Mrs Nichola and Mr Robert Broadhurst

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

Summary of findings

Overall summary

This inspection took place on 14 September 2016 and was unannounced. At the last inspection on 11 September 2015 we found that medicines were not managed safely. Documentation relating to medicine management was not being completed accurately. We asked the provider to take action to make improvements. You can see what action we told the provider to take at the back of the full version of the report. At this inspection we found that improvements had been made and practices were generally safe however, there were still some gaps in the recording of fridge temperatures for fridges used to store people's medicines.

Manor House is a care home that provides care for people who have dementia or mental health needs. The home can accommodate up to 16 people. At the time of the inspection there were 16 people living at the service. The home was arranged over two floors, with access to the upper
floor via stairs or a chair lift. Bedrooms had wash hand basins and vanity units. There were shared bathrooms, shower facilities and toilets. Communal areas included two lounges, a dining room, a well maintained garden and an outside seating area.

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 2008 and associated Regulations about how the service is run.

We observed positive, compassionate and caring interactions between people and staff. Staff took the time to stop and chat with people and to share appropriate humour. Staff knew the people they cared for well and spoke about them with fondness and affection. One staff member said; "The best thing is being with the residents, to see a smile on their faces means everything to me".

People's care plans were detailed documents which contained information about their background, history, likes and dislikes. People's care plans were linked to risk assessments and contained information for staff on how to reduce the likelihood of them coming to harm.

People told us they enjoyed the meals. They told us they were of sufficient quality and quantity and there were alternatives on offer for people to choose from. People were involved in planning the menus and their feedback on the food was sought.

People had their healthcare needs met. For example, people had their medicines as prescribed and on time. People were supported to see a range of health and social care professionals including speech and language therapists, chiropodists, district nurses and doctors.

People were kept mentally and socially engaged through a range of activities inside the home. The service employed an activities coordinator who was developing a programme of personalised activities to suit

people's individual needs.

People were kept safe by suitable staffing levels. Relatives told us there were enough staff on duty and we observed unhurried interactions between people and staff. This meant that people's needs were met in a timely manner. Recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people.

Staff had received training relevant to their role and there was a system in place to remind them when it was due to be renewed or refreshed. Staff were supported in their role by an ongoing programme of supervision, appraisal and competency checks.

There was a safeguarding adult's policy in place and staff had received training on this subject. Staff confidently described how they would recognise and report any signs of abuse. There was a policy in place on whistleblowing which staff were aware of and applied to their practice. The registered manager promoted an ethos of openness and honesty which demonstrated the requirements of the duty of candour.

Staff were knowledgeable about the Mental Capacity Act and how this applied to their role. Where people lacked the capacity to make decisions for themselves, processes ensured that their rights were protected. Where people's liberty was restricted in their best interests, the correct legal procedures had been followed. People were involved in planning their care and staff sought their consent prior to providing them with assistance.

People, staff and relatives were encouraged to give feedback through a variety of forums including staff meetings, residents' meetings and questionnaires. This feedback was used to drive improvements within the service. There was a system in place for receiving and managing complaints. There was a quality assurance system in place with a range of audits including medicines, maintenance, risk assessments and care plans.

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 told us there were enough staff on duty to meet their needs safely.

People were kept safe by a clean environment, with robust infection control practices.

People were supported by staff who were safely recruited.

People's medicines were generally managed safely however fridge temperatures were not always recorded.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training in order to carry out their role effectively.

People were supported by staff who had good knowledge of the Mental Capacity Act 2005, which they put into practice to help ensure people's human and legal rights were protected.

People were supported to maintain a healthy, balanced diet.

People were supported to see a range of health and social care professionals as required.

Is the service caring?

Good

The service was caring.

People were proactively supported to express their views, and were supported by staff who understood their history, strengths and goals.

People were supported by staff who respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and focused on a person's whole life.

People were encouraged to remain physically and mentally engaged and their independence was promoted.

