Mrs Nichola and Mr Robert Broadhurst

Manor House

Inspection report

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Date of inspection visit:
17 January 2019
21 January 2019

Date of publication:
05 March 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection took place on 17 and 21 January 2019 and was unannounced.

Manor House 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.

The care home accommodates up to 16 people in one adapted building. On the day of the inspection 14 people lived in the home. □

The registered manager was also the provider. 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.

Records did not always reflect all the information we were told was sought during the recruitment process. People were supported safely with their medicines; however at the beginning of the inspection, some staff training was not up to date in line with the provider's policy. Checks and audits completed by the registered manager had not always been recorded. We have recommended the registered manager reviews their governance procedures.

People told us they felt safe using the service. Risk assessments were in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. When people became anxious or low in mood, staff used their in-depth knowledge of people to ensure they received the right support.

People, relatives and staff told us the found the service to be 'homely'. However, we have made a recommendation about the environment as it did not currently reflect best practice in dementia care.

The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA). Staff knew who lacked the capacity to make decisions and care plans gave information for staff to use when making decisions in people's best interests.

People had enough to eat and drink and had choice about what they ate. Staff were very responsive to any

change in needs or health concerns.

People were provided with activities to engage them in the home. Staff told us these were based on their knowledge of people's interests. However, people were not routinely asked if they would like to access the local community. We have made a recommendation about this.

There was a positive culture within the service. The registered manager led by example and the standards they expected were known by the staff team. Staff clearly cared about the people they supported and worked to maintain people's wellbeing. Staff understood how to communicate with people effectively and offered choice wherever possible.

People and relatives told us they they found the registered manager and staff approachable and any changes or concerns were dealt with swiftly and efficiently. People had regular opportunity to share their views of the service and any required changes were made promptly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment records required improvement to show safe procedures had been followed.

Medicines training and checks had not always been completed in line with the provider's policy.

People felt safe and were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with their needs.

Staff followed safe infection control procedures.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting raising concerns or asking for advice.

Staff understood which people lacked capacity to make decisions.

People were supported by staff who worked well as a team and with external professionals.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect.

Staff spoke about the people they were looking after with fondness.

People were supported in their decisions and given information and explanations when required.

Is the service responsive?

Good

The service was responsive.

Care plans were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People were supported by staff do things they enjoyed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records of checks made of the quality of the service were not always completed. Audits had not highlighted some gaps in practice.

There was a positive culture in the service. The registered manager led by example.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

Manor House

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 January 2019 and was unannounced. The inspection was carried out by one inspector and an expert by experience. The expert by experience was a person who has had personal experience of using or caring for someone who lives with dementia.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with seven people and one relative. We also spoke with a nurse practitioner and a district nurse. Both regularly visited the service. We reviewed four people's records. We also spoke with four members of staff and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the quality of the service was monitored. This included a range of audits, questionnaires to people who live at the service and minutes of meetings.

Following the inspection we spoke with three relatives of people who use the service and one staff member. We also received feedback from a podiatrist who knows the service well.

Requires Improvement

Is the service safe?

Our findings

People were supported by suitable staff. Clear recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. However, some staff had gaps in their employment history. The registered manager said they had discussed with the person what they had been doing during these time periods but had not recorded this information.

Staff were knowledgeable with regards to people's individual needs related to medicines and regular medicines management audits were completed to help ensure staff were following medicine administration best practice. However, one person's medicine, that was to be taken as required, had been removed from their medicines administration records (MARs). These were printed by the pharmacist and staff had not noticed and could not identify why this had happened. Staff were confident the person did not currently need the medicine but no-one had known it had been stopped. Their care plan also still stated they were prescribed the medicine.

Staff had received medicines training, however at the start of the inspection three people's training was out of date, according to the provider's policy. The registered manager regularly observed these staff members administer medicines. Records did not show exactly what they had observed but did highlight they had raised any concerns they identified, to improve practice. By the second day of the inspection, the staff had completed the required training.

When staff were administering medicines to people, they asked consent and gave clear information about what the medicine was and how to take it. They encouraged people to take their medicines in a calm, gentle manner, gave people the time they needed to take them and praised people when they had finished. A relative told us they were happy with the way their loved one's medicines were managed.

People told us they felt safe living in the home and safe when they were being supported by staff. Visitors also felt Manor House was a safe place for their family member to live.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff told us if they reported signs of suspected abuse, these were taken seriously and investigated thoroughly. One member of staff commented, "Yes, the manager takes action. As soon as there is a concern, she deals with it." Records showed this was the case.

