

Manor Care Group Limited

Manor House Residential Home

Inspection report

1 Walsall Road
Willenhall
West Midlands
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Tel: 01902603754

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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 unannounced inspection took place on 8 March 2017. This was the first inspection of Manor House Residential Home. Manor House is a care home which provides accommodation for up to 29 older people who were living with dementia, or had a physical disability or a sensory impairment and who required personal care. At the time of our inspection there were 27 people living at the home.

At the time of our inspection there was a registered manager in place. 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.

People told us they felt safe at Manor House. Staff understood their responsibilities in keeping people safe and knew how to report any suspected abuse and felt confident they would be listened to. Staff knew the risks to people's health and safety and understood the measures in place to keep people safe. People and their relatives told us and we saw there were enough staff to keep people safe. There was a safe recruitment system in place. People told us they got their medicines when they needed them and some medication storage issues noted during the inspection were acted on promptly.

People and their relatives told us staff were well trained to meet their needs. Staff confirmed, and we saw, they had received training which enabled them to support people effectively. Staff sought consent from people before providing care. The registered manager had applied the principles of the Mental Capacity Act which meant people's rights were protected. People had a choice of food which supported their nutritional needs. When people's health needs changed they had access to other health professionals to ensure their health needs were met.

People told us, and we saw, they were supported by kind and considerate staff. People had choices about their care and staff respected them. People were encouraged to maintain their independence and were supported by staff in a dignified way. People were encouraged to maintain relationships that were important to them.

People and their relatives told us, and we saw, they were supported by staff who understood their individual needs and preferences. People had access to activities which they enjoyed. People told us they were confident to raise any complaints but had not had reason to. When people did complain there was a system in place which meant they would be listened to and complaints would be investigated.

People were happy living at Manor House and told us it was well led. Staff were supported by the registered manager. People, relatives and staff were involved in the running of the service. The registered manager was aware of their legal responsibilities. The registered manager operated a quality assurance system which ensured people got safe and effective care which was responsive to their individual needs. The registered manager sought to make improvements in the care people received.

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 were supported to remain safe by staff who knew how to protect them from harm. People's risks to their health and safety were managed by staff. There were sufficient staff to support people safely. The provider had a safe recruitment system. People received their medicines when they needed them and a storage issue was acted on promptly.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained to care for them effectively. People's rights were protected as the registered manager had applied the principles of the Mental Capacity Act. People's nutritional needs were being met. Staff supported people to access other health professionals when their health needs changed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. People were given choices about the care they received. People's privacy and dignity was respected by staff. Staff promoted people's independence. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew their individual needs. People had access to activities which they enjoyed. The provider had a system in place should people wish to complain.

Is the service well-led?

Good ●

The service was well led.

People told us the home was well led. The registered manager sought opinions from people. Staff were supported by the registered manager which led to a positive culture within the home. The registered manager operated a quality assurance system which ensure people got good care at Manor House.

Manor House Residential Home

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 checked 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.

The inspection took place on 8 March 2017 and was unannounced. The inspection team consisted of one inspector. Before our inspection we reviewed information we held about the home including information of concern and complaints. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with other agencies such as the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection.

We spoke to five people who use the service and two relatives. We spoke with two visiting professionals and three members of staff and the registered manager. We looked at two people's care records and a selection of people's medicine records. We looked at records relating to the quality assurance system operated by the provider, which included accident and incident records, audits completed as part of the system and records of staff and resident meetings.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am safe. It's nice living here". Another person told us, "Yes, I am safe, I am happy enough living here". Relatives told us they were assured their family member was safe. One relative said, "[name of person] is safe. I wouldn't have [name of person] anywhere else". Another relative told us, "Yes they are safe, they used to fall. They don't now".

Staff knew how to protect people from harm and were able to explain to us how they would recognise signs of abuse and what to do if they suspected any abuse had occurred. Staff told us they had received training in how to keep people safe. One member of staff said, "I would report it to the manager or I would go to the local authority or to the police or to CQC. I would whistle blow". The registered manager understood their responsibilities in reporting abuse when any suspected abuse had occurred.

