

Pinnacle Care Ltd

Manor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Manor House provides accommodation to older people living with dementia. The care home is a two storey building registered to provide care for up to 26 people. At the time of our inspection visit there were 18 people living at the home.

People's experience of using this service:

- Changes had been made to the quality assurance process, however, further improvements were required to ensure people received effective care.
- Some people's care plans had not been updated following changes to their care needs.
- Senior staff had limited understanding of some aspects of the Mental Capacity Act 2005 (MCA). It was not clear if some people's legal rights had been upheld in accordance with the MCA.
- Some people's preferences and life style choices had not been recorded and there were limited ways people could be involved in making decisions about their care.
- People felt safe using the service.
- Staff recognised the risks to people's health, safety and well-being and understood how to identify and report abuse.
- People had access to support from staff when needed.
- Staff recruitment processes included a check of their background to review their suitability to work at the service.
- People received support with the medicines. Regular checks were undertaken to ensure people received the correct medicines by staff who were competent to support them.
- Staff understood and practised infection control techniques and had access to protective equipment to promote this.
- People were supported to have enough to eat and drink to maintain their well-being.
- People were supported to obtain advice from healthcare professionals, which was incorporated into people's care.
- Staff understood the importance of supporting people with empathy and compassion and provided reassurance when people became anxious.
- People and their families understood how to complain if they wanted to.
- There had been staffing changes since our last inspection, including new senior management. People were positive about the changes and improvements to the service.
- The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

More information is in the full report.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 8 June 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at www.cqc.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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Manor House

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: There was one inspector in the inspection team and one 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.

Service and service type: Manor House 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.

Inspection site visit activity started and ended on 15 April 2019. We visited the service to see the registered manager and staff, to gain peoples' views of the care they received and to review care records and policies and procedures.

What we did: We checked records held by Companies House. We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. Due to technical problems, the provider was not able to complete 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 took this into account when we inspected the service and made judgements.

During the inspection: We spoke with the registered manager, the head of care, the team leader, the cook, the maintenance person, the laundry assistant, a housekeeping assistant and three members of care staff. We spoke with four people who lived at the home and two visitors, to ask about their experience of the care provided. We also spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

We reviewed a range of records. This included three people's care records and two people's medicine records. We also looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home and compliments received. We used our short observational framework tool (SOFI2) to help us understand, by specific observation, the experience of people who could not talk with us due to their complex needs.

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.

We last inspected this service in May 2018 and rated Safe as 'Requires Improvement'. At that inspection we found staff who administered medicine did not always follow good practice and changes were required in infection control practices. At this inspection, we found improvements had been made and the rating has changed to 'Good'.

Assessing risk, safety monitoring and management

- Records of identified risks to people's safety were not all up to date. For example, one person's food and nutrition assessment had not been updated following a change in their needs. Care staff gave us mixed responses about what type of diet the person should be supported to eat. The registered manager assured us the person's care plan would be reviewed and updated straight away. They shared information with staff about how to support the person to eat safely during our visit.
- Care plans included personal emergency evacuation plans, to ensure people could be supported to exit the building in the event of a fire.
- Incidents and accidents were monitored by the registered manager. Events were managed to ensure measures were in place to minimise risks and advice was sought from outside professionals when required.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. Staff understood people's individual circumstances and how to keep them safe from harm. For example, we saw staff removed potential obstacles where people were walking.
- Staff had received training about the different types of abuse. Staff understood they could report their concerns to the registered manager and felt assured that these would be taken seriously. A member of staff told us, "I would report any concerns straight to the manager."
- The registered manager understood their legal obligation to report their concerns to the relevant authorities and sent us statutory notifications to inform us of any events that placed people at risk.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service. They told us there were no longer any vacancies and they had ceased using temporary staff to cover shifts.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only senior staff who had been assessed as competent supported people with their medicines.
- Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Protocols were in place to ensure people received their medicines when they needed them.

Preventing and controlling infection

- The home was clean and tidy.
- There were systems to prevent and control the risk of infection. For example, the laundry assistant explained how they minimised cross infection by using a coloured coded system to ensure any soiled linen was washed separately.
- Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.

