

Pretty 333 Limited

# Sibbertoft Manor Nursing 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

### About the service

Sibbertoft Manor Nursing home is a residential care home that can provide long and short-term residential nursing care for up to 40 older people, including people living with dementia. At the time of inspection 37 people were using the service.

### People's experience of using this service and what we found

People received care from staff who were kind, caring and compassionate. Staff enjoyed their work. People and staff had built positive relationships together. Staff were respectful and open to people of all faiths and beliefs. People's privacy and dignity was respected.

People were supported by staff that knew out about their hobbies and interests and supported them to engage in these. Activities were available for people to choose from. People knew how to raise a concern or make a complaint and felt confident concerns would be addressed.

People were supported by staff who kept them safe from harm or abuse. People received medicines on time and were supported by staff who had been safely recruited. Staff had a good knowledge of risks associated with providing people's care. Staff had received adequate training to meet people's individual care needs. Care plans contained information about the risks to people while receiving care and where needed, equipment was in place to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People's needs were assessed before they moved to the home to inform the development their care plans. People were supported to eat and drink enough and received healthcare support as needed.

The environment was pleasant and allowed people a choice of where to spend their time. The registered manager and staff worked collaboratively with other health and social care professionals to meet people's needs

People knew the registered manager. The service sought feedback from people and relatives about their care experience to ensure any issues were promptly addressed. The registered manager had a good oversight of the service. Quality assurance systems and processes enabled them to identify areas for improvement. People, relatives and staff told us they would recommend the home.

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

### Rating at last inspection

The last rating for this service was Good (published 11 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

# Sibbertoft Manor Nursing Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and one specialist nurse advisor.

#### Service and service type

Sibbertoft manor nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, human resources lead, nurses and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and spoke to the registered manager.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- People were safeguarded from abuse. Staff were trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse.
- The provider had policies and systems in place to safeguard people from abuse and they followed the local authority safeguarding protocols.

Assessing risk, safety monitoring and management

- People had risk assessments detailing how to care and support them safely.
- Risks to people's safety and well-being were understood by staff. A staff member told us, "The risk assessments and care plans tell me exactly what people need."
- The premises were risk assessed and safely maintained.
- People had personal emergency evacuation plans so staff knew how to assist them to leave the building safely in the event of an emergency.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references received before staff started employment, however, one staff member had not had an DBS update for nine years. Staff did complete an annual form confirming they had no criminal convictions. (DBS check is a search carried out by the Disclose and Barring Service to check an applicant's criminal history and identify any convictions, cautions, warnings and reprimands.)
- New staff only started the induction training upon receipt of satisfactory pre-employment checks.
- There were enough staff to ensure people could choose the gender of staff providing personal care and to support them to take part in activities.
- People and relatives told us staffing levels were good. A person said, "Staff are always available if I need them." A relative told us, "There are always staff around, staffing levels are good."

Using medicines safely

- People received appropriate support with their medicines. A person told us, "Staff always tell me what tablets they are giving me, I always take them, but if I didn't want to they wouldn't force me."
- We looked at people's medication records and this evidenced that staff managed medicines consistently and safely.

- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and staff knew what action to take if they made an error. Records we looked at confirmed this.

#### Preventing and controlling infection

- The home looked clean and well maintained. Cleaning schedules were completed daily.
- Staff were trained and followed infection control procedures.
- Staff wore personal protective equipment (PPE) such as disposable gloves and aprons when people were supported with personal care needs to prevent the spread of infection. PPE was available throughout the home.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, the registered manager audited all accidents, incidents and falls to check for trends and patterns and identify learning to share with staff.
- The registered manager reviewed the findings and used them to reduce risk and improve safety in the home.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in the assessment process. Assessments were comprehensive and reflective of the Equality Act as they considered people's individual needs, which included their age, sexuality and disability. How people's diagnosis impacted on their daily life and the support they required was clearly documented. This meant staff were able to meet people's needs effectively.
- Managers assessed people prior to them living in the home. This meant managers were assured staff could meet their needs and that were compatible with others already living at the home.
- Staff had a good knowledge of each person, and their preferences. People told us that staff were good and knew what to do. One person said, "Staff are lovely, they will sit and chat to me." A relative said, "I am so happy with the care [person's name] receives."
- Care plans included people's likes, dislikes, routines and communication needs.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep up to date with best practice guidelines.
- Staff were confident in their roles and told us their training was "comprehensive" and "good." A staff member told us, "My training gave me the skills and confidence to be able to work alone."
- The registered manager completed competency checks to ensure staff understood the training provided.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware of people's dietary needs. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks. However, fortified food and drinks had not been documented. The provider agreed to implement a system of recording these.
- Staff had completed food safety and nutrition training.
- Care files included a section on any support required with food and fluids. Within this section people's likes, dislikes and preferences were documented.
- People said they liked the food and always had a choice of three options.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- The registered manager had good relationships with healthcare professionals, such as stoma nurses, district nurses, speech and language therapists. This helped to manage and monitor people's care and help them to provide safe and consistent care.
- Care plans documented in detail any health care requirements people had and clearly identified any involvement with healthcare services.
- The service had a GP who visited every Friday or when required. People were supported to see the GP as needed.
- Staff communicated well with each other, people and relatives. The management team ensured information from other agencies was promptly communicated to the staff team.
- Reviews were undertaken with commissioning authorities to ensure Sibbertoft manor continued to meet people's individual needs.

