

## GCH (Manor House) Limited

# Manor House

### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

The inspection was unannounced and took place on 19 June 2015.

The home is registered to provide accommodation and personal care for a maximum of 36 people. There were 34 people living at the home on the day of the inspection. There was a registered manager in place. 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.

People told us that assistance from staff was prompt and were always available to them. Staff also told us that staff spent time with them.

People told us that they felt safe and free from the potential risk of abuse. Staff told us about how they kept people safe and were aware of their support needs. People received their medicines as prescribed and at the correct time.

People told us the staff were friendly and they knew how to look after them. Staff were provided with training which they told us helped them look after the needs of people who lived at the home.

# Summary of findings

Assessments of people's capacity to consent and records of decisions had been completed in their best interests. The provider showed how people gave their consent to care and treatment or how they made decisions in the person's best interests.

People liked the food and the choices available at each mealtime. Where support was needed staff provided this so people were encouraged to eat and stay healthy. People's health care needs were assessed, reviewed and planned and so staff knew how to meet those needs. People used other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind and polite with them. People were involved in the planning of their care. People were supported and encouraged to maintain their hobbies and interests. People and relatives felt that staff were approachable and listened to their requests about the care of their family member

The provider and deputy manager made regular checks to monitor the quality of the care that people received and looked at where improvements may be needed. The staff team were approachable and visible within the home which people and relatives liked.

# Summary of findings

## 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.

The provider had looked at protecting people's safety and well-being. People had received their medicines where needed and were supported by enough staff.

Good



### Is the service effective?

The service was effective.

People had their consent to care and support assessed. People's dietary needs and preferences were supported and input from other health professionals had been used when required to meet people's health needs

Good



### Is the service caring?

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



### Is the service responsive?

The service was responsive.

People were able to make choices and were supported in their personal interest and hobbies. People were supported by staff or relatives to raise any comments or concerns with staff.

Good



### Is the service well-led?

The service was well-led.

People's care and treatment had been reviewed by the registered manager. Procedures were in place to identify areas of concern and improve people's experiences. People and staff were complimentary about the overall service and felt their views listened to.

Good



# 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.

This unannounced inspection took place on 19 June 2015. The inspection team comprised of three inspectors and an expert by experience who had expertise in older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with 10 people who lived at the home and three families. We spoke with six care staff, the registered and deputy manager and a provider representative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three records about people's care, staffing rotas, falls and incidents reports, people's medicines records, infection control audits, care plan audits, menus, complaints and compliments and staff handover notes.

# Is the service safe?

## Our findings

All people were able to access their own flats and the choice to lock them. Three people told us they were happy to leave their doors open or unlocked and had “No concerns” about their belongings or personal safety. One person said “I’m not a bit frightened, everyone is so friendly”. They knew staff were available to support their safety and wellbeing. One person said, “I’ve got no qualms about my safety”.

All staff we spoke with understood how to protect people from the risk of abuse and would report any concerns they had to the registered manager. They knew how to support people to keep safe and told us they would support people to raise concerns about inappropriate care to the registered manager.

People told us they felt the support offered by staff helped them make decisions to reduce risks of harm or injury. One person told us they felt “Much safer than when I was at home” and “Trusted” them to provide care and support. We saw that people were offered guidance and reassurance where needed. For example, staff provided support to people when they had wanted to sit down in a chair.

Staff we spoke with were clear about the help and assistance each person needed to support their safety. This included monitoring people’s health risk, such as managing skin care. We saw that the risk had been reviewed and updated regularly and were detailed in people’s care plans. Staff also told us they had access to these records and were told about any changes at the start of their day.

Staff met people’s care and support needs in a timely manner. All people we spoke with told us staff acted quickly and they never had to wait for support. One person said, “There’s always someone here”. Where people used their call bells these were answered promptly by staff. Staff spent time chatting with people and were available to respond to any requests for drinks or assistance.

All staff we spoke with felt that there were enough staff to meet the needs of people. They told us that they were able to cover shifts between them and agency staff were rarely used. They felt this improved the quality of care as they knew people well. The registered manager told us they monitored the number of staff on duty to ensure that people were fully supported. Although it had not been required they were able to increase the number of staff on duty if required.

Three people told us they did not look after their own medicines but this had been their choice. One person said they “Preferred” staff to look after their medicines. Where people required occasional pain relief staff talked with people about their pain levels to see if needed medicine. Senior staff told us they were responsible for medication in the home. Each person’s medicines was stored securely in a locked medicines room and disposed by the local pharmacy when needed. Where people had chosen they looked after their own medicines.

