

Park Lane Healthcare (The Manor House) Limited

The Manor House

Inspection report

White Gap Road
Little Weighton
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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 27 November 2018 and was unannounced.

The Manor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and care for up to 38 people and is part of Park Lane Healthcare. At the time of our inspection there were 26 people living at the home. The accommodation was on two floors with a passenger lift to connect all areas of the home.

At the time of the inspection there was a registered manager in post. The service is required to have a registered manager in post. A registered manager is a person who has registered with CQC 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.

At the last inspection in February 2018 we found that care and treatment was not provided in a safe way. This related to the lack of robust actions to reduce risk and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to the overall oversight and governance of the service. Following that inspection, the provider sent us an action plan detailing the improvements they would make.

During this inspection we reviewed actions the provider told us they had taken to become compliant with the breaches identified in February 2018. We found that the necessary improvements had been made and the service was no longer in breach of regulation.

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this. We found staff had been recruited safely and received regular supervision and appraisals. Staff told us they felt supported in their roles and trained to meet people's needs. Some staff felt additional specialist training in dementia and behaviour would be beneficial and the provider was willing to arrange this.

Staff received training about safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Accidents and incidents were responded to appropriately and monitored by the management team. The service was clean and infection control measures were in place. People and relatives spoke positively about the clean and well-maintained environment.

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. We made a

recommendation in the last inspection report in relation to the application of MCA and the provider confirmed they will continue to work to this recommendation.

People's nutrition and hydration needs were catered for. A choice of meals was offered and drinks and snacks were made readily available throughout the day.

There was a positive caring culture within the service and we observed people were treated with dignity and respect. People's wider support needs were catered for through the provision of activities provided by activity coordinators, visiting entertainers and activities undertaken in the local community.

There was a complaints policy and procedure made available to people who received a service and their relatives. All complaints were acknowledged and responded to quickly and efficiently. The service sought feedback from people; feedback provided was positive.

There was a range of quality audits in place completed by the director. These were up-to-date and completed on a regular basis. All of the people we spoke with told us they felt the service was well-led; they felt listened to and could approach the registered manager with concerns. Staff told us they enjoyed working at the service and enjoyed their jobs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living at the service.

Medicines practices were safe and robust.

Risks of harm were assessed, managed and reduced through the use of risk assessments.

Staff knew about their responsibilities to safeguard people from harm and how to report suspected abuse.

Is the service effective?

Good ●

The service was effective.

Staff felt supported in their role despite gaps in supervisions and appraisals.

Some staff felt additional training would be beneficial to meet the needs of people.

People were positive about the food and were supported to eat and drink enough to maintain their health.

People had access to health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People and relatives felt that staff were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make decisions about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place that described their individual support needs and these were kept up to date.

A variety of activities were provided that met the wider needs of people.

There was a complaints policy and procedure in place, issues raised were rectified.

Is the service well-led?

The service was well-led.

The director had implemented governance systems for assessing and monitoring the quality of the service. These systems demonstrated improvements.

There was a registered manager in place. People and their relatives spoke highly about the registered manager.

Good ●

The Manor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This was a comprehensive inspection that took place on 27 November 2018. The inspection was unannounced.

The inspection was carried out by two inspectors and one Expert 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.

Before the inspection we reviewed all the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We sought feedback from the commissioners of the service prior to our visit. The registered provider also completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the inspection.

During the inspection we spoke with nine people who lived at the service, three care staff, one activities coordinator, five family members/visitors, the registered manager and a company director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around communal areas of the service and some bedrooms. We also spent time looking at records, which included the care records for two people who lived at the service, and specific parts of a further four people's care records. We reviewed the recruitment and induction records for three members of staff and other records relating to the management of the service, such as quality assurance, staff training, health and safety and medication records.

After the inspection, we contacted two healthcare professionals to seek their views and opinions, neither

provided feedback.

Is the service safe?

Our findings

At our previous inspection in February 2018, we rated this key question as 'requires improvement'. We found that care and treatment was not provided in a safe way by assessing and reducing risks. As a result of our concerns we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the necessary improvements had been made and there was no longer a breach in regulation.