There was a system in place to receive and investigate complaints and people and relatives were aware of it.

Is the service well-led?

Good

The service was well-led.

Staff told us the registered manager was supportive.

There was a culture of openness and honesty.

People were supported by staff who were motivated to provide quality care and committed to their on-going learning and development.

The registered manager operated an effective quality assurance system in order to drive continuous improvements within the service.

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 inspection took place on 14 September 2016 and was unannounced. The inspection was undertaken by one adult social care inspector. Prior to the inspection we reviewed information we held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. The provider had also completed and submitted a Provider Information Return (PIR). This is a form that asks the
provider to give some key information about the service, such as what the service does well and improvements they plan to make.

During the inspection we looked around the premises, spoke with nine people who lived at the service, four relatives, the registered manager and six members of staff. We also contacted three health and social care professionals who had contact with people living at Manor House. We looked around the premises and observed the lunch time experience. Throughout the inspection we observed how staff interacted with people.

We looked at three records relating to people's individual care needs, viewed three staff recruitment files and training records for all staff. We looked at a range of policies and procedures and records associated with the management of the service, including quality audits.

Good

Is the service safe?

Our findings

At the last inspection on 11 September 2015, we found the management of medicines was not always safe. Medicines were not stored or administered safely and documentation relating to medicines, including the policy on medicines management, was inaccurate. At this inspection we found that improvements had been made.

The registered manager had contacted the dispensing pharmacy for advice and changes had been made. People's medicines were stored, administered and disposed of safely and staff had undergone training to administer medicines. People told us they had their medicines as prescribed and on time. Medicine administration records (MAR) had been signed and updated to ensure medicines were correctly administered. Where refrigeration was required, this fell within the correct temperature guidelines; however there were some gaps in the recording of fridge temperatures in the recording book. This was highlighted to the registered manager who said that this would be immediately addressed and that all staff would be reminded to ensure this was done every day.

People told us they felt safe living at the service. One person said; "It's certainly safe here. I don't have to worry". People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to review to advise them of what to do if they witnessed or suspected any incident of abuse or discriminatory practice. Records evidenced all staff had received safeguarding adults training. Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously. Posters were displayed throughout the service with details of key people who could be contacted to report abuse. One staff member said; "I would report anything. You have to protect people. I wouldn't have a job if it wasn't for them".

People told us they felt there were enough staff on duty to keep them safe. We observed staff interacting with people in an unhurried way and having time to respond to their needs in a timely manner. One relative told us; "Whenever I have been there, there are always plenty of staff around". Staff took time to stop and speak to people when they passed them in the lounge or as they walked past in the corridors, to chat, offer assistance and share appropriate humour.

People were protected by safe staff recruitment practices. Records evidenced that all employees underwent the necessary checks prior to commencing their employment to confirm that they had the correct characteristics and were suitable to work with vulnerable people.

People had risk assessments in place covering aspects of potential harm they could experience, for example from falls. The risk assessment detailed the risk alongside the action staff should take to reduce the likelihood of people coming to harm. People's risk assessments were regularly reviewed and were linked to their care plan.

People's records contained information about what action staff should take if they became anxious or

agitated. One person who had memory problems would sometimes become frustrated and verbally challenging. The care records contained information on the approach and techniques staff should use to try to help the person to remain calm. It also contained steps for staff to work through, such as first checking whether the person was in pain, or ruling out the possibility of them having an infection.

People had PEEPS (personal evacuation plans) in place to provide guidance on what support they would need should an evacuation be required. The service also had contingency plans in place to deal with emergency situations such as fire or flood. Staff had been trained to understand what their role was in the event of a fire.

People were protected by effective infection control procedures. Staff had received training and were provided with personal protective equipment (PPE), such as gloves and aprons. Bathrooms had paper towels, and soap available for people, visitors and staff.