Staff managed risks to people's health and safety. One person told us despite a health condition staff encouraged them to walk to prevent further deterioration in their condition. A relative explained to us how staff managed their family member's behaviour to minimise any risks to their safety. Staff were knowledgeable about people's risks to their health and safety. One member of staff told us how they managed a person's health condition and how they recognised when they needed more support. We saw staff checked equipment was safe for use prior to supporting people to be transferred. We saw staff passed on information from visiting professionals when there had been a change to the support people required to manage their health risk. We saw in people's records risks were assessed and reviewed regularly this meant that staff had up to date information to support people with their health and safety.

The registered manager had a system in place to monitor when people sustained falls or any other accidents. The registered manager monitored trends and we saw where people had an increase in falls action had been taken to prevent any further occurrences. We spoke with a visiting professional who told us staff made referrals to them in a timely way when people had falls and when they made recommendations staff carried them out.

People and their relatives told us there were sufficient staff to meet their needs. One person said, "Staff are always on hand when you need them. There is always enough staff". Another person told us, "Staff come when I press my buzzer". A relative told us, "I think there's enough staff to provide care when [name of person] needs it". Staff told us they were satisfied with the staffing levels and thought they had sufficient time to support people. We saw staff spent time with people and were available when people required support. People were supported by sufficient staff to meet their needs.

Discussions with staff indicated the provider had a robust recruitment procedure in place before staff commenced working with people. One member of staff said, "They [the registered manager] completed an on line check before I started. I had to bring in certificates and some forms of identification to my interview". These included references from any previous employers and Disclosure Barring Service (DBS) checks had to be completed before they commenced their employment. DBS helps employers to make safer recruitment decisions and prevents unsuitable people being recruited. The registered manager had a robust recruitment

system which meant people were supported by staff who had been recruited safely.

People told us they got their medicines when they needed them. One person said, "They give me my medicine during the day". Another person said, "They come round twice a day to give me my medicine". A relative told us their family member always got their medicine as staff kept them updated when anything changed. We saw staff gave people their medicine and followed the procedures in place to record when people had been given their medicine. Records we saw demonstrated staff administered people's medicines when they needed them. We saw when people had their medicine "as required" individual guidance was available for staff to follow. We saw the registered manager had a system in place which monitored stock levels of people's medicine which ensured there was always medicine available. However, we saw storage of people's medicine was not always safe. We saw a member of staff leave the trolley open and unattended whilst they gave people their medicine. We advised the registered manager who immediately corrected the member of staff. The registered manager told us the member of staff would receive further training to ensure this would not occur again. We saw controlled drugs were stored separately from other medicines and the temperature of where they were stored had not been monitored. The temperature we noted on the day of our inspection indicated that people's medicines may be stored unsafely. The registered manager told us they would contact the pharmacy to check if these medicines were safe for people to use.

Is the service effective?

Our findings

People and their relatives told us and we saw staff had received training in order to support them effectively. One person told us, "They are well trained. They do an excellent job". A relative told us, "From what I have seen they are well trained. I have watched them handling people and it's all done well". Another relative told us, "Staff are well trained. They do a good job. Staff are brilliant. I can't fault them". Staff told us they received training which helped them support people effectively. One member of staff told us how the dementia training had helped them to see people as an individual. They went on to tell us, "We get so much training and are always offered more if we need it". Another member of staff told us the induction they received was thorough as they had never worked in care before but felt confident in starting their role following their induction period. We saw staff worked together as a team and when people required support with their mobility staff knew how to do this safely. People were supported by staff who were trained to provide effective care to meet their individual needs.

Staff understood the need to gain consent from people before providing any care. One member of staff said, "If people don't agree, I can't wash them. I can try again later and try to explain why we need to wash them but if they don't agree I can't". We saw staff sought consent from people before providing any care. For example, we saw staff asked permission from one person before transferring them from their chair to move them safely to the hoist.

The Mental Capacity Act (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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training and demonstrated that they understood how the principles of the MCA affected people's care. One member of staff said, "It is whether they have the capacity to make decisions about their care. If they can't we have to ensure decisions are made in their best interest". For example, staff told us one person lacked capacity to make a certain decision and a decision had been made in their best interest with the involvement of their family and a district nurse.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty so they remain safe. The registered manager understood their responsibility in protecting people when their liberty may have been restricted and had applied to the local authority to ensure the legal safeguards were in place. No authorisations had yet been returned. The registered manager told us they had already contacted the supervisory body to chase these up.

