Hadrian Healthcare (Durham) Limited

The Manor House Barnard Castle

Inspection report

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Barnard Castle
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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 25 and 26 September and was unannounced. This meant the provider and staff did not know we would be visiting.

The Manor House is a purpose built 76 bedded care home located in Barnard Castle, near to a range of local facilities. The home has two floors and is divided into three units. The first floor providing residential care, Chesters providing care for people who may be living with a dementia and Teesdale providing residential care. At the time of our inspection 69 people were using the service.

At the last inspection in December 2015 the service was rated Good. At this inspection we found the service remained Good.

At the last inspection we identified a breach of regulation in relation to medicines management. We took action by requiring the provider to send us a plan setting out how they would improve this. When we returned for our latest inspection we saw that improvements had been made and the service was no longer in breach of regulation.

The service had a registered manager. 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 staff at the service kept them safe. Medicines were managed safely. Risks to people were assessed and action taken to mitigate the risks to people's health, safety and welfare. Policies and procedures were in place to safeguard people from abuse. The manager and provider monitored staffing levels to ensure they were sufficient to support people safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

People told us staff had the knowledge and skills needed to provide the support they wanted. Staff received the training they needed to support people effectively. Regular supervisions and appraisals were carried out to support staff in their roles. 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. People were supported to maintain a healthy diet. People's care records showed details of appointments with, and visits by, health and social care professionals.

People and their relatives described staff as kind and caring and spoke positively about the support they received at the service. Staff supported people to maintain their independence. People and their relatives told us staff treated them with respect and protected their dignity. We saw numerous examples of staff delivering kind and caring support during our visit. Policies and procedures were in place to support people to access advocacy services and end of life care.

People received personalised care that was regularly reviewed. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints.

People described the service as well-led, and spoke positively about its culture and values. Staff said they were proud to work at the service and felt it provided excellent care and support. The manager and provider carried out a number of quality assurance checks and audits to monitor and improve standards at the service. Feedback was sought from people, their relatives and staff. People were encouraged and supported to maintain links with the wider community. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Manor House Barnard Castle

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 was 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 25 and 26 September and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of an adult social care inspector, a specialist advisor pharmacist, a specialist advisor nurse and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by The Manor House Barnard Castle.

During the inspection we spoke with 16 people who used the service. We spoke with nine relatives of people using the service. We also spoke with two visiting external professionals. We looked at seven care plans,

medicine administration records (MARs) and handover sheers. We spoke with 12 members of staff, including the registered manager, care and domestic staff. We looked at five staff files, which included recruitment records.

Good

Is the service safe?

Our findings

At our last inspection in December 2015 we identified a breach of regulation in relation to medicine management as medicine records were not consistently completed. We took action by requiring the provider to send us a plan setting out how they would improve this. When we returned for our latest inspection we saw that improvements had been made and the service was no longer in breach of regulation.

People's medicine support needs were recorded in their care records. Medicine administration records (MARs) were completed with no gaps and explanations recorded if people refused their medicines. Medicines were safely and securely stored and records were kept of the ordering, receipt and disposal of medicines. Staff had undertaken training in medicines management and had an annual competency assessment. We did find some inconsistencies in the recording of one person's controlled drugs and the disposal of prescribed controlled drugs generally. Controlled drugs are medicines that are liable to misuse. We spoke with the manager about this who said the matter would be dealt with immediately.

People told us staff at the service kept them safe. One person said, "Very safe and well looked after. safer than at home to be honest." Another person told us, "So peaceful and calm. I always feel safe."

Risks to people were assessed and action taken to mitigate the risks to their health, safety and welfare. For example, one person who used oxygen therapy had assessments in place with guidance to staff on how to keep the person safe when using this. Risk assessments were completed covering the environment, going out, moving and handling, mobility, falls, nutrition and hydration, continence and skin integrity. Recognised tools such as the Braden scale were used, which helped identify the level of risk. The Braden scale is used to assess people's risk of developing pressure sores. Assessments were regularly reviewed and updated to ensure they reflected people's current level of risk.

Maintenance and safety checks of the premises and equipment were regularly carried out to ensure they were safe to use. Accidents and incidents were monitored to see if improvements could be made to keep people safe. Required test and maintenance certificates were in place. Fire safety was regularly reviewed and plans were in place to support people in emergency situations.

Policies and procedures were in place to safeguard people from abuse. Staff said they would not hesitate to report any concerns they had, and were confident these would be investigated. Records showed that where issues had been raised they had been appropriately dealt with.

