

Mr & Mrs N Nauth

# The Manor Rest Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 2 March 2016 and was unannounced.

The Manor Rest Home provides accommodation and personal care for up to 23 people. At the time of our inspection there were 20 people living at the home.

There was a registered manager in post. 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 and associated regulations about how the service is run.

People were kept safe from harm by staff who knew how to recognise and report any concerns about people's safety. There were enough staff on duty to respond to people's health needs at the times when they needed support. The provider completed checks to ensure staff were suitable and safe to work at the home.

People had good relationships with the staff. People were relaxed with staff spending time with people and there was a homely atmosphere in the home. People were treated with dignity and respect.

People were supported by staff who knew their needs and how to meet them. Staff were motivated and well trained. People received care and support when they needed it. Medicines were managed safely and people received their medicines in line with their prescription.

People were involved in their care and support. People were able to make choices about the food they wanted to eat. People told us they enjoyed the food. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon.

People told us the staff and management were approachable, willing to listen to their views and opinions. People were encouraged to be actively involved in the running of the home through regular meetings. They said that if they had any concerns they were able to speak with the registered manager. Feedback from the people that lived there and their relatives was gathered on a regular basis and any areas identified for action were acted upon. A range of audits and checks were also completed regularly to ensure that good standards were maintained.

## 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.

People were kept safe because there were sufficient staff to meet people's assessed needs. People were involved in managing the risks around their care and treatment.

People's medicines were stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

People's choices were respected and they were involved in decisions about their care and treatment.

Staff understood about the principles of the mental capacity act. Staff had training and support to provide meet people's needs effectively.

People were supported to access healthcare services when needed to promote their health and wellbeing.

### Is the service caring?

Good ●

The service was caring

People were supported in a caring way with dignity, respect and kindness.

People were supported to have choice and to be involved in all aspects of their care.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in their local community and were encouraged to pursue their own hobbies and interests as well as having opportunities to engage with planned activities.

People knew how to raise suggestions, concerns and complaints and there was a process in place to make sure they were dealt

with appropriately.

### Is the service well-led?

Good ●

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people that lived there and their families.

# The Manor Rest Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced visit took place 2 March 2016 and was carried out by one inspector.

Before our visit we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also asked the local authority for any concerns or information relating to The Manor Rest Home. We did not receive any information of concern.

During the visit we spoke with seven people who lived at the home, three relatives, and five members of staff who consisted of one activities co-ordinator, four care assistants, the registered manager and also the provider. We observed staff supporting people throughout the home. We also 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 reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, "I feel nice and safe here". Another person said, "The staff are really friendly and make us feel safe." The people we spoke with told us that staff gave them help and support to keep safe. One person told us how they liked shopping. They said that since they have been unwell they couldn't go on their own. They told us how staff had talked with them about support they would need to keep them safe. Staff had arranged to take them shopping regularly. During our visit the person had asked to go shopping and staff had arranged cover to make sure this happened. The person said, "It's great staff know my health and any risks. I feel really safe." Staff told us about the support they were giving. Staff felt that people's care and support should reflect what people can do as well as what they needed support with. They said that people were involved in assessing risk and decision making. This showed that staff knew how to encourage positive risk taking.

Staff were able to show us that they had a good understanding of the different types of abuse and what action they would take if they became aware of abuse. We could see that there were comprehensive systems in place to protect the people that lived in the home. The registered manager told us that guidelines were in place for safeguarding to make sure that the relevant authorities were informed and swift action taken to keep people safe. All staff we spoke with were aware of the policies and guidelines for keeping people safe.

People told us that they felt that staff were quick to provide support when it was needed, and our observations confirmed this was the case. We saw that when people asked for assistance staff responded immediately. Staff told us that there were enough staff to keep people safe. We saw that staff had the time to spend with people. We saw that some staff were talking with people about recent news events, whilst other people were talking about their families. One staff member said "We are always busy, but have enough cover to let us give people quality time." The registered manager and the provider told us that all shifts were covered and if they used agency staff this was always with staff that had worked at the home before to ensure continuity of support at all times.