People told us they were happy with the food they received and were offered a choice. One person said, "There's always a variety on offer". A relative told us, "[Name of person] loves their food. They eat well here.

They have a wide choice of meals". However, one person told us the food was always cold when it got to them. We saw staff served people their food on an individual basis which meant it took time to get everyone's meals out. We saw some people had finished eating whilst others did not have their meal. The registered manager told us they would look at ways to improve the system. We saw people were offered choices about their food and staff accommodated people's choices when possible. For example, one person changed their mind about their choice of lunch and this was immediately changed by staff. We spoke to the cook who was aware of people's likes and dislikes and people who were on a special diet. We saw people were offered drinks throughout the day and were offered choices. People were supported to meet their nutritional needs in order to remain healthy.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "They [staff] are always thinking what they can do for you. They really look after me here. They look like they enjoy their job as well". Another person told us, "They are ever so kind to me". All the relatives we spoke with praised the staff for their kindness and how they supported their family member. One relative said, "The standard of care is phenomenal. I wouldn't want [name of person] anywhere else". We saw people were comfortable with staff and heard staff laughing and joking with people. We saw people were relaxed and happy around staff and comfortable in asking them for any support or comfort. We saw staff recognised when people required any extra support. We saw and heard staff used endearing terms when they spoke with people which people liked. We saw staff had time to spend with people and enquired how they were feeling and if they had had a nice day.

People told us they were given choices about their care. One person told us, "I can go to bed and get up when I want". Relatives told us they thought their family members were offered choices. One relative said "[Name of person] has a choice of meals, and gets up when they are ready". We saw staff offered people choices throughout the day. We saw staff asked people where they would like to sit and how they would like to spend their time. We saw staff offered people choices of where they would like to eat and whether they wanted to wear an apron to protect their clothing. We saw staff were knowledgeable about people's choices and preferences. For example, one member of staff told us about one person who chose not to eat warm meals but preferred salad and sandwiches. The person confirmed this and told us staff respected their choice. We saw that there was information available in people's bedrooms to remind staff about people's preferred choices.

People told us staff respected their privacy and dignity. One person said, "They cover me up in the shower". Another person told us, "They make it [bathing] as private as they can". One person told us they felt treated with dignity because staff laughed with them and not at them. They continued to tell us staff had enabled them to be more confident which had helped them to communicate with people better. A relative told us, "They very much treat people with respect. I have never seen them lose patience with anyone". We saw staff respected people's privacy and dignity. For example, we saw a member of staff bend down and speak to a person at eye level so as they could communicate quietly with them about their personal care. Staff gave us examples of how they respected people's dignity which included respecting their choices and how they speak with people in a respectful way. People were supported by staff who respected their privacy and dignity.

People told us and we saw staff promoted and encouraged people's independence. One person told us how staff encouraged them to provide their own personal care where possible. Another person told us staff encouraged them to walk as often as they could on the days they were feeling able to. Staff understood the need to encourage people to be independent and shared examples with us how they supported some people to maintain their independent skills. We saw staff encouraged people to be independent. For example, we saw staff offered people who had arthritis in their hands a lightweight cup which meant they could hold it and drink from it themselves.

We saw people were encouraged to maintain relationships that were important to them. Relatives told us they visited the family members when they chose to and were always made to feel welcome. We saw relatives visited regularly and were happy and relaxed with staff. We saw people were taken out on trips by relatives and some relatives told us they supported their family member to attend medical appointments which supported both themselves and their family member to have a relationship outside of the home.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care they received. One person said, "I can't find fault with the staff. It's been a godsend to me". A relative told us, "I wouldn't want to change anything". Another relative told us, "They know the individual residents. They know [name of person] better than I do now". Where appropriate relatives were involved in the planning and reviewing of care plans, and the care that their family member received on a daily basis. Relatives told us they were kept informed of any changes and their opinions were sought about the care their family member received. Staff gave us examples of how they involved people in their care. One member of staff explained to us how they recognised when one person sometimes required extra support with their care, for example with their mobility. They told us they offered the person a choice of whether they needed the support at that time or not, but left the decision up to the person. The registered manager told us relatives were invited to reviews where appropriate and were involved in the planning of the family member's care.