There were arrangements in place for the disposal of domestic waste and a contract in place for the removal of clinical waste. The provider had systems in place to monitor the safety of the premises, such as fire checks, water temperatures and legionnaire's checks. During the inspection we noticed that the window restrictor on one of the upstairs bedroom windows had been disengaged presenting as a potential risk to people living at the service. This was highlighted to the registered manager who said it would be immediately addressed.

Accidents and incidents were recorded in detail by staff and reviewed by the registered manager to look for any themes and ways in which the likelihood of the incident re-occurring could be reduced. Although the incident forms were detailed, the outcome was not always recorded. For example, one person had experienced a number of episodes of agitation. Although staff had recorded what happened, who was involved and what action was taken at the time, there was no information around what happened as a result of the episodes. This would be useful in terms of accountability, care planning and auditing. It was highlighted to the registered manager who said this information would be added to the forms from then on.

Good

Is the service effective?

Our findings

People were protected by staff who had undergone training to undertake their role. The registered manager had a system in place to ensure staff were trained in all areas identified by the provider as being mandatory and to remind them when training was due to be renewed or refreshed. One staff member commented; "There is a lot of training here. I feel a sense of achievement from the qualifications I have gained". New staff underwent a thorough induction process and were supported to undertake the care certificate. The care certificate is a national induction tool
which providers are required to implement, to help ensure new staff are trained to the desired standards expected within the health and social care sector. There was ongoing regular supervision for staff on a one to one basis as well as an annual appraisal and competency checks.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive possible. If a person lacked capacity their care was discussed with a range of professionals and family, where appropriate, to ensure the decisions were made in the person's best interest. People's records contained information about their capacity to make specific decisions. Staff had undergone MCA training and had an understanding of the principles of the Act and how this applied to the people they supported. One staff member said; "It can help the person to be given options to choose from, rather than just asking what they want. It makes it easier for them to make a decision that way".

People can only be deprived of their liberty in order to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought authorisations under DoLS when required.

People's consent was clearly obtained by staff prior to them undertaking a task, for example, staff asked people if they wanted support with eating. We saw that some care records contained a section where relatives had signed to consent to care on a person's behalf. Nobody can consent to care on a person's behalf unless they have the correct legal authority to do so. This is called a lasting power of attorney (LPA). If there is no LPA in place and the person lacks capacity to consent to the care themselves, a best interest decision must be recorded instead. This was explained to the registered manager who confirmed that they understood this and said they would ensure all staff were aware and that records and process were amended.

People had their nutritional and hydration needs met. Hot and cold drinks were available for people throughout the day. The atmosphere during lunch was mostly pleasant and relaxed. During lunch, tables were laid with table cloths and music was playing quietly, people were chatting and appeared content.

However, three people were heard to complain about the kitchen door which banged loudly as staff came in and out. This was highlighted to the registered manager who was aware of the problem, but unsure of how to address it, due to the door being a fire door. The registered manager said it would be discussed with the maintenance person to see if there was a solution.. The food looked plentiful. Most people ate everything they were served and some asked for a second helping, which was provided. For desert, people had homemade cake which they said they enjoyed. Staff were available to assist people throughout lunch, offering drinks and condiments and making pleasant conversation. Referrals were made to SALT (speech and language therapists) if required. For example, One person had their food liquidised as they had swallowing difficulties.

People had their healthcare needs met. Records indicated they saw a range of health and social care professionals including GPs, speech and language therapists, social workers and district nurses, as required and staff supported people to attend appointments where necessary.

People's bedrooms were personalised and their doors were individually decorated. There was signage around the home to enable people orientate themselves. There was a stair lift which was used to enable people to access the second floor of the building. There was an on-going programme of maintenance and refurbishment at the service. For example, the dining room had been recently re-decorated, the kitchen had been modernised, some bedrooms had been newly wallpapered and appliances such as a new washing machine and boiler had been recently purchased. The garden had been opened up by removing some hedges. People spoke positively about this in particular, saying that it appeared more spacious. People often sat out in the garden for their meals, to take part in activities or just to enjoy the sunshine and fresh air. One relative said; "I really like the gardens and the conservatory. They are very nice".