People’s medicines were up to date and had been recorded when they had received them. One senior staff member told us about people’s medicines and how they ensured that people received their medicines when they needed them.

# Is the service effective?

## Our findings

Staff told us they understood people's care and support needs and this had been reinforced by their training and getting to know people who lived at the home. We saw that requests from people had been responded to accordingly. Two people told us they could not fault the staff and they were "Fantastic". All relatives we spoke with felt assured that staff were knowledgeable in how to look after their family member.

Staff told us they had received training that reflected the needs of the people they cared for and future training was arranged. Staff told us they were supported to request training and one staff member told us "There's lots of training that gives us techniques to help support residents". One staff told us that training they had requested meant people had "The right care" when they had needed it.

All staff we spoke with told us that they felt supported in their role and had regular meetings with the registered or deputy manager. One staff member said they felt, "100% supported". Staff meetings looked at changes in care practices and other areas relating to staff support.

People's consent was sought by staff and one person told us, "If I don't like something the staff won't do it". People felt that staff listened to them and gave them the care and support they wanted. They told us they chose their clothes, went where they wanted and that "Staff ask you what you want" and "Absolutely I have a choice".

When staff offered support that ensured the person agreed before continuing. One staff said, "People are always given a choice". They told us they were unsure about a person's decision or felt a person was restricted they would speak to the registered manager or senior care staff on duty.

The provider was aware of when then would need to follow the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty Safeguards (DoLS). No one living at

the home was subject to a DoLS, however the registered manager demonstrated their understanding of when they would need to make an application. For example, where a person was not able to make a decision about leaving the home without the choice to have support from staff.

People were complimentary about the meals and choice of food and drink at the home. One person told us they could "Go down anytime" for something to eat or have their meals in their own rooms. The information about each person's food preferences had been recorded for staff to refer to. Staff told us about the food people liked and their preferred portion size. They also knew where people required additional supplements to promote nutrition. For example, milkshakes with added cream.

During lunchtime staff laid tables and placed drinks so people were able to help themselves. Staff checked that people were happy with their meal and if not an alternative was offered. Staff offered a choice of puddings and people were able to request additional amounts if they had wanted. Relatives shared their thoughts about the food and said, "[Person] never leaves a thing" and that they knew their family members, "Likes and dislikes". The chef also came and spoke with people about their meals and used this as an opportunity for feedback.

People told us they got to see their doctor, physiotherapist and opticians. We saw that social workers and other health professionals had been involved in the support of the care received at the home. Three people told us they had been to routine hospital appointments recently and were looking at follow up appointments. Care staff told us that they reported concerns about people's health to the senior or nurse on duty, who then took the appropriate action. The registered manager had been working closely with a visiting health professional to reduce the number of unnecessary hospital admission by access other appropriate healthcare services and increasing staff knowledge.

# Is the service caring?

## Our findings

People told us they were looked after by staff that were “So Kind” and “So lovely”. One person told us they “Couldn’t have better carers”. Relatives were also complimentary about the care staff and how well they knew their family member. One relative said, “I would class the care as A1”.

People received care from staff who were caring, respectful and knowledgeable about the people they cared for. One person said, “All the staff knew me well”. Staff told us about people’s current interests and aspects of their daily lives. Staff took time with people and worked at the person’s own pace to ensure people they were comfortable or if they needed anything. One person said “I don’t have to wait for anything”. We saw one staff member supporting a person to be more comfortable by offering cushions so they could remain in their chosen chair.

In the afternoon staff joined people who were playing games in the dining area. Staff were interested in people and listened to people talking about their life stories and how their day had been. People also told us that they would spend time on their own in their “flats” if they want some quiet space. People commented that “Lovely people, this place is my own home” and “I am amazed I’ve settled so quickly”. People were involved in their own care and treatment and staff provided encouragement for people to

remain independent in their own care. People were involved in looking after their own health needs. For example, people told us they happily arranged visits with chiropodist or their hairdresser.

Staff offered guidance so people were supported to do as much as they were able on their own. Where people asked for supported this was provided, with staff checking how much assistance the person wanted. One person said “I get asked if I need help”. All staff we spoke with told us they encouraged people to do things on their own and gave choices of how much help they needed.

People received care from staff that respected them as individuals. One person told us and we saw that staff knocked on people’s doors before entering. One person said “They pop their head in and say hello”. People told us their visitors were made to feel welcomed by staff and one person comment “Staff are very friendly with my visitors”. People told us they chose their clothes and got to dress in their preferred style and we saw that staff ensured people clothes were clean and changed if needed.