Learning lessons when things go wrong

- The registered manager explained how the provider had shared learning with them following a recent CQC inspection at another of the provider's services. They told us a programme of improvements were being made to the home's physical environment in line with best practice. These improvements included window replacement, window restrictor upgrades, repairs to radiator covers and improvements to the way water temperature was monitored to ensure people were kept safe.
- Staff understood the importance of recording accidents and incidents and notifying the manager of any events. The manager reviewed information to identify if any changes were required to people's care needs to keep them 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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority. However, they had not sent us statutory notifications as required, to advise us of the outcomes of three renewal applications made in 2018. This had not impacted on people's care. Staff had followed the recommendations in the authorisations and the registered manager sent the required statutory notifications immediately following our visit.
- People's care plans identified whether they had the capacity to consent to their care. However, it was not clear in some people's care plans if they had a legal representative to support them to make decisions.
- Where people's legal representatives were known, there was no record of the representative's involvement supporting people to make decisions in their best interests, including consenting to their care and treatment. There was a risk people's legal rights may not be upheld. The registered manager agreed to obtain further guidance in this area and to review everyone's care plans during April 2019.
- Staff confirmed they received relevant training and they could tell us how they obtained people's consent and supported people to make decisions in their best interest on a day to day basis. One member of staff told us how they obtained consent from people who could not verbally communicate, "One person uses eye contact, they smile, laugh and makes noises. I tell (Name) what I'm going to do and how I'm going to do it."

Staff skills, knowledge and experience

- Staff were suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake the required training when they commenced employment. A member of care staff told us, "Induction is really good. I have had all the training I need. I feel like I'm coming on really well. I am doing the Care Certificate and I feel supported by my mentor."
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and

social care sectors.

- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. The registered manager ensured staff received specific training tailored to meet people's individual needs, such as catheter care and diabetes awareness.
- Staff told us they received supervision and feedback on their performance from their manager. The registered manager explained they were currently working to ensure supervision sessions were up to date.
- Staff were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

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

- People felt confident staff understood their care and support needs. Staff were aware of people's likes and dislikes and knew people well.
- People's needs were assessed in their care plans. However, there were gaps in some people's records because they had not been asked about certain areas of their lives. For example, people had not been asked about all their protected characteristics in accordance with the Equality Act 2010. They include, age, disability, religion or beliefs, sexual orientation etc. We discussed this with the registered manager who assured us they would explore ways of obtaining more detailed information in future.

Supporting people to eat and drink enough with choice in a balanced diet

- The cook told us they had not been able to follow the planned menu because some of the ingredients were missing. They said, "Sometimes staff use things for tea and we run out." The registered manager told us they would improve communication with kitchen staff and monitor food stocks to ensure the planned menu could be fulfilled in future.
- The cook and care staff had a good knowledge of people's dietary needs and preferences, although these were not recorded in the food preparation area. People were supported to maintain specialist diets.
- People received the support they needed to eat and drink at mealtimes. Meal times were relaxed and some care staff ate with people in the dining room. Some people used adapted cups and plates to help maintain their independence. People ate in the dining room or in their bedroom, according to their preferences.
- People were offered a choice of drinks during the day of our visit.

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

- Where a need was identified, people were referred to other healthcare professionals such as the speech and language therapist and community nurses, for further advice about how risks to their health could be reduced to promote their wellbeing.
- Health care professionals we spoke with told us they had positive relationships with staff and people received the care they required promptly. They told us, "Staff ask me all kinds of things if they are not sure" and "Carers always come with me to see patients and they follow our recommendations."

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

- The home was a two-storey building comprising twenty-four en-suite bedrooms located over the two floors, two of these were double rooms. There were communal bathrooms and toilets, a kitchen, a laundry, three communal lounges and a dining room. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheel-chairs. The upper floors were accessible by a lift or stairs. There was a communal garden where people could spend time if they wished.

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; respecting equality and diversity

- People and their relatives told us they felt staff cared about them. One person told us, "When you think about it, we do laugh a lot here, it is all in a nice way too, not at any one, just because we're having fun." A relative told us, "The staff are caring... They are polite and courteous."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make every day decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to communicate.
- There were caring interactions between staff and people who used the service. One person was displaying signs of anxiety and a staff member gently reassured them until they became less anxious.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff supported people in a discreet way and took them to a private place before helping them with personal care.
- People explained care staff helped them to remain independent. One member of care staff told us, "I get people's flannels and towels ready and encourage them to wash themselves and dress themselves, where they are able."
- Some members of staff used language which did not promote dignity and respect, such as "Toileted" and "Breakfasted." The registered manager explained they would discuss the use of language with care staff.

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 were positive about how responsive care staff were to their needs. A health professional told us, "The staff are very helpful and patient and the residents are well looked after."
- Staff knew people well and told us how they identified if people's needs had changed or if they needed additional support. However, care plans were not always updated when people's needs changed.
- Staff encouraged people to join in different activities, including listening to music and taking part in quizzes. Staff told us people enjoyed entertainers who visited the home, however activities in the local community were limited because they used a car shared by the provider's other services, which could only transport two or three people at one time. Staff planned seasonal activities in the home, such as Easter crafts and a summer fete.
- Care plans contained personalised information specific to each individual. However, there were some gaps in people's life style choices, which meant people may not be supported according to their preferences.
- There was limited opportunity for people and other people who knew them well, for example, their family members, to review their care needs and preferences. The registered manager had already identified this issue and was in the process of inviting people and/or their representatives to review their care needs.
- The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager had not heard of this standard, however they told us if people needed information in alternative formats, they would ensure these would be made available. They assured us they had obtained relevant guidance following our inspection visit.