Good

Is the service caring?

Our findings

People told us the service was caring. Comments included; "The staff are kind and courteous" and "They do a difficult job and they do it well". Comments from relatives included; "I think the staff are absolutely wonderful" and "[my relative] gets the most wonderful attention. Nothing is too much trouble".

Staff were respectful towards people and showed concern for their wellbeing. For example, one person had experienced a fall and had been in hospital overnight. A staff member was assisting them with their meal in a quiet lounge and explained that they were feeling tired as they hadn't slept well due to being in hospital. The registered manager was seen to stop, ask the person how they were feeling and offered to visit them in their room after their lie down.

Staff demonstrated a commitment to building positive relationships with people. Comments included; "It's like a big family", "I have a nickname here and it's so lovely when I hear people use it. It feels very intimate that they can be relaxed in that way with me" and, "You take on the role of their children and you treat them as you would treat your own parents".

Staff told us they felt passionate about the support they provided and explained the importance of having a caring approach. Staff comments included; "You have to take the time to get to know the people and then adapt your approach accordingly", "We are a small home, so there is lots of time for one to one and getting to understand a person" and "being with the residents and seeing a smile on their faces means everything to me".

People's privacy and dignity were protected. For example, we observed staff knocking and waiting to be invited before entering a person's bedroom. Confidential information was securely stored and offices were fitted with keypads and locked when they were not in use. People were able to lock their bedroom doors if they wished.

People were supported to express their views through a variety of forums including residents' meetings. People were also actively involved in decisions about their care and involved in developing and reviewing their care plans. Where appropriate people had signed their care plans and relatives had also been involved in their development.

Staff knew the people they cared for well, including their background, history and likes and dislikes. People had life story books in their records which staff used during one to one sessions with people. One staff member said; "We use the life story books, they are particularly good if a person is feeling a bit low. Looking at old pictures and going over their life lifts them".

Staff went out of their way to make people feel special. One staff member said; "I love the personal care. When I am assisting a person with getting ready for the day, if I see they have jewellery in their room I ask if they would like to wear it and we use their perfumes and soaps on them. Why have those things just sitting there? People should be supported to look and feel their best". One person would regularly recall a

bereavement they had suffered and would become distressed. One staff member said; "We sit with them and we comfort them. We take out photos and talk about their family. It's so important".

Good

Is the service responsive?

Our findings

People had access to a range of activities within the service in order to keep them socially and cognitively engaged. As highlighted in the PIR, there was a programme of activities for people to take part in, if they wished at the service. The service employed an activities coordinator and people were involved in arranging the programme of activities. At the time of the inspection people were decorating gingerbread men. Several people were taking part and appeared to be enjoying it. Other activities on offer included film evenings, crocheting, manicures and arts and crafts. There was also a tuck shop where people could go and purchase snacks and other small items. One staff member said; "It's about making the activity individual to the person. For example, if someone has arthritis in their hands, it's about thinking of something they can do". One relative said; "As soon as the sun is out, people put on their sun cream and sit in the garden. One afternoon some of the ladies wanted to dance and so they were all up dancing which I thought was just lovely".

People did comment that they would like to go out on day trips, for example, to the beach or local town. This was highlighted to the registered manager who stated that they do not offer outings away from the home, but that this is made clear to people and their families prior to coming to live at Manor House.

People's care records were comprehensive, personalised documents which guided staff on how to meet their needs. There was information about how they preferred to be addressed, their spiritual and cultural needs and their needs during the night. For example, there was detailed information, such as what time they wanted to go to bed and to rise and whether they wanted to be checked on during the night. One person experienced memory loss and could become confused. Their care records contained a prompt sheet for staff to use to remind the person of things and to re-orientate them. For example, it reminded the person that all of their food was paid for as the person would often become anxious about this and found staff using the prompt sheet was reassuring.

