

## Manor Care Home Limited







# Areley House

## Inspection report

Areley Lane  
Stourport upon Severn  
Worcestershire  
DY13 0AB  
Tel: 01299 877727

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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

Areley House provides accommodation and personal care for a maximum of 33 older people. On the day of our inspection there were 31 people living at the home.

The inspection took place on the 2 June 2015 and was unannounced. At our last inspection in June 2014 we found the provider was meeting the all the regulations focussed on.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

Relatives said they had no concerns about the care their family member received. Relatives told us staff were caring and promoted peoples independence. Staff we spoke with demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

# Summary of findings

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Staff had up to date knowledge and training to support people who lived at the home.

We saw staff treated people with dignity and respect whilst supporting their needs. Staff really knew people well, and took people's preferences into account and respected them. Staff used different ways to ensure people understood what was happening around them.

We found the provider had consistently followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when assessing people's ability to make specific decisions. Applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

We saw people had food and drink they enjoyed, the cook made every effort to ensure people had their choices available to them, to maintain a healthy diet. People were supported to eat and drink well.

Relatives told us their family member had access to access to health professionals as soon as they were needed. They said they were always kept up to date with any concerns for their relative.

People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home. Relatives knew how to raise complaints and the registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

The registered manager promoted a positive approach to include people's views about their care and service development. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. Systems were in place to monitor and improve the quality of the service.

# 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 is safe

People were supported by staff who understood how to provide and meet their individual care needs safely. Relatives were happy with the support available to their family members. People benefitted from enough staff to meet their care and social needs.

Good



### Is the service effective?

The service is effective

People's needs and preferences were met by staff, because they received the training they needed to support people effectively. People enjoyed meals and were supported to maintain a healthy, balanced diet which offered them choice and variety. People were confident staff had contacted health care professionals when they were needed to meet people's needs.

Good



### Is the service caring?

The service is caring

People living at the home and relatives thought the staff were caring and treated them with dignity and respect. Staff treated people with kindness, compassion and promoted their independence in all aspects of their daily life.

Good



### Is the service responsive?

The service is responsive

People and relatives felt listened to because they were able to raise any concerns or comments with staff and these would be answered appropriately. People living at the home were supported to make every day choices and engage in past times they enjoyed.

Good



### Is the service well-led?

The service is well-led

People were able to approach the registered manager at any time. People and their families benefitted from staff that felt well supported by their management team. People were supported by staff who were monitored by the management team to ensure quality care.

Good



# Areley 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 inspection took place on 2 June 2015 and was unannounced. The inspection team consisted of two inspectors.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection,

the provider completed a Provider Information Return (PIR). This 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 spoke with three people who lived at the home, and three relatives. We observed how staff supported people throughout the day. As part of our observations 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 spoke with the registered manager, deputy manager and nine staff. We also spoke to the community matron, two members of the district nurse team and a community mental health nurse. We looked at three records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person said, “I can lock my door, so I feel safe.” Some people we spoke with were not able to communicate easily and were not able to tell us if they felt safe. We saw staff supported each person in a caring and sensitive way. For example, we observed staff were vigilant in their awareness as some people said they felt lost. We saw staff gave particular attention to reassure each person and to ascertain where they wanted to go whilst supporting them to maintain a level of independence. We saw through people’s facial expressions they were reassured.

Relatives we spoke with said they felt their family member was safe. One relative told us, “I have no concerns.” Another said, “I have no concerns about how [my family member] is treated.” A community psychiatric nurse (CPN) that has regular involvement at the home told us how the registered manager completed a thorough assessment of people before they came to live at the home. This ensured that people’s needs could be met, risks identified and plans put in place to support people’s safety.

Staff said they were able to contribute to the safe care of people by giving information to their colleagues at handovers. They said they would discuss each person’s wellbeing at handover and raise any issues they had observed which may require a risk assessment review or follow up on their physical health needs. Staff said people had their needs assessed and risks identified. Staff told us about how they followed plans to reduce these identified risks. For example we saw staff ensuring people sat on the correct pressure relieving equipment which had been assessed for that person. They knew which piece of equipment was needed for whom and how it helped prevent sore skin for each person.