The manager and provider monitored staffing levels to ensure they were sufficient to support people safely. Across all units, day staffing levels were three senior care assistants and 10 care assistants. Night staffing levels across all units were three senior care assistants and five care assistants. Staffing levels were based on the levels of support people needed, and the manager told us the provider was recruiting additional staff. Staff told us the service had enough staff and sickness and holiday leave was covered. One member of staff said, "We have enough staff. When we're full we have more staff." Most people and relatives we spoke with said they did not have to wait if they pressed the call bell and felt there were enough staff to provide the

support they needed. One person raised some specific concerns they had about staffing, and when we spoke with the manager about this we were told they were already being investigated.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Employment histories and written references were sought and Disclosure and Barring Service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills needed to provide the support they wanted. One person said, "I was not sure how I would feel about help with personal care, but the staff, both male and female, have been amazing." Another person told us, "I don't like having help but this is the place to be if it is needed."

Staff received the training they needed to support people effectively. Mandatory training was provided in a number of areas, including dementia awareness, fire safety, first aid, infection control, moving and handling and pressure care. Mandatory training is the training and updates the provider deemed necessary to support people safely. Training was regularly reviewed by the manager and deputy manager. Records showed staff training was either up to date or planned. Staff with no previous experience of working in care were required to complete Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Newly recruited staff completed an induction programme before they could work without supervisions. A more experienced staff was assigned as their mentor, and they completed shadow shifts with their mentor as well as learning about the service's policies and procedures.

Staff spoke positively about their training, and said it provided the skills needed to provide effective support. One member of staff told us, "We get regular training. We always get put on courses before it is out of date. We can also do training we're interested in."

Regular supervisions and appraisals were carried out to support staff in their roles. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records showed that staff were encouraged to raise any support needs they had at meetings. One member of staff told us, "We get supervisions and appraisals and they're fine. I can be honest in what I say and don't need to hold back."

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA. Where people lacked capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment, for example in every day choices about what to eat, drink or wear. Records of best interest decisions showed involvement from people's family and staff. This meant people's ability to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

People were supported to maintain a healthy diet. Staff monitored some people's food and fluid intake to minimise the risk of malnutrition or dehydration. People's dietary needs and preferences were accommodated, and people spoke positively about food at the service. One person said, "The food is very good. I'll eat everything." Another person told us, "The food is good. If you don't like it you can say and they

would do something else."

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. These included GPs, Advanced Nurse Practitioners, community nurses, community mental health team, speech and language team, chiropodists and dentists. One visiting external professional told us, "They're very on board with the Emergency Healthcare Plans and the preferred place of care."

Good

Is the service caring?

Our findings

People and their relatives described staff as kind and caring and spoke positively about the support they received at the service. One person described staff as, "Very nice and very kind." Another person said, "They ([staff]) talk a bit, they are friendly, they tell me if anything special is going on." A third person told us, "The care here is really excellent. I enjoy every day." Another person said, "Staff know me well and when my family and friends pop in they always have a chat."

Staff supported people to maintain their independence. We saw staff encouraging people to move around the building on their own, and to do what they could for themselves whilst being on hand to assist when needed. One person who was living with a dementia said they wanted to buy a new dress and were going out to do so later in the day. Staff helped the person to choose a dress by showing them options on an iPad.

People and their relatives told us staff treated them with respect and protected their dignity. We that staff addressed people by their preferred names, knocked on doors and waited for permission before entering. Staff spoke quietly and discreetly with people who asked for help.

We saw numerous examples of staff delivering kind and caring support during our visit. We saw a member of staff walking down a corridor and chatting with people. One person was observed to be anxious and said to the staff member, "Oh, I'm feeling too old today." The staff member replied, "No, you are like a spring chicken." We saw that there was a positive rapport between them. In another example, we saw a member of staff helping a person to walk back to their room when they said they were feeling unwell. The member of staff told the person they would pop back later to see how they were feeling, which we saw helped to reassure the person.

Most people living at the service had a similar ethnic background and religious beliefs and there was nobody with an obviously diverse need. People were asked about their cultural, spiritual and sexual needs during the care planning process. Care plans contained guidance to staff on promoting these, for example by arranging religious services at the home. Staff received equality and diversity training to help them provide for people's individual needs.

All of the staff we spoke with said they enjoyed working at the service and were committed to caring for the people living there. One member of staff said, "What I love about here is when a new person comes in and I can help them customise their room." Another member of staff told us, "I love it here. You can get to know the residents. You have time to know them and their families."

One person was using an advocate at the time of our inspection. Advocates help to ensure that people's views and preferences are heard. The person's care records showed that their advocate was actively involved in decisions about the person's care, for example whether or not they should have a flu vaccination.

At the time of our inspection no one was receiving end of life care, but policies and procedures were in place

to arrange this if needed using the Gold Standard Framework (GSF). The GSF is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives.