Staff told us that before they were employed checks were made to make sure they were suitable to work with people. These included reference checks and checks with the Disclosure and Barring Service (DBS) to make sure people did not have a criminal record.

People told us that they had their medicines at the correct time and with the right support. One person said, "They never miss my medicines." Staff were able to tell us what levels of support people needed to make sure that medicines were taken safely. Only staff who had received medicines training were able to administer the medicines to the people. We saw that medicines were stored safely and securely and that medicine administration records (MAR) were accurate and up to date.

# Is the service effective?

## Our findings

People told us that the staff had knowledge of their needs and experience to meet their needs. One person said, "They know what they need to do to look after me." A relative told us "I have no doubt over the skills of the staff." Staff told us that they had training in areas relevant to their roles such as medicines and safeguarding. They told us that they felt the training helped them with their jobs. For example one staff member told us "There is lots of training. The dementia training has been really useful." The provider told us that they placed an emphasis on good support and training for the staff and recognised that this meant improved care and support for the people living there. Staff told us that they had regular supervision and good support from the management.

The people we spoke with told us that they were able to make choices about what they wanted to do. Staff showed a good understanding of the importance of making sure that people were able to make choices relating to their care and treatment. From speaking with people, our observations and discussions with staff and the registered manager it was clear that people were able to make decisions for themselves.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that while there were three people currently on a DoL and that there were systems in place to refer people for a DoL assessment if it was felt they may be being deprived of their freedom or liberty. All staff we spoke with were aware of the people that had a DoL in place and understood what this meant for the people that lived there.

We spoke with staff about their understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us about the processes that made sure that decisions made on behalf of people were in their best interests and involved the people that knew them best. One staff member said, "We can never force people to do anything. All people here have choice." All the staff we spoke with told us that they all worked in the least restrictive way and respected people's freedom at all times.

People told us that they were given choice over what they wanted to eat and drink and that the food was good. One person said, "The food is really nice." couldn't be better. We saw that lunchtime was a positive time with people chatting and laughing with staff. We saw that people could ask for drinks and snacks

through the day. Although staff told us that they were not actively monitoring the amount that people were eating or drinking, they had in the past if it had been requested by another professional or doctor. Staff told us the importance of making sure people had access to a good balanced diet and nutrition.

People told us that they were supported by staff to keep well and when needed to access other health care services. People said that if they felt ill they could see the doctor when they needed to. People also told us that on occasions if needed other health professionals such as doctors and district nurses were involved quickly. We asked staff about how they made sure that people's health needs were constantly met. They told us that they always checked that people were well by asking them and that if they were told they were not well they would seek advice from senior staff or the registered manager and arrange an appointment straight away. Staff told us that there were good links with the GP surgery and people were always able to access a doctor quickly if needed . This showed us that staff routinely monitored people's health needs and involved the relevant professionals.



## Is the service caring?

### Our findings

People told us that the staff were kind and helpful. We saw that staff had good relationships with the people that lived there. We saw that people were relaxed and we heard chatting and laughter. We saw that staff took time to make sure people were alright when they were near them and where people needed assistance this was given quickly. Staff we saw were motivated and cared a lot for how they supported people. As well as providing practical support to people staff took the time to sit and talk with people. We heard conversations about the daily news, families and memories. One person said, "It's like a family here. Staff are very attentive and I like talking to them."

We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and that they addressed people by their preferred name. People's care and support was given in a way that ensured that people were treated with dignity and respect. For example we saw that when people asked for help with their personal care, staff were discreet with their assistance. Staff told us that they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. The registered manager said that staff attended frequent workshops and training around promoting dignity and respect and also about equality. The registered manager told us that they had a dignity champion. We spoke with the dignity champion and they told us that their role was to promote dignity throughout the home and to support new and existing staff to get dignity and respect throughout everything they did.