We observed there were enough staff on duty to meet the needs of people living at the home. We saw staff respond to people’s needs without delay. For example, we saw staff were available to support people’s mobility when needed in line with their identified risks. Relatives told us that there were always staff available when they visited. One relative

said, “Staff are always around.” The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed as people arrived at the home and then monitored to ensure there were the correct numbers of appropriately skilled staff to meet the needs of the people living at the home.

The staff we spoke with able to tell us how they would ensure the people were safe and protected from abuse. They said they would report any concerns to their senior team and take further action if needed. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Staff said they spent time talking with people to get to know them, and they would be aware if a person was in distress or was being harassed in any way. Procedures were in place to support staff to appropriately report any concerns about people’s safety.

Newly recruited staff we spoke with said they did not work alone until they had completed the main part of their induction training. Then their working practices had been assessed as competent to ensure people’s safety and provide effective care. The staff told us the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

One person said, “Staff do my meds (medicines), it’s easier.” A relative said, “I am happy for staff to give [family member] meds (medicine), they always treat [family member] with dignity. If they don’t want their inhaler, staff will come back later to try again.” Another said, “I am happy for staff to manage [my family members] medicines.” All medicines checked showed people received their medicines as prescribed by their doctor. We observed staff supported people to take their medicines and found people received their medicines as prescribed to meet their needs. Staff told us and we saw suitable storage of medicines in a locked trolley. The temperatures were monitored regularly to ensure the medicines were kept at the temperature recommended by the manufacturer. There were suitable disposal arrangements for medicines in place.

# Is the service effective?

## Our findings

Relatives told us staff were trained to meet their family member's needs. One relative told us, "A new member of staff always shadows until they know [my family member], they are all well trained." We observed the people were supported by staff that had training and experience in caring for older people with dementia. The staff we spoke with were able to tell us how they learned to support each person as an individual and used the training they received to understand people's individual needs. For example, staff felt more able to understand those people with less communication so they could effectively meet the person's needs. The newly recruited staff we spoke with had previous experience and were refreshing their learning to ensure they had the up to date skills to meet people's needs. Staff said they were supported to achieve their vocational qualifications and they valued this opportunity.

The staff we spoke with said they had received training to ensure they had the skills to effectively support the people who lived at the home. The registered manager and staff told us they regularly worked alongside staff and were able to observe and ensure the staff were effectively supporting people.

Staff we spoke with understood the importance of ensuring people agreed to the support they provided. All staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and how important it was for people to give their consent. They said they would pass on any concerns about people's ability to make decisions to the registered manager. We looked at how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the registered manager had completed this process when it was needed. For example, we saw one person regularly wished to leave the home in an unsafe way. The registered manager started the process by assessing the person's capacity to make that specific decision and completing the process to ensure the person was not deprived of their liberty unlawfully, and that decisions were made in the person's best interest following the MCA.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom.

The registered manager had submitted applications and was waiting for further confirmation from the local authority. They understood the process and were aware of how to access any further support.

People told us they enjoyed the food and were offered choice. One person said, "I enjoy my food, I look forward to meal times." Relatives told us their family member said and they had seen that the food was good. We observed there was a chatty atmosphere during meal times. People were offered choice and were supported discreetly and with dignity. Staff were patient and caring, giving a person time to be as independent as possible without feeling rushed. We spent time with the cook and they showed us how people's nutritional requirements were met. The cook had recently undertaken nutrition training and was ensuring their knowledge was being used to improve the service. They were aware which people had special dietary needs. They worked with the care staff and people to ensure everyone had the food they needed and enjoyed.

We saw people were supported to maintain their food and drink levels. During meals staff ensured people had drinks and additional drinks and snacks were provided throughout the day. We looked at three care records, two that included nutrition and fluid charts. These are charts used to record all the drinks and food a person consumes during the day. After consultation with the community nurse, the manager puts these records in place. This was because the people were at risk and they wanted to monitor them more closely. We spoke with the community matron; they said they regularly reviewed the information from the records to support a person's wellbeing. Staff we spoke to knew why these charts were in place and knew what the preferred levels of intake should be.

People told us their GP comes out every so often to monitor them, and their dentist and optician visited them at the home when needed. One person said, "My doctor will come when I need them." Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, "The GP is always involved when needed, and I am kept up to date." The staff we spoke with told us the importance they placed on monitoring the health of each person as many were not really able to say if they felt unwell. They said how they used observations and discussion with their peers and senior team to communicate and record any concerns about people's wellbeing. The community matron we

## Is the service effective?

spoke with told us staff at the home made appropriate referrals to health teams, and always followed advice. The district nurse team told us the registered manager and staff was always helpful and willing, and there was very good communication.