We saw staff knew people well and were responsive to their needs. We saw people received care that was individualised because staff knew the people and understood them well. We saw staff responded to people well when their needs changed. For example, we saw one person who was sitting quietly and appeared upset. We saw staff recognised their change in behaviour and responded by sitting with them and asking if they were alright and if they needed anything. We saw the member of staff stayed with them until they were happy to be left alone and when the member of staff left the person was smiling. Staff shared with us information people's preferences and how they chose for their care to be delivered. Staff knew people and their backgrounds well. We saw people's care plans recorded when appropriate their family background and their hobbies and interests.

We asked people how they spent their time. They told us there was plenty to do and they enjoyed the activities on offer. One person said, "We have lots of entertainment and quizzes and sing a longs". Another person told us they were taken out for walks and visited the supermarket. We saw people were involved in quizzes during the day and a member of staff lead a sing a long in the lounge. People were happy and joined in with the singing. We saw one person chose to dance with the support of the member of staff. We saw some people chose to stay in their rooms to watch television and this choice was respected by staff. The registered manager told us they had plans to further develop the activity programme for people. They explained they had recently recruited an activities coordinator and whilst it was working well they advised that they intended expand the activity programme and be able to take people out into the community more and have more trips to visit local attractions.

People and their relatives told us they felt able to raise any complaints if they needed to. One person said, "I would complain, definitely I would. I would tell somebody if it wasn't right". However, they told us they had not had any reason to complain as they were happy with the care. The registered manager had a system in place should people wish to complain. Records we looked at confirmed when people had complained they had been listened to and any outcomes and learning from the complaint had been documented.

Is the service well-led?

Our findings

People told us they were happy living at Manor House and thought it was well led. One person told us, "The manager is nice. They have a lot of people to look after. They do a perfect job". A relative told us, "I think it's well led. Everything is organised. We get asked what can be done better". Staff were happy working at Manor House. One member of staff told us, "It's a close knit team. Everyone involved me in the team". We saw staff worked together as a team, passing on information and we saw staff appeared happy in their work which promoted a positive culture within the home. We saw there was a happy and friendly atmosphere in the home and people were calm and relaxed with the staff who supported them.

Staff told us they received support and guidance from the registered manager and were confident in approaching them for advice. One member of staff told us, "We get supervisions every three months. I know where I am. I get a lot of support from the registered manager". We saw the registered manager involved staff in the running of the home through regular team meetings and questionnaires. The questionnaires evidenced staff were happy and would recommend Manor House to their friends and family.

We saw the registered manager involved people who lived at Manor House and their families in the running of the home by holding regular meetings and sending out questionnaires and the registered manager told us there were plans to upgrade the garden as a result of the feedback from these questionnaires. We saw the registered manager involved health professionals who visited the home by asking for their opinion as to where improvements could be made. We saw and health professionals told us they were happy with the service they received from the staff at Manor house and that they were always made to feel welcome.

Staff were aware of the whistleblowing policy and felt confident in using it should the situation arise. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal. The registered manager was aware of their responsibilities which included submitting notifications when required to CQC to tell us when certain events occurred such, as allegations of abuse. We saw from our records the registered manager had sent us notifications when needed.

We saw the registered manager operated a quality assurance system which monitored the care people received. Where problems were highlighted solutions were found to ensure the care people received was improved where necessary. For example, when there were missed signatures on people's medicine records we saw the registered manager ensured staff received further training to ensure there was no repetition. We saw people got their medicines as prescribed. We saw guidance was in place for staff to follow when people had their medicine "as required". We saw people got choices about their care and their care records reflected their individual preferences.

The registered manager explained to us they were constantly looking at ways in which they could improve the lives of the people living at Manor House. These included altering the layout of the home and looking for ways in which they could involve the local community more. They told us their main priority was to ensure the people who lived at Manor House were cared for safely and were happy living there.