People were encouraged and empowered to express their views and be involved in the shaping of the care and support they received. One person liked to collect models as part of their hobby. They were keen to show us how these were displayed in their room and they told us that staff would take them out to purchase further models for their collection. People had choice over what they would like to do, and where they would like to spend their time. Some people chose to take part in the organised activities, other people chose to do other activities or spend time in their own rooms. People told us they had the choice of where they ate their meals and that they could go out when they wanted to.

## Is the service responsive?

### Our findings

People told us that the care and support was centred on their individual needs. One person told us, "I get to do what I want really. They [staff] respect what I want." Staff were able to tell us about people's needs and what they needed to do to meet those needs. For example staff told us how one person liked their own space and how another person was supported to purchase and collect items for their hobby. Staff told us about how they had helped put up display cabinets in the person's room and how they took them out to continue supporting them with their hobby. We spoke with this person who was keen to show us their collection and told us they were very happy with the support they received.

People told us that if their needs changed the care and support they received was reviewed straight away. One person told us how they had recently been unwell, and how the staff had provided additional support to them at this time. There were regular meetings for people that lived there. One person told us, "We have a meeting quite often. We talk about what we would like and how things are going." People told us how they were involved in care reviews and felt involved in their care and support. Where people needed support to be involved in reviewing their care and support this was done with the support of their family or where needed advocacy services. Staff told us about the importance of making sure care reflected not only people's health needs but also what the people themselves wanted. People and staff told us that senior staff and management were quick to respond and organised care reviews when they were needed.

People told us that they felt staff responded quickly if their health needs suddenly changed. We heard about examples where an appointment with the doctor had been made following it being requested by the person. Staff also told us where other health professionals had become involved. One example was a person who was living with dementia and whose health needs had started to change. Staff told us about how the regularity of appointments with the doctor had increased and how staff were continuing to monitor the person and liaise closely with the doctor and nurses who visited.

People said that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. One person said, "I have no complaints here, but if I did I would speak to staff." We spoke with the registered manager about the handling of concerns and complaints. Although they had not received any recent complaints we could see that there was a system in place to respond and investigate concerns appropriately.

## Is the service well-led?

### Our findings

The registered manager told us that the vision for the care was to, "Create an effective caring environment that was as homely as possible." The staff that we spoke with shared this vision. They told us how this was people's homes and how it was important to make it homely whilst continuing to meet people's needs. Staff felt that the provider and registered manager had achieved this balance. One member of staff said, "What sets this apart from other homes for me is the warmth and homeliness in the place." People we spoke with also talked of the home as homely and caring.

People told us that if needed they could talk to the registered manager or staff. Staff told us that there was an open culture and that they could go to the registered manager at any time with any concerns or comments. Staff told us that they felt well supported and also had regular supervision. One staff member said "The registered manager is lovely and you can see them at any time with anything." Another staff member said, "It is a real open door to the manager here. If there is anything you only have to say and she [registered manager] will look into it straight away." Staff told us that regularly the registered manager would be around speaking with people and staff throughout the day to make sure that staff and people were happy. The registered manager said that they tried to make sure they were available and approachable to the staff and the people that lived there.

Staff told us that they were aware of the whistle-blowing procedures and felt they would be supported to raise any concerns. The registered manager told us that the provider took a very active part in the running of the service and would take swift and direct action if concerns were identified.

There were comprehensive quality assurance systems in place. The registered manager and the provider maintained an overview of the quality and safety of the home by gathering regular feedback from the people that lived there and their relatives. One example of where the feedback gathered had influenced the care and support was recent redecoration to parts of the home. The registered manager also carried out checks and audits of aspects of care such as medicines and any falls or accidents that had happened in the home. We could see where information had been collated and where risks were identified action had been taken. For example by regularly monitoring the amount of falls individuals were having, any concerns triggered referrals and appointments with other health professionals. We could see where medicine reviews had happened as a result of this monitoring.

People told us that they felt valued and were able to be supported to access the wider community. We saw evidence of this through their engagement with a local theatre. Also some people were part of a local church community and helped out with community events.

The registered manager told us that they felt they had a good relationship with the local authority and felt able to contact them with any concerns. The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.