Adapting service, design, decoration to meet people's needs

- People had a photograph of them and 'this is me' information on their bedroom door to assist them in identifying their room and for others to know a bit about them. However, if people did not want this information then their rooms had a number or picture of their choosing instead.
- The service provided equipment to support people's independence and meeting people's personal care needs, such as shower chairs, hoists and bespoke chairs.
- There were different areas within the service for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.
- Where people lacked capacity decision specific mental capacity assessments had been completed and best interest decisions made in consultation with the person, key professionals and relatives taking into consideration legislation and people's wishes.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were happy with the support from staff. One person said, "I ring my bell and staff come running, it's great." A relative told us, "I'm happy with the physical, emotional and social support given to [person's name]."
- Staff interacted with people in a kind, caring and compassionate manner. Staff and people appeared to have a respectful relationship with each other.
- Staff completed training in equality and diversity. They were committed to ensuring people's equality and diversity needs were met and felt confident to challenge any discrimination they saw or heard.
- Care files contained historic information to support staff to understand and get to know the person. Details included the persons, favourite memory, family details, pets, previous hobbies, past employment, culture and religion.

Supporting people to express their views and be involved in making decisions about their care

- People's communication needs were fully documented in their care records, this supported staff to understand and communicate effectively with each individual person.
- There were regular resident meetings held to discuss any changes, concerns or information sharing.
- Care records had consent forms regarding who could look at people's personal information as well as sharing information with others.
- People told us they were involved in all aspects of their care. One person said, "I know the staff have lots of information about me, because I told them, and they are doing it."

Respecting and promoting people's privacy, dignity and independence

- People and relatives were positive about the staff and said they were treated with dignity. One person told us, "I feel we are valued & respected."
- Family members and friends were made welcome when they visited the service and were offered refreshments. Visitors could join their family member or friend for a meal if they wished.
- Staff told us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care, knocking before entering a bedroom and discussing any personal tasks sensitively. We observed during the inspection that staff knocked on people's bedroom doors before entering and were consistent in asking people for consent before completing tasks.
- Staff interacted with people in a patient manner and promoted independence.

- Sensitive information was kept securely and required passwords to read documents, this was to prevent unauthorised access to personal information.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people needed. This supported staff to deliver person centred care for people.
- Activities were planned for individual people.
- People who had specific hobbies, passions or wants, were supported to complete these, for example a person loved reading, so the provider arranged for them to volunteer and read to local school children who visited. Another person liked to clean so the staff supported them to mop and sweep the floors after meals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Policies, procedures and other relevant information could be made available to people in the format that met their needs, such as easy read styles, pictures or another language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were committed to enabling people to socialise and develop and maintain relationships.
- People took part in social events and their cultural and religious needs were met.
- People maintained close relationships with family members and staff spent meaningful time with people, engaging in conversations, playing games or going out into the garden.

Improving care quality in response to complaints or concerns

- People and relatives were confident in raising concerns. Where people had raised a concern or complaint they told us it had been dealt with to their satisfaction.
- The provider had a complaints procedure, which was accessible to people, relatives, visitors and staff. The complaints procedure included information about external agencies who could support people with complaints.
- Complaints were investigated, and action was taken to address the issues and prevent reoccurrence in the future where possible. Information gathered from complaints was analysed within the service and across the provider's other services. This enabled any lessons learnt to be shared.

## End of life care and support

- At the time of our inspection no one using the service required end of life support. However, when appropriate people had a 'do not attempt cardiopulmonary resuscitation order' [DNACPR] in place
- The registered manager had a good understanding of end of life care and what would be required to support somebody during this stage of their life.
- Care plans recorded the wishes of a person regarding any care leading up to their death, for example, if they wanted a priest or minister to deliver their last rights, if there were any objects or sounds that they wanted played or in their room
- Staff received training appropriate to their role in end of life care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a visible presence within the service. Staff told us the registered manager would "roll up her sleeves and get involved" and "was always available." The whole staff team felt supported by the registered manager.
- The registered manager promoted person centred care in all aspects of the service. Spot checks were completed to ensure staff continued to treat people with dignity, respect and compassion.
- Staff told us they were happy working at the service and would recommend the service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider ensured they met the regulatory requirement to be open and transparent with people using the service when things went wrong by liaising with people and their families and involving them in investigations.

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

- Audits were completed for a range of checks to ensure the service was safe and met regulatory requirements.
- People, staff and relatives, we spoke with all knew who the registered manager was and how to contact them. One person told us "[Registered manager] is nice, I can speak to any of the staff but if I don't like something, I tell [registered manager] and they put it right."
- Staff were clear in their roles and understood what the provider expected from them.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks, notifications and regulatory requirements.
- Staff received training to ensure people received support appropriate to their needs. There was a focus on developing staff to achieve better outcomes for people.

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

- Staff and people told us they felt listened to by the registered manager. A staff member told us, "We all stick together and help each other out as much as we can." Supervisions were held regularly, and staff were

encouraged to raise any suggestions or concerns.

- People, relatives and staff were asked for their feedback at individual reviews and through surveys. Records showed satisfaction levels were good.

Continuous learning and improving care. Working in partnership with others

- Regular team meetings took place to give staff the opportunity to discuss the service, safeguarding issues, concerns and to receive updates on any changes.
- The registered manager demonstrated an open and positive approach to learning, development and feedback.
- The service had links with external services that enabled people to engage in the wider community.
- The registered manager attended care management forums, local council meetings and regular meetings with healthcare professionals to network, learn and share ideas.