During the inspection we walked around the premises and looked at the communal areas of the service, some bedrooms, bathrooms and toilets. We observed the service was clean and well maintained. Although we identified some unpleasant odours in the morning, these were managed throughout the day to reduce the impact on people. The director had made changes to the domestic staff shifts since the last inspection. Domestic staff were now available for longer periods throughout the day to support the management of odours and cleanliness within the service.

The laundry had been changed since our last inspection. Clear 'clean' and 'dirty' areas had been introduced in the laundry and the possibility of cross contamination was no longer high. The flooring had been replaced and although the floor could have been cleaner near the washing machines, it no longer posed a risk to maintaining infection control.

A bathroom which was awaiting refurbishment at the last inspection was now completed and provided additional en-suite facilities for the two neighbouring bedrooms. The work was completed to a high standard and there was no longer a risk to people.

Systems were in place to identify and reduce risks to people living within the service. People's care plans included risk assessments. Documents were individualised and provided staff with a description of any risks and guidance on the support people needed to manage these. We observed staff supporting people to move and checked that this was completed as described within their moving and handling risk assessments. We observed moving and handling practices were safe.

Where people had been identified as being at risk of pressure damage we saw air mattresses were in use. Audit checks regarding this had been introduced and these were clearly recorded. The correct mattresses settings were recorded in care plans to ensure that the correct levels of air to provide effective pressure relief was present. We saw that people had bed rails in place to keep them safe. Audit checks had been introduced to record routine checks on bed rails and associated equipment and risk assessments were in place.

We looked at the systems in place to manage people's medicines. We saw each person had a medication administration record (MAR) with instructions for staff on each medicine prescribed. Staff signed this document each time they administered a medicine to a person. Medication audits had been completed by the director and they had identified areas of improvement were required for 'as and when needed' medicines. Improvements were being made to address these concerns.

On the day of inspection, we observed sufficient staff were available to meet people's needs. People we spoke with confirmed this and said, "Yes I feel safe there's always plenty of staff around to look after me." Staff confirmed they felt staffing levels were safe and met people's needs. However, at times throughout the day we found that people were left with no, or little interaction from staff. We considered this to be due to the deployment of staff at these specific times. We discussed this with the director who advised they would consider the deployment of staff at these times of the day to address this.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced employment, this included Disclosure and Barring Service (DBS) checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands helping employers make safer recruitment decisions.

Safeguarding and whistleblowing (telling someone) policies were in place and staff we spoke with demonstrated knowledge of what to do if they had concerns. This meant the people who used the service were protected from potential abuse and neglect.

The registered provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent further re-occurrence.

Premises and equipment safety checks were regularly carried out such as those for installed fire alarms, electrical installation and gas. During the inspection we identified some fire doors that required attention. The director told us an external contractor was in place to check and maintain the fire doors and they would be contacted to complete a full check of the doors.

We found there were plans in place to respond to any emergencies that might arise. The provider had devised a continuity plan and all but one person had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to evacuate the premises. The registered manager advised they would complete the missing PEEP immediately.

Is the service effective?

Our findings

At our previous inspection in February 2018, we rated this key question as 'requires improvement'. We found that there were some areas where the provider had failed to gain consent from people. We made a recommendation that the provider seek guidance and advice regarding the application of the Mental Capacity Act (MCA) 2005. At this inspection we found that the staff team had good knowledge regarding MCA. However, the registered manager had failed to gain consent from one person in relation to an element of their care. Action was taken to address this during the inspection.

Care plans we reviewed clearly identified people's capacity to make decisions under MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack 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. 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).

We checked whether the service was working within the principles of the MCA. The registered manager had a clear process in place for the monitoring of DoLS applications and all resubmitting of applications were made in time. We found one person did not have a best interest's decision in place to consent to the use of bed rails. The registered manager took action during the inspection to put this in place. At the last inspection we made a recommendation about the application of MCA. The provider confirmed that they would continue to work to this recommendation.

Staff received training which provided them with the skills to meet people's needs. The staff we spoke with throughout the inspection were positive about the training provided but would like more specialist training in dementia and behaviour support in the future. One member of staff told us, "The training is good and ongoing, if more people with specialist