People moved freely around the home and were enabled to take everyday risks. Risk assessments were in place to support people to be as independent as possible and to help staff understand how to reduce any risks to people. Staff understood their responsibilities for keeping people safe and for reporting any accidents or incidents. The registered manager told us they were alerted to all incidents, and records showed responsive action was taken to reduce the reoccurrence of similar incidents in the future. A relative told us their loved one had had two accidents recently. They said they were happy with the action the staff had taken at the time and with the action taken by the manager to prevent further accidents.

Occasionally people became upset, anxious or emotional. People's records gave staff clear guidance on how to identify someone might be feeling anxious or low and how to reassure them. One staff member told us, "We know people well and recognise when anxiety might escalate. For one person this means identifying which staff member they feel most comfortable with at that time and enabling them to spend time together. We know that for this person monotonous tasks often help them calm down." A relative confirmed, "Staff always know what mood mum is in and how to best support her." Staff's in-depth knowledge of people meant they quickly identified when people's anxiety or low mood was becoming more frequent and took appropriate action to assess any changes to the person's needs.

There was a consistent number of staff on duty each day and people had their needs met. People, relatives and staff gave mixed feedback about the number of staff on duty. Some people and staff raised concerns about how busy the staff were. However, no-one reported any concerns regarding people's safety or people's needs being unmet.

People were protected from the spread of infection by staff who had received infection control and food hygiene training. Staff had access to the right equipment, such as gloves and aprons, to help reduce the risk of cross contamination. The registered manager also told us they checked the laundry and cleaning schedules on a daily basis to identify any areas for improvement. People told us they were happy with the cleanliness of the home.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. However, it was not kept in a location that would be easy to access during an emergency evacuation. The registered manager told us they would identify a place near the main exit where this information could be kept. People lived in a safe environment. Checks were regularly completed of the environment and of any safety equipment such as fire alarms and call bells to identify any faults.

Good

Is the service effective?

Our findings

People were supported by a consistent staff team who knew them very well. A relative told us, "Every member of staff knows each person and their family well." Staff understood what people found difficult and how changes in daily routines affected them. They used this in-depth knowledge to pre-empt people's needs and ensure they promoted a good quality of life for people. A healthcare professional confirmed staff had a holistic view of people's needs.

New members of staff completed an induction programme. This included learning about people's needs and completing the Care Certificate. The Care Certificate is a nationally recognised training package designed to provide staff with an understanding of current good practice.

Staff completed mandatory training as well as courses to meet people's specific needs, such as falls prevention, disability awareness and dementia. People told us they thought staff were well trained and had the skills to look after them. Staff confirmed they felt they received sufficient training and could ask for any further training they felt they needed. One staff member commented, "The registered manager is on the ball. If it needs updating, we do it."

Staff were supported by the registered manager and senior staff to follow best practice. Supervisions and spot checks of staff work were carried out regularly. If someone's needs had changed, how best to support them was often discussed as a team. The registered manager told us, "Sometimes we have good practice meetings to discuss how best to support people and share how certain staff have successfully delivered support to a person." A staff member confirmed, "We often brainstorm if we are struggling. We try different things and then share what works." Staff meetings and senior staff meetings were also held to discuss people's needs and resolve any concerns.

People told us staff worked well together and were a good team. A staff member told us, "We have an amazing team. All the staff have different things to offer and we use each other's strengths." Staff members used a variety of methods to communicate important information to each other. The PIR explained, "We have three daily handovers where any issues are reported and can be dealt with immediately. There is also a board used in the office for staff to share key messages." Handover was used to discuss each person individually and focused not only on the person's health but also on their wellbeing. For example, during the inspection staff had noticed two people had enjoyed spending time together. This was shared with other staff during handover. A healthcare practitioner confirmed communication with them and between staff members was effective.

People with specific health needs had clear records in place about how staff should meet their needs. This was complemented by staff's in-depth knowledge of people. The registered manager told us, "I have amazing staff who know the clients really well and recognise when anyone is in pain or ill." A healthcare professional who visited regularly confirmed they were happy with the way people were cared for and how their health needs were met.

People's health care needs were monitored closely and any changes in their health or well-being were referred to a nurse practitioner who visited the home on a weekly basis. A healthcare professional told us staff knew people's up-to-date needs and identified and referred any problems appropriately. They said they felt confident the staff did not miss anything regarding people's health needs and this had helped ensure people had timely access to the right medicines. A relative confirmed staff responded quickly to their loved one's needs and that they had been involved in any decisions. Another relative told us, "They've turned mum's health around."

