

Shreyas S.A.I.N Ltd

# The Manor House

## Inspection report

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23 April 2019

24 April 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: At the time of the inspection The Manor House was a nursing home registered to provide personal and nursing care for up to 25 older people, there were 23 people living in the home. The provider contacted us after the inspection to advise that they would now be providing care to adults over the age of 18 years. An updated Statement of Purpose has been submitted to the Commission as required

People's experience of using this service: People, staff and relatives spoke positively about the registered manager and told us they felt comfortable to report any concerns. The registered manager was visible in the home and undertook checks throughout each day to ensure the home ran smoothly. Staff, relatives and people were invited to express their views and opinions in different ways and told us that they felt listened to.

There was a positive, person-centred culture and staff worked as a team and with external organisations to ensure people experienced good outcomes.

Staff received safeguarding training and spoke confidently about how to identify potential abuse and actions they would take if abuse was suspected. There were posters and leaflets throughout the service including details about how to whistle blow and where to report safeguarding concerns.

People told us they felt safe and relatives confirmed this. Risks to peoples' safety were assessed, monitored and actions were taken to ensure risks were managed. The service allocated staff in accordance with peoples' individual needs and maintained staffing levels in accordance with their staffing dependency tool.

The service managed medicines safely and had processes in place to ensure that people received their medicines when they should.

The registered manager had identified areas for improvement, including the range of activities available for people and areas in the home that required some cosmetic updating, and was working to improve these areas at the time of our inspection.

Rating at last inspection: Good (Published in April 2018)

Why we inspected: This inspection was brought forward due to information of risk and concern; there were concerns that people may not be receiving the correct amount of fluids. We inspected the service against two of the key questions which were, 'is the service safe?' and 'is the service well-led?'. None of the concerns were substantiated.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 well-led?**

**Good** ●

The service was Well-led.

Details are in our Safe findings below

# The 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.

Information shared with CQC indicated potential concerns about the management of fluids for people at risk from dehydration. This focussed inspection examined those risks.

Inspection team: The inspection team consisted of one adult social care inspector 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. The expert by experience's area of expertise was older people.

Service and service type: 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: The inspection took place on 23 and 24 April, the first day was unannounced and the second day was announced.

What we did:

During the inspection we reviewed various records including, fluid records for 13 people, the training matrix, recruitment files for three employees, three care plans, audits and compliments.

We spoke with 12 people who were using the service, three relatives and five staff, including the registered manager, provider and two care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People were assessed for fluid monitoring when moving into the home and if there was an identified need, for example, the person had dementia or could not access fluid independently. At the time of our inspection 13 people were having their fluid intake monitored. Fluid charts were completed, and these were reviewed during 'team huddles' at planned intervals throughout the day. When a person was assessed as not being 'on target' staff agreed what actions they would take, including contacting the GP and more frequent contact with the person to 'push' fluids. The registered manager and provider reviewed each fluid chart daily. Records we reviewed showed that people were reaching or exceeding their fluid target. When there had been concerns the GP was contacted and signed the fluid chart to confirm this.
- The service used risk assessment tools to ensure peoples' safety. These included the Malnutrition Universal Screening Tool (MUST) that is used to assess people who are at risk from being under or over weight and the Waterlow risk assessment tool to identify a person's risk of developing a pressure ulcer.
- People told us they felt safe and relatives confirmed this. Comments from people included, "I feel safe here, I would not stay here if I did not feel safe and secure" and one relative said, "My [relative] has very complex medical needs, I never worry about if [they] would fall out of bed, they [staff] keep him safe."

### Systems and processes to safeguard people from the risk of abuse

- Staff spoke confidently about different types of abuse, how they would identify abuse and what actions they would take if abuse was suspected. Comments from staff included, "If we get concerns we tell the manager and [they] act on it."
- Safeguarding concerns were raised with the appropriate professionals, including the local safeguarding team, when the need arose.
- One person disclosed that they had been abused by a person not associated with the home and told us the registered manager had acted to involve relevant health care professionals so that the abuse could not continue.