Improving care quality in response to complaints or concerns

- We viewed records of complaints made about the service in the last 12 months. No formal complaints had been made, however 12 verbal comments had been logged. The records were not detailed, however the registered manager explained how the issues were investigated in accordance with the provider's policy. They told us in future they would log any comments in more detail, to ensure the recording would be consistent with the formal complaint procedure.
- There was a complaints procedure which was accessible to people in a communal area.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- People were supported at the end of their lives. The registered manager explained care staff worked alongside other organisations, such as district nurses, to provide responsive end of life care. The registered manager explained how staff were supported when caring for people. They told us, "If staff find it difficult, we support them if they are distressed."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

We last inspected this service in May 2018 and rated Well-led 'Requires Improvement'. At that inspection we found processes to monitor the quality of service were not always effective. At this inspection, we found positive changes had been made, however some concerns continued and improvements had not reached the required standards to assure us care was delivered effectively to meet people's needs.

Continuous learning and improving care

- The provider had made improvements to the way it monitored the quality of the service; however, some checks continued not to be effective because they had not identified issues we found during our inspection visit. For example, the latest care plan audit had not identified one person's legal representative had not been involved in supporting them to make decisions in their best interest when reviewing and consenting to their care needs. In addition, some people's care plans had not been updated following changes to their care needs.
- Senior staff had limited understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The registered manager agreed to obtain further guidance in this area and assured us they would act straight away to bring care plans up to date and ensure people's legal rights were upheld in accordance with the MCA.
- Some people's preferences and life style choices had not been fully recorded and there were limited ways people and those important to them, could be involved in making decisions about their care.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- People spoke positively about the management of the home. Two health professionals told us, "The manager has changed things around and the residents are much happier" and "The manager is doing an amazing job." A member of care staff said, "The manager is supportive, informative and easy to talk to."
- There had been a new senior management structure in the home since our last inspection. The registered manager explained they had been without a head of care for a period prior to the post being filled in February 2019 and this had made a negative impact on completion of office tasks, such as updating care plans. However, they spoke positively about the changes and explained they felt supported by the provider to obtain any resources they needed to make improvements. The registered manager said, "We are building our team at the moment. I feel staff can talk to me and I feel we are moving in the right direction. There's still

things that need to be done."

- Staff understood their roles and responsibilities and told us they felt supported by each other and the senior management team. A member of care staff said, "I absolutely adore my job... This is a home away from home, I get on with everyone really well." Staff explained they had seen recent improvements in the home. For example, improvements in the way people were involved in activities in the home. The registered manager told us, "I want what's best for the home and the people in the home. All staff are in agreement with this."

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

- Staff told us communication was good within the home and they were encouraged to suggest improvements and share information during staff meetings. Staff explained they also shared information about people's changing needs during daily shift handovers. A member of care staff told us, "If there's any concerns they are always reported to the team leader." For example, during our visit care staff noticed one person had not eaten well for two days and identified ways to encourage them and monitor them to reduce any risks to their wellbeing.
- The registered manager understood their obligations for reporting important events or incidents to the CQC. However, they had not sent us statutory notifications to advise us of restrictions on people's liberty, although they had made appropriate applications to the relevant authorities. We were assured this was an oversight as other statutory notifications had been submitted as required.
- The registered manager was aware of their duties under the new general data protection regulations and information was kept securely.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- There were limited ways people could share their experiences of the service. A survey had been carried out at the end of 2018. The registered manager explained they received a low response rate, they said, "We have put signs up around the home for families to come and speak to me on a one to one basis", however they had only met with one family so far. The registered manager explained they contact families directly if they need information or advice. There was no newsletter or other contact with people's representatives or relatives. The registered manager explained social events were organised for everyone to attend, however they were only advertised in the home.
- Staff were given opportunities to share their views of the service and the support they received, at meetings with senior staff. Staff told us they valued these meetings. A member of care staff described the last meeting and said, "All staff spoke in depth about things we could introduce to the home. We were asked if we felt the ideas were good and we were asked to input. For example, we have suggested people make their own sandwiches at teatime (to help maintain people's independence and life skills)."

Working in partnership with others

- Staff worked collaboratively with other agencies to improve people's experience of care. These included the local CCG and health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that systems or processes were established and operated effectively to assess, monitor and improve the quality of the service provided.</p>