People told us they had enough to eat and drink and had regular access to food and drinks. People could choose where and what they ate and were able to influence what meals were provided. They also had choice each day about what they ate and were provided with an alternative if they didn't want what was planned. When people didn't eat much, this was clear in their care plan along with what staff could do to encourage them to eat more. One staff member told us, "If people don't fancy much to eat we will often provide them with a snack bowl of food we know they like and then they can help themselves whenever they like." A relative confirmed their loved one ate more now they were living in the home. No-one had any specific dietary requirements but the chef told us they researched dietary information to ensure special diets would not be a problem if required.

People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing. One person had recently been identified as possibly being at risk of choking. The staff had sought advice and were providing the person with a soft diet whilst they awaited a referral to a speech and language therapist. A short-term care plan had been put in place so staff knew about the change.

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. Staff understood which people lacked the capacity to make certain decisions.

Staff asked for consent before commencing any care tasks. This included when administering medicines and personal care. People's records contained forms for people to sign to consent to whether staff could manage their medicines and whether the service could retain records about the person. However, these were not completed consistently. Sometimes these had been signed by people's family members and some not signed at all. However, reasons for this had not been recorded. The registered manager told us they would review these forms and ensure they were completed by the correct person in each case.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had applied for DoLS on behalf of people who required these.

People living in the home were living with dementia, however, it did not reflect a dementia friendly environment throughout. For example, some carpets were heavily patterned, sanitary ware was all white, corridors did not contain rails for people to use. The registered manager and staff told us the environment was currently suitable for people's needs. Relatives also confirmed they felt the environment was currently suitable. Comments included, "Very homely. We love it for that reason" and "It's a home, not just a 'place'."

We recommend that the provider considers current dementia research for the design and decoration of the service.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the care provided by the home. Compliments received by the service included, "I will be forever thankful for the compassion you showed […]", "I would like to thank you for all the care and attention you gave to my mother", "Thank you for all the care and kindness shown to […]" and "Thank you for all the excellent care you took of […]." A staff member told us, "The staff are friendly and caring. The food is really good and it's a lovely, warm, safe place."

People received care and support from staff who knew them well and cared about them. A staff member told us, "It's so important to me that people feel special. I love them all." Staff treated people in a kind, compassionate way that considered how the person was feeling at that moment. A healthcare professional confirmed the staff were very good with the people living in the service.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. People's care plans contained details about what was important to each person as well as what their care needs were. For example, one person's care plan stated they liked to have their teddy bears arranged around them whilst they slept; another person's was clear that staff should check before allowing their visitors in as they didn't always want to see people. Staff conversations with people and each other showed that considering people's wellbeing was integral to the way the staff team worked.

There was a positive rapport between people and staff. Staff used encouragement to help people accept the support they required and regularly returned to re-offer support if it was initially declined. The encouragement was based on staffs' knowledge of the person and what worked well for them.

People and staff understood each other well. Staff adapted their communication methods dependent upon people's needs, for example using simple questions or bending down close to someone's ear. People were given the information and explanations they needed, at the time they need them. This helped them make decisions about their care and support. For example, one person confirmed, "They explain to me why I need my walker." People were supported to maintain their independence as far as possible. A staff member explained, "We're trying to give people as much independence as possible. We need to keep people independent."

People's privacy and dignity was generally respected. Staff knocked on doors and protected people's dignity when providing personal care. When administering medicines, staff noticed one person had some food on their top so they asked another member of staff if they could help the person change. However, when administering knee gel to two people, two staff members did this in the lounge, with several other people present, without offering to go somewhere more private. The registered manager told us they would remind staff to ensure people's dignity was always protected.

People were not asked about whether they had any needs relating to all the protected characteristics under the Equality Act 2010. For example, assessments of people's needs asked about any specific needs relating to disability or religion but not about people's sexual orientation or gender. The registered manager told us

in the past they had supported people with needs under these characteristics. They confirmed they would update their procedures to ensure all characteristics were covered in the future.

Good

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. A staff member explained, "It's about learning the individual and knowing how to communicate with them." Relative's confirmed, "[…]'s needs are met quickly." A healthcare professional told us they found the staff at the Manor House to be diligent and responsive professionals.

People had care plans that clearly explained how they would like to receive their care, treatment and support as well as their likes, dislikes, routines and what was important to them. These were updated when people's needs changed, and reviews involved people and their relatives, where appropriate, to ensure they were reflective of people's wishes. The PIR added, "Our clients fill out life story booklets which help our staff see each client as an individual and help tailor their care to a person-centred approach."