# Is the service caring?

## Our findings

Two of the people we spoke with who lived at the home both said, 'the staff are very caring and they look after me well'. One relative we spoke with said, "Staff have a very good attitude." Another said, "I am very happy with the care and treatment of [our family member]." None of the people or their relatives we spoke with raised any concerns about their care. We observed caring interactions between staff and the people living at the home. The community matron said she saw people living at the home were well supported.

Staff we spoke with said they were able to spend time talking with each person and supporting their individual needs. They said the care they provided was person centred as each person had different level of ability and understanding. For example, we saw staff using different techniques to communicate with people, using simple words and hand gestures with some people to ensure they could understand.

We observed all the staff during our inspection were very courteous and spoke warmly to people living in the home. We observed staff knew people well. We saw during quiet times they sat with the people talking about their lives before they came to live at the home. One member of staff said they looked at old photographs one person had and this helped the person remember their family.

A relative told us, "[My family member] is always treated with dignity and respect." The staff we spoke with told us how they maintained people's privacy and dignity. One member of staff said they said they always treated the people "How they wished to be looked after or as if they were part of their family." The staff said ensuring people maintained their dignity was very important to them. One member of staff said when providing personal care, they

would always ensure the person "Was covered and never sitting without clothing or a cover of some kind," to keep their dignity. We saw one person was given an alternative meal when they found they did not like what they had first chosen. This was completed in a discreet way to respect the person's dignity.

We saw staff all had their individual tasks but still found time to respond to the needs of each person as they arose. We heard staff calling the people by their preferred names. Staff said every morning they took time while supporting people to dress to ensure they gave them a choice in what they wanted to wear. We saw people were dressed appropriately. One lady we spoke with told us how pleased she was to be wearing a bright cardigan as, "It cheers me up."

We observed and staff said people living at the home were not always able to understand information. We saw staff spent time with people so they could understand what was being said or asked of them. We saw staff using different phrases, clear hand gestures and simple words to help people understand. Staff took the time to ensure people were supported to meet their needs.

The registered manager told us they talked to each person individually rather than have residents' meetings. They said people were much more open to engaging in a one to one situation rather than in a group. There was a regular newsletter for people living at the home and their relatives which kept people up to date with activities and developments going on at the home. This was easily assessable and in a suitable format.

Relatives told us they were welcome to visit at any time. They told us they felt involved and included in the care for their family member and welcome to the home. This helped people who lived at the home to maintain important relationships.



# Is the service responsive?

## Our findings

People told us they were involved in their care planning. One person said, “I can please myself I do what I want.” Relatives told us they were included in their family members care and involved in their reviews. We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. This involved people and their families from the very beginning of them moving to the home. Staff told us they added to this information so they knew as much as possible about the person and their history.

The district nurse team and the community matron told us people had regular reviews of the support they needed. For example, people who received specialist equipment to prevent sore skin, regularly had their needs reviewed. This was to ensure their skin did not deteriorate. The district nursing team and the community matron said the staff were responsive to people’s changing needs. They made appropriate referrals to them and their documentation supported any actions needed to support the person. They also said that staff were always keen to follow any suggestions and willing to learn.

We saw the walls of the home were decorated with many pictures and items which promoted memories. The home used accessible information and pictures to promote understanding. All of the doors to the bathrooms and toilets were painted blue for ease of recognition for people living at the home. Each bedroom had the occupants photograph outside to assist them to locate their room. The activities organiser told us how they worked with each individual to find out the activities they enjoyed would stimulate their memories and promote their abilities.

People said they were involved in activities they liked to do. One person said, “I like to stay in my room and watch my own television, [staff] come and chat with me here.” Relatives told us they saw their family members were involved in past times linked to their personal interests. For example one person was able to do gardening as they were a keen gardener. One relative said, “The activities are really good, they have lots of good ideas, I am really impressed.” The activity organiser told us how they worked with each

individual to find out what they liked to do. Recently they had been undertaking painting of large picture which included input from several people, and the activity co-ordinator told us people had really enjoyed this work.

The cook told us how they spent time with the people when they first arrived at the home to find out what they liked and disliked to eat. They told us this was on going because tastes may change over time. For example, they told us that previous menus had contained a pasta dish which people did not like, so they trialling another dish to see if people preferred it instead.