People's care records contained a section called "All about me". This gave staff important information about the person, such as their history, likes and dislikes. One person was a talented artist and there were pictures of their artwork in their care records. This helped staff to understand the person and their interests. Care records were structured and easy to navigate with important information, for example, about any allergies, highlighted at the front. Records were reviewed monthly by the person's allocated keyworker and also audited regularly by the registered manager to ensure all necessary information was recorded and accurate.

There were handover meetings three times per day in which any changes to people's needs could be discussed and ideas could be shared amongst staff. One staff member commented that these meetings were useful for monitoring a person's progress as well as any problems.

People were supported to maintain their independence. For example, people helped to put the washing out to dry and to bring it in, or to fold clothes. One staff member said; "I make a joke of it. I bring the washing in and ask who will help to fold it as I'm too lazy to do it all on my own! It gets people involved". Another staff

member supported someone who wanted to become independently mobile again. The staff member made referrals to an occupational therapist, accompanied them to meetings and would help the person practice walking as part of the treatment plan proposed by the occupational therapist. The staff member told us that in the end, the person was unable to regain their mobility, but the process of having the opportunity to try and to feel supported was so important to them.

People were supported to maintain relationships with people who mattered to them. There were no restrictions on visiting times and relatives were able to take people out. Relatives we spoke with told us they were always made to feel welcome by the staff and registered manager when they visited.

There was a system in place for receiving, investigating and managing complaints, supported by a policy. People and relatives said they felt confident to raise a complaint and felt that it would be dealt with to their satisfaction. One relative said; "I don't think I should ever have cause to complain, but I know if I did, they would deal with it".

Good

Is the service well-led?

Our findings

Staff told us the service was well led and the registered manager was approachable and supportive. Comments included; "The office is always open and [the registered manager] always has time for us, "The manager is approachable" and, "I think the world of the manager". Comments from relatives included; "I find the managers very approachable. Lovely people, I couldn't ask for more" and, "The manager is always very friendly and very helpful".

Staff told us there was a clear management structure in place and enough senior staff on duty to offer support and guidance. The registered manager told us they liked to take a "hands on" approach and would often work shifts providing care.

It was clear that the registered manager knew the people who lived at the service well and was observed to have a positive rapport with them throughout the inspection; taking time to stop and chat to them and discuss any concerns.

People were offered the opportunity to give feedback on how the service was run and to offer suggestions about how they would like to be cared for. There were regular residents' meetings which were well attended. Throughout the inspection, the registered manager was proactive in explaining to people that the service was being inspected and offering them the chance to share their experience with us.

There were regular staff meeting where able to raise suggestions about how the service was run. Staff told us if they raised a suggestion managers would implement it wherever possible. Comments from staff included; "Staff meetings are informative. As a group we come up with new ideas" and, "it's a chance to share ideas. We can discuss different approaches we have tried with people and what worked best".

Staff said they were happy in their work, understood what was expected of them and were motivated to provide a high standard of care. Comments from staff included; "I feel honoured to have been given the opportunity to do this type of work"; "I love it here"; "It's brilliant here" and "It doesn't feel like coming to work, I never stop smiling".

The registered manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations. They told us they would always be open and honest if things went wrong and would apologise. This demonstrated the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager had a policy in place in respect of whistleblowing, which staff were knowledgeable about. The policy supported staff to question practice. Staff confirmed they felt confident to raise any concerns with the registered manager if they had concerns.

The registered manager operated a system of regular quality assurance checks to ensure the service was

being delivered to a good standard. Questionnaires were sent to people and relatives annually in order to gain their feedback on the service and to make changes as required. There were audits in place such as medicines, accidents, falls and infection control to raise standards and drive continuous improvement. There were a range of up to date policies which were accessible to staff and provided guidance and important information. These were regularly reviewed and updated by the registered manager.