### Staffing and recruitment

- Staff were recruited safely, and background checks were undertaken to minimise the risk of unsuitable people working in the home. Checks were undertaken with the disclosure and barring service (DBS), previous employers and the applicant was required to provide two original forms of identification.
- Staff were allocated using a staffing dependency tool that considered the individual needs of people. The provider told us that they 'overstaffed' the service to account for unexpected staff absence. Feedback from relatives and people about staffing levels were mixed. Comments from people included, "Seems to be plenty of staff around here, never have to wait for attention" and, "During the week days there is always plenty of staff, less so in the evenings and at week-ends". Relatives said, "Enough staff here to look after the folks I think" and, "In the week enough staff all of the time, but at the week end they struggles sometimes".

### Using medicines safely

- Medicines were managed and administered safely, this included two registered nurses reviewing medication administration records (MAR) for recording gaps during each handover. People told us they received medicines when needed, comments from people included, "I always get my medication on time all of the time" and one relative said, "Never a problem with medication the nurses are very good, my [name of person] always gets the right medication."
- Creams were managed and administered safely. Creams were dated upon opening and body maps were used to guide staff about application. It is important to date creams upon opening as this can affect their shelf-life.

### Preventing and controlling infection

- Staff received training about preventing the spread of infection.
- The home was free from malodours and staff used gloves, aprons and sanitising hand gel when appropriate. Comments from people included, "My room is kept very clean, they are always cleaning up in here" and, "Clean? everywhere is very clean and tidy."

### Learning lessons when things go wrong

- In response to feedback from healthcare professionals, the registered manager and provider had worked together to change how people's fluid intakes were monitored and recorded. This had included daily checks completed by the registered manager and provider and the allocation of a senior staff member to maintain oversight during their absence.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred care and told us that they experienced good outcomes. One relative said, "My [relative's name] has very complex needs, the staff have been very well trained in how to deal with [specific condition], they are well able to cope with all the needs and requirements my [family member] has."
- The service had not received any written complaints in the 12 months before our inspection. However, when people had raised concerns they told us these had been dealt with quickly and were pleased with the outcome. Comments from people included, "I do not have any complaints or issues here, but if I feel concerned about anything I could always speak to the manager, they would try and help, they are nice and good at listening". One relative said, "The manager here is very good and open, always on the ball and on top of things".

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

- The registered manager was clear about their role, knew people well and was visible to staff and people throughout the home. They undertook regular checks on people and staff daily.
- Staff received regular 'spot checks' and appraisals and told us they felt well-supported by the registered manager. Comments from staff included, "I have regular spot checks, supervision and appraisal. We work together as a team, any problems we see the [registered] manager."
- The service operated a quarterly award system and if staff were presented with the award they received a voucher and flowers.
- There was a comprehensive programme of quality audits in place and these included details about actions that had been taken to prevent a recurrence or resolve issues that had been identified.

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

- People, staff and relatives were offered the opportunity to complete questionnaires and these were reviewed by the registered manager so that actions could be taken.
- There was a suggestions box located in the reception area that anyone was free to access and use anonymously.
- People could raise concerns confidentially with ambassadors and any issues would then be presented to the registered manager by the ambassador.
- The service used different methods to communicate with staff, people and relatives including,

communication books, team meetings and messaging groups.

- The service maintained a record of compliments and one care said, "All the family would like to thank-you for the kindness you showed our Mum."

Working in partnership with others

- The service worked effectively with organisations. This included contacting two local farmers who agreed to provide staff with transport during periods of extreme bad weather.
- One person who remained in bed had pictures hung up outside his bedroom window. The registered manager told us teenagers from a local summer camp had been invited into the home, painted the pictures and a bench. The teenagers had also sat with people and made clay ornaments.

Continuous learning and improving care

- The provider and registered manager were working to improve the service and environment for people. This included refreshing décor and furniture throughout the home and contacting local organisations to improve the range of activities available to people.
- The registered manager and provider were proud that the service had been rated highly on a care home review website. The registered manager said, "I put my heart into this place."
- The registered manager had recently been involved with a talk on the radio as a way of raising awareness of nursing homes.