The staff we spoke with told us they were ‘key workers’ for people who lived at the home. Each staff member was a key worker for a small group of people. They said as ‘key workers’, they looked after people’s personal needs and liaised with their families to keep them up to date and pass on appropriate information. Relatives told us they were always kept up to date by staff, and felt they were aware of what was happening to their family member.

We asked the staff and the people we spoke with if there was anything they would like to change. One person said, “I would like to get out more.” The staff supported people to go out while the weather was good, but said as people needed higher levels of support outside, this was often difficult to achieve for everyone. The registered manager told us they were looking at ways to organise trips in the future, and were looking at ways to improve access to the garden area to facilitate more people to use the gardens at one time.

We observed and were told by the registered manager how they ensured people had privacy within their rooms. Each room had a key and was locked by staff when people were in the communal areas. There were also systems to ensure people’s safety with the use of call bells and assistive technology, which supported people at risk of falls.

People said they would speak to staff about any concerns. One person said, “I would always tell [staff] if I was worried about anything.” Relatives told us they were happy to raise any concerns with either the registered manager or staff. One relative said, “I am happy to talk to the manager, they always would take my concerns seriously.” Another said, “I would go straight to the manager or staff if I had any worries.” The community psychiatric nurse told us that staff

## Is the service responsive?

are always open for new suggestions and willing to learn.  
We saw there were no recent complaints; however relatives said they felt listened to and happy to discuss any concerns with the staff team at the home.

# Is the service well-led?

## Our findings

People we spoke with knew the manager and enjoyed talking to them; they said they saw the manager regularly. One person said, “I can go in the office anytime for a chat.” Relatives told us they were comfortable with the manager and staff at the home. One relative said, “The manager’s great, really easy to speak to.” Another said, “They always have time to talk, and know all about [family member].”

We observed during our inspection the registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. We spoke with one of the senior care staff and they were also very knowledgeable about the people and the staff team they supported. The registered manager and senior care worker both said how important it was to be a ‘presence around the home’ and ‘lead staff by example’, showing good working practice. For example, when working with a member of staff supporting a person to mobilise, the registered manager took the opportunity to observe good practice and lead less experienced staff.

Staff told us the registered manager, and senior team were always available when they needed to speak to them. The registered manager said staff could speak directly to them with an open door policy or out of hours on the phone.

We attended a staff meeting during our inspection. We saw the registered manager passed on information to the staff team about changes in the running of the home. We observed the staff were asked for their opinions and these were accepted. The staff was also asked for their ideas. Staff told us that their ideas had been acted on in the past when shared at these meetings. The staff were asked about any concerns and they were able to voice these and guidance was given as to how to address these effectively. Staff told us they felt these meetings were useful and they felt supported.

All the staff we spoke with said they had regular one to one time with a senior or the registered manager. They said this was very helpful in their development and they could share concerns or ideas and they would be listened to. The senior care worker we spoke with told us they had received leadership training which had supported their learning and helped them in their role.

The staff we spoke with said they did feel their work was valued by the people and the registered manager. One member of staff we spoke with said, “I love working here, this is the best home I have worked in and I have worked in several”. They told us about the ‘care worker of the month’ and how they worked to gain this nomination. This was an award which a member of staff received every month after being nominated by their colleagues, or the management team for special effort.

The staff told us the home management were very responsive if the equipment broke down. Replacements were provided in a timely way. For example, one member of staff said they had asked for a hairdryer to save using the hairdresser’s equipment. The registered manager had gone straight out and bought one. This meant the people could have their hair done whenever they wanted supported by staff.

The registered manager sought advice from other professionals to ensure they provided good quality care. For example, the district nurse team, the community matron all confirmed that staff were willing to ask for support and follow advice when needed to support people at the home.

The registered manager and management team completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that trends were spotted and investigated.

The provider regularly visited and monitored how care was provided and how people’s safety was protected. For example, care plans were reviewed to ensure it reflected a person’s current needs. We saw the provider looked at an overview of all aspects of care provision, what was going well and what needed improving. We saw that the area’s identified for improvement had been acted on and was subject to ongoing monitoring.

The registered manager told us of further improvements to the home. For example, plans for an old fashioned sweet shop and a café, to be incorporated for people who lived at the home to be involved in. People and relatives we spoke with were looking forward to the continuing improvements.