People told us they had choice and control over their lives. Specific choices that people had made were known and respected by staff; for example, one person preferred staff to call them Miss […] rather than use their forename, and this was respected. When people were offered care, staff were particularly patient as people often changed their minds several times before accepting. For example, when supporting people into the dining room for a meal, several people walked some of the way and then changed their minds and sat down again. Staff accepted their decision and returned to them a little later to offer further encouragement.

People were given choice about how they would like to spend their time. Staff members told us they had access to a range of activities which they involved people in. They explained that they used their knowledge of people's interests to suggest activities. External entertainment was also used, for example a musical group who provided entertainment, but also encouraged people to play the instruments. The registered manager told is in their PIR, "I wish to continue working and looking at extending our range of activities. I also want to look into extending the broadband range in the home in order to provide more technology based activities for our clients to provide greater access to the outside world."

However, there were limited opportunities for people to leave the service for social engagement. People only went out if they had family or friends to take them out. If people specifically asked to go out, effort was made to find a befriender. The registered manager told us because they were a small service, they could not provide 'outings'. They added that they had arranged a trip out before Christmas but no-one had wanted to go. However, people were not regularly offered the opportunity to go out into the local community, even when staff were making a trip to the local shop.

We recommend the registered manager reviews people's preferences in relation to accessing the local community.

The registered manager had been aware of the Accessible Information Standard and during the inspection was in the process of developing a policy to describe how they would meet people's needs in this area. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers

to ensure people with a disability or sensory loss can access and understand information they are given. People were provided with support to read information, if and when they required it and staff were aware of how to support people with any sensory loss.

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed when a person was requiring support at the end of their life.

The service had a policy and procedure in place for dealing with any concerns or complaints. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints within the last 12 months. Relatives told us staff were responsive even when small concerns were raised. They confirmed they were listened to and any problems rectified.

Requires Improvement

Is the service well-led?

Our findings

Audits were carried out by the registered manager and senior staff. The registered manager told us they were alerted to gaps in practice identified by senior staff and oversaw the improvements. However, they did not regularly complete their own checks of this delegated work, to assure themselves the information senior staff were sharing was accurate. For example, they had not been aware that records monitoring one person's specific health need, had not been reviewed by staff.

The registered manager's goverenance processes had not always identified where improvements were required. For example, audits had not identified that one person's medicine had been stopped, that people's consent forms were not always completed accurately, that gaps in people's employment history needed recording or that the environment needed planning in line with the needs of people living with dementia.

Staff confirmed any areas of concern were shared with the staff team so improvements could be made. The Registered Manager explained that recently, they had identified staff were not completing paperwork adequately. They had conducted supervisions with the staff members and records had now improved. However, checks they had completed of records, staff practice and of checks delegated to other staff, had not always been recorded.

People confirmed the staff and registered manager were approachable, available and supportive. However, some information about people's needs and preferences was not sought pro-actively. For example, information relating to people's sexual or gender orientation, desire to access to the local community or where in the home certain medicines were administered, was not always sought.

We recommend the registered manager reviews their quality assurance and governance procedures and related records.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Quality assurance surveys had been completed with people and their family members, where appropriate. Responses to these had been all positive. Residents meetings were also used to check people were happy with the various aspects of the service provided. Records showed action had been taken following these meetings, such as changing the menu. The PIR stated, "I (the registered manager) regularly meet with visitors and family on an informal basis." One person confirmed, "The lady and man running the home are excellent, they listen to what you say."

People, relatives, staff and professionals told us they thought the home was well led. People told us the atmosphere in the home was 'lovely' and felt like home. A relative told us they wouldn't want their loved one to live anywhere else and a healthcare professional confirmed, "I find the service safe, effective, caring, responsive to the patients' needs and extremely well led."

The registered manager took an active role within the running of the home and had good knowledge of the

staff and the people who lived there. They told us, "I've got lovely residents and the staff are kind, caring, lovely people." The PIR explained, "As Manor House is a small home I know each client and their visitors individually and am on hand to ensure a quality and caring service." People said there was always someone to speak with and they knew who the registered manager was.

People were supported by staff who understood and were supported in their role. The PIR stated, "We have a robust management framework which includes a manager, head of care, senior staff and supervisors to ensure that all staff are supported and understand the standards of care expected of them." Staff confirmed this was the case. Comments included, "The registered manager runs a tight ship."

There was a positive atmosphere in the service and it was clear staff felt inspired to provide a quality service. One staff member told us, "I really enjoy my job." The registered manager led by example and told us, "Why should anyone else have less than I would give my mum?" They had a clear vision of things that might compromise the quality of the service and put procedures in place to mitigate any risks of these.

The home had built strong relationships with key organisations to support health and social care provision. Health care professionals who were involved with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.