew people well and we observed positive interactions with people.
- Staff delivered good quality support consistently.

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

- The culture in the home was caring and staff focused on providing care which met people's needs. It was clear that staff knew people well and had developed kind caring relationships with them.
- People were positive about the care they received and relatives we spoke with also confirmed that they felt the care was good. One person told us, "I'm very happy here, the staff are always very nice."

Continuous learning and improving care

- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.
- The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.

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 understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so should they arise.

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

- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during individual meetings with their line manager and staff meetings.
- The management team sought feedback from people and their relatives through questionnaires. The management team were in the process of sending these to people.
- Staff had supervisions and appraisals completed by the management team to share their views and assess their competency.

Working in partnership with others

- The service worked in partnership with district nurses, GP's and local authority representatives to ensure the service people received was person centred.
- The registered manager was engaged and open to the inspection process and remained open and transparent throughout. We received updated and reviewed records immediately after the inspection.