Good

Is the service responsive?

Our findings

People told us they received the care they wanted. One person said, "No worries about abuse or poor care here. It is brilliant." Another person said, "The good quality of my care and trained staff means everything to me and my family." A relative we spoke with told us, "I know that my relative is being well cared for all the time and to me that means the world."

People's care records contained a pre-admission assessment to assess people's needs before they moved into the home. This ensured that staff could meet people's needs and that the service had the necessary equipment to ensure people's safety and comfort. Care plans were then drawn up to meet people's support needs in areas including personal care, mobility, nutrition and medicines. Care plans were personalised and reflected people's preferences on how they wanted to be supported. For example, one person's personal care plan contained details of the routine they liked to follow and how they wanted staff to help them style their hair.

Care plans were reviewed to ensure people's needs were met and relevant changes were added to individual care plans. People and relatives had been involved in care planning and reviews. Care plans were signed by the person where they were able or a family member if they were unable to sign. One relative told us, "We have a meeting every six months to review the care plan."

Concise daily notes were kept for each person and information was recorded regarding basic care, hygiene, continence, mobility and nutrition. This helped to ensure staff had the latest information on people's support needs and preferences. Handover records showed that people's needs, daily care, treatment and professional interventions were passed on when staff changed duty at the beginning and end of each shift.

People were supported to access activities they enjoyed. Activities available were promoted in communal areas in the service. On the day of our inspection we saw these included cake baking and a film afternoon. A pet therapist was also visiting during our inspection, who told us, "I think it's wonderful, absolutely brilliant. They always try their hardest with people." Future activities planned included choir sessions, hairdressing, a music festival, church services, painting classes, a baking competition and external entertainers.

The service had recently been refurbished and had developed a bar and coffee shop area in the entrance hall. During our inspection we saw that this was well used by people, and that social events were held in it. People said staff helped them access their hobbies and interests. One person said, "Some activities are good, like the singing. It stops me being fed up" Another person said, "I can do my hobbies like knitting." A third person told us, "Sometimes when the staff are walking around I will join them and then others join. It is like a party." A relative told us they felt listened to by staff at the service and that staff always tried to involve people in activities that were taking place.

Policies and procedures were in place to investigate and respond to complaints. There was a complaints policy in place and people were given a copy of this when they moved into the service. The policy set out how complaints could be raised and how they would be investigated. Records confirmed that where issues

had been raised they were investigated and responded to. People and relatives told us they knew how to raise issues. One person said, "If I needed to complain I would talk to unit staff or the manager if it was that serious."

Good

Is the service well-led?

Our findings

People described the service as well-led, and spoke positively about its culture and values. One person told us, "The culture here is open and honest." Another person said, "Because the manager is always around and the senior staff, things seem to run like clockwork." People and their relatives said the manager was a visible presence around the service, and could be approached with any concerns or issues they had.

Staff said they were proud to work at the service and felt it provided excellent care and support. One member of staff said, "It's nice and friendly, here. There's lots of support, and good relationships with people and families." Another member of staff said, "Homely, friendly, inviting" when asked to describe the home's culture and values. Staff described the manager as supportive. One member of staff told us, "The manager is realty nice. Always there for us, offering support, and the deputy manager. The manager is hands on as well." Another member of staff said, "The manager has helped me out with development and progression."

The manager became registered manager in January 2016. 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.

The manager and provider carried out a number of quality assurance checks and audits to monitor and improve standards at the service. This included audits of health and safety, care plans, staff files, medicines, falls and accidents, training, moving and handling and fire safety. Remedial action was taken when audits identified issues. For example, one person's care plan audit identified that some continence management information was missing. This was sent to the member of staff responsible with a deadline for them to add the required information. The manager also held a daily meeting with senior care, kitchen, housekeeping and maintenance staff to discuss any issues they might have and to monitor what was happening at the home.

Feedback was sought from people, their relatives and staff. An annual questionnaire was sent to people and their relatives. The 2017 questionnaire had just been completed when we inspected and the provider was still collecting the results. The 2016 survey contained positive feedback on the service. Where issues were raised details were sent to the manager so remedial action could be taken. Regular resident and relative meetings and staff meetings were held, and minutes of these showed that they were open forums at which any issue could be discussed. People using the service were also invited to sit on interview panels when new staff were recruited, in order that they could give their feedback on candidates.

People were encouraged and supported to maintain links with the wider community. During our inspection a curator of a local museum was visiting the home to discuss visiting to give lectures and arranging trips to the museum itself. A local support group held monthly meetings at the service to foster and promote friendships between people who might previously have lived in the same area. A local photographer made regular visits to the service to give talks on their recent work.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.