

Mr & Mrs C S Dhaliwal

# Manor House Residential Home

## Inspection report

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West Yorkshire  
LS12 5HA

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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: Manor House Residential Home is a care home. At the time of the inspection it provided personal care and support to 27 people aged 65 and over.

People's experience of using this service: At the last inspection we found improvements were required to the premises of the home to ensure this was safe and that accurate records were maintained. At this inspection we found improvements had been made.

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Risk assessments had been completed and provided detailed guidance for staff to follow. Incidents and accidents were managed effectively; lessons learnt were shared with staff to reduce the risk of further occurrences.

There were enough skilled and experienced staff to meet the needs of people who used the service. Recruitment checks were robust and staff completed an induction and training programme.

Most health and safety checks were carried out to ensure people remained safe. However, the electrical checks had been unsatisfactory. The registered manager arranged for checks to be carried out on the day we inspected to ensure people remained safe in the home. Staff used personal protective equipment to prevent against cross infection.

People and their relatives said staff were kind and caring. People and relatives said they were well supported and provided positive feedback about staff. Staff treated people with respect and dignity. People were involved in decisions about their care and encouraged by staff to be as independent as possible.

People were supported to have maximum 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.

Initial assessments were carried out to ensure people's needs could be met. Staff understood people's likes, dislikes and preferences and people told us they were offered choices about their care.

Some people using the service required end of life care. Care plans recorded people's preferences for their end of life care.

Care records identified people's nutritional and dietary needs. People were supported to live a healthy life and staff supported people to access health care professionals when required.

A complaints system was in place and these were managed effectively. People and staff told us they felt

confident to raise any concerns and felt these would be managed.

The provider had embedded quality assurance systems to monitor the quality and safety of the care provided. The provider worked in partnership with other services to support people's care. Surveys were carried out with people using the service to gather their views.

Staff told us the management team were honest and supportive. People told us the management team were approachable and felt concerns would be effectively managed.

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: At the last inspection the service was rated Requires Improvement (published 25 April 2018). The overall rating has improved to good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Manor House Residential 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. 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.

**Inspection team:** The inspection was carried out by two inspectors.

**Service and service type:** Manor House Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager with the CQC. 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 the provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events.

We also reviewed information sent to us from other stakeholders including the local authority and members of the public.

We spoke with three people during our visit and one relative. We also spoke with the registered manager, deputy manager and four staff.

We reviewed four people's care records, policies and procedures, documents relating to the management of the service, training records and three staff recruitment records.

# 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.

At the last inspection we rated this key question as requires improvement. We found the home's decoration was worn and some carpets were loose which was a potential hazard to people living in the home who may be at risk of falls. At this inspection improvements had been made to the home.

Assessing risk, safety monitoring and management.

- The provider had made improvements to the safety of the home by replacing some of the old carpets to prevent falls risks. Decoration had been carried out in parts of the home with a plan to carry out further work to ensure all areas were safe for people to live in.
- Safety checks had been carried out. However, we found the electrical certificate was unsatisfactory from 2014. We saw an invoice for work carried out in December 2014 to make improvements although the provider did not have a certificate to show the electricians were now satisfactory. This information could not be sought as the company had closed. The registered manager immediately organised for a full electrical inspection to be carried out.
- Staff understood how to identify and manage risks to people's health, safety and welfare. One staff member said, "One person had a urine infection. We made sure we kept giving them fluids to make sure it didn't happen again."
- Personalised risk assessments were in place for those people that required them or when people's needs changed. One person had a risk of physical aggression and their television had a safety guard on it to protect them against injury.

Preventing and controlling infection.

- The home was clean and tidy.
- Staff used personal protective equipment to help prevent the spread of infections.

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

- People told us they felt safe and staff responded to their call bells immediately to support them.
- Appropriate systems and procedures were in place to protect people from the risk of abuse. Staff were aware of the different types of abuse and understood how to report their concerns.

Staffing and recruitment.

- People told us there were enough staff to meet their needs. One person said, "There are plenty of staff."
- Staffing levels were sufficient and the rota's confirmed this.
- Staff were recruited safely and robust checks were in place to ensure staff were safe to work with people living in the home.

Using medicines safely.

- Medicines were stored and administered safely, and records accurately reflected the treatment people had received.
- Medicine administration records were audited monthly to identify any issues and the local pharmacist also complete audits as a secondary measure to ensure medicines were managed safely.
- Detailed guidance specific to each person was in place to enable staff to safely administer medicines which were prescribed to be given only as and when people required them, known as when required or 'PRN'.

Learning lessons when things go wrong.

- Staff were aware of the reporting procedures for accidents and incidents.
- People's risks were continuously monitored so any patterns or trends could be identified. This meant action could be taken to reduce the risk in future.
- Safety huddles (meetings with all staff) were used to learn from incidents. For example, one person was having frequent falls. Staff removed a plastic sheet from their bed and carried out regular checks during the night. This was effective in reducing the persons falls as the person previous fell daily and since the huddle had only fallen once.



# 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.

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

- Initial assessments were completed to inform staff of people's preferences for care before they came to live in the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People were involved in making every day decisions and choices about how they wanted to live their lives.
- Staff were aware of the need to ask people for their consent before providing care. One member of staff said, "We would ask people and if they were not able to answer we would discuss it with their family, social worker and/or general practitioner."
- Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity.

Staff support: induction, training, skills and experience.