People’s personal information was stored in the manager’s office and staff respected people’s information and had not discussed people’s personal details in the communal areas. Staff were respectful when they were talking with people and when having discussion with other staff members about any care needs.

# Is the service responsive?

## Our findings

Five people we spoke with felt they were involved in their care and treatment. They were able to tell us about their health needs and how they were supported to manage these. For example, staff would attend hospital appointments with them. People's involvement in their care had been recorded and reflected their histories, choices, areas they required help and what staff assistance was required.

Three people we spoke with told us they had a preferred daily routine and this was respected and carried out as they wanted. The registered manager and staff had met with people to discuss expectations of times for assistance and where they may not be able to meet these. For example, where staff may be unexpectedly delayed.

Staff were able to tell us about people's individual care needs which were confirmed in the care planning records. Health conditions were monitored and supported within the home. We saw records that showed where advice had been sought and changes implemented to maintain or improve people's health conditions. For example, skin ulcer care, falls prevention and end of life care.

All people that we spoke with chose how they spent their time. Some people preferred to remain in their flats, some split their time between their flat and the lounge and dining areas of the home. Family and friends were seen visiting throughout the day and people were happily chatting with each other.

The home had planned activities Monday to Friday where people could choose to take part in. In addition we saw that staff involved themselves with spending time with

people socially and one to one activities where people had wanted individual time in their flat. People had also been involved in deciding on day trips and had recently been on a trip to the coast. People told us they had enjoyed the day out and that further day trips had been arranged.

All people told us they were happy to raise issues or concerns with the registered manager or staff. They also told us the registered manager and staff were available and listened to them. Throughout our visit people and their relatives approached staff to talk about the care and treatment of their relative. One person said, "If you need anything it's done". All people we spoke with told us they had no present complaints. All staff we spoke with told us they would raise concerns on behalf of people and record comments.

People's views had also been sought through meetings about the activities offered, 'residents and relatives' meetings showed how people had been included in the planned refurbishment of the communal lounge. People also approached maintenance staff directly about requests or issues in their flats and we saw these had been addressed. The chef was also available at mealtimes to take direct feedback about people's meals. We also saw the chef in the afternoon chatting with people about their meals.

Written complaints had been received, the provider had used feedback from people and relatives on how to improve their individual care needs. One complaint had resulted in a compliment on "how Impressed" they been with how the concerns had been dealt with. A complaints policy was available in the entrance hall of the home and gave details of how to make a complaint.



# Is the service well-led?

## Our findings

People told us they had input and were involved in the home. One person said “We can improve things for our Lives here”. The provider had also gathered people, their family’s views about the home and the care provided. These include surveys every six months where the overall results had been made available. These surveys were anonymous, but had given the provider an impression of how people felt about their home. Where they had been able to take action to improve this had been listed and used by the provider during their visits to monitor the home. One person told us, “They (provider) always make sure we are doing well”.

People told about of their home and that they felt valued and listened. One person said, “Everybody from the top down is good” and that, “The manager knows what they are doing” All care staff and supporting staff we spoke with enjoyed working at the home and said they “Lend a hand” and “Muck in”. One person said “All staff are caring”. People received care and support from a consistent staff group and no agency staff had been used. All staff felt the manager “Supported change” for people and “Puts things in place”. For example, changing the times of breakfasts in response to a person choice.

The provider had a clear management structure in place and the registered manager had access to information and support. The registered manager spoke highly of their staffing team and felt they all worked well together to ensure people were treated as individuals living in their own homes. All people and relatives we spoke with knew who the registered manager and was happy to approach

them for anything. Staff told us the registered manager was there to support people and make changes to improve where necessary. One person said, “We can always have a chat and I can say what I want to say” and another person said, “[registered manger] will ask if I am Okay”.

The provider also used other external marketing organisations to obtain feedback about their home. We saw positive comments about the care and treatment provided. The information had been reviewed by the provider and registered manager to see what had worked well.

Resources and support from the provider were available and improvements to the home were in progress. In addition people knew about changes and plans and additional flats had been developed.

The provider and registered manager spoke about how they worked well and supported each other to continually improve the home. They met monthly to discuss all aspects of people’s care and the home environment which had been collated by audits carried out. For example, these looked at people’s care records, staff training, ‘residents and relatives’ comments and incidents and accidents. We saw that this had led to an ongoing improvement to care plans which were in the process of being updated.

The providers shared information and good practice regionally with the registered managers. The provider had told us about their plans to introduce a pilot scheme to improve people’s experience who lived with a dementia related illness. They had also had reduction in unnecessary hospital admissions after working in close partnership with the local health team.