- People received care and support from well-trained, skilled and supported staff. One person said, "The staff are well trained. Staff are nice and willing to help."
- Staff told us the training helped them to carry out their role. One staff member said, "I do enjoy the training, it gives me a lot of confidence."
- All staff received training, which provided them with the skills and knowledge to meet people's needs. Some staff lacked knowledge of the MCA and DoLS legislation, the registered manager told us they would address this immediately.
- Staff received an induction, and supervisions which supported them to carry out their roles.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported with their nutritional needs and care plans contained information about people's needs and preferences.
- People's weights were monitored to ensure people remained healthy. Those people whose weights had reduced or increased were supported with effective outcomes.
- Staff responded to people's health needs in a timely way and liaised with appropriate health care

professionals such as general practitioners, occupational therapists, district nurses and social workers when people required additional care.

- One relative told us they raised concerns their family member may have had a urine infection. They said, "Staff acted immediately, and the infection was promptly managed and cleared within a matter of days."

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives said they were well supported and provided positive feedback about staff and the home. Comments included, "The staff look after you. They are friendly and helpful" and "The care is very good, it's fantastic."
- We observed staff being kind and caring. One person was calling out for their family member, we saw staff reassure the person their family was ok and being looked after. Another person said they were a little cold and staff offered to get them a cardigan from their room.
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted. One person told us they disliked onions and said staff made sure no food contained this ingredient in their meals.
- People's religious, spiritual, and cultural choices were met and recorded in support plans.
- The provider was keen to enhance everyone's awareness of promoting dignity. The home had enrolled in a research project relating to sex in care homes. Workshops took place focusing on how sexual relationships, needs or wishes should be respected and is acceptable. The registered manager said everyone thought it was brilliant.

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

- People told us they were involved in making decisions about their care and were included in their care planning. One staff member said, "We talk to people and ask them what they would like to do rather than assuming."
- An advocate is a person who can support others to raise their views, if required. The registered manager told us that should anyone wish to have an advocate they would support people to find a local service.
- People were supported to maintain relationships with their family and friends.

Respecting and promoting people's privacy, dignity and independence.

- Staff understood the importance of respecting people's privacy and dignity. One staff member said, "We knock on people's doors. Make sure curtains and doors are shut when carrying out personal care. We reassure people that they are ok."
- People were encouraged and supported to remain independent when possible. Staff knew what people's levels of independence was and enabled them to carry out day to day tasks. One person had a stroke which meant their mobility was affected. However, with the aid of equipment the person was still able to walk independently. Another person was being supported to move back into the community to be closer to their family and have more independence.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Personalised care plans were created which included information from the initial assessment along with people's likes and dislikes.
- At the last inspection we found care plans had not been updated. At this inspection we found these reflected people's current needs.
- Staff followed people's preferences for care. One person's care plan stated, 'I like my room to be warm but well ventilated.' We visited the person's rooms and found the window slightly open to allow air ventilation.
- People told us care reviews took place with them and care records demonstrated people had signed their care plans. For example, one person voiced their concerns about laundry being returned. A care plan was then put in place to ensure the person's laundry was returned immediately by staff.
- People were offered choice about their care which staff followed.
- Activities were provided within the home to reduce social isolation which people enjoyed. The deputy manager had created a picture book of all the activities people had been involved in to reminisce on later. Some activities included, performances by the northern ballet, meals out, coffee mornings with other charities, days with children from a local school and trips into the local community. One person said, "There is a good choice of group activities. They have quizzes, they are very good."
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to provide feedback to the management team about their experiences of care and felt this would be managed effectively. One person said, "I am happy to complain. I have done before and they listen to me if I say something."
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support.

- The home supported some people with end of life care. We found end of life care plans were in place and included people's funeral arrangements, cultural and religious beliefs.
- The provider had sought training for their staff on end of life care to ensure staff could meet people's needs.

# 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.

At the last inspection we found shortfalls in record keeping. At this inspection we found improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People told us they trusted the registered manager, felt confident to raise any concerns and that these would be investigated thoroughly. One person said, "The manager is lovely, they are very good. If there is anything wrong the manager helps."
- The registered manager and all the staff we spoke with, demonstrated a commitment to provide person-centred, high-quality care. They placed people using the service at the centre of everything they did. One staff member said, "The manager has the best interest of people living in the home."
- Staff told us the management team were approachable and honest. One staff member said, "The manager is brilliant. I get on well with them and they are supportive. The manager is very accommodating."
- Staff were supported with supervisions, appraisals and staff meetings. This meant the registered manager could supervise staff performances and communicate any changes within the home.
- There were effective systems and processes in place to monitor and improve the service. Audits were carried out on a regular basis which provided an insight into the service and if any improvements were needed.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- Resident meetings took place with people living in the home. People were asked about their preferences for activities and what they wanted to do.
- The provider used surveys to seek people's views about the service. Mainly positive feedback had been received from the last survey in February 2019. Any actions needed had been addressed with actions to say what had been done.
- The provider was registered to a website online which sought feedback from people. The registered manager showed us the home were currently rated 9.8 out of 10.

Continuous learning and improving care; Working in partnership with others

- The provider encouraged staff to continue their learning.

- The provider worked in partnership with other services and had positive community links. Some of these included, the local church, charities and schools.
- The provider had made improvements to drive high quality care. This included a new electronic medication administration system which sought to prevent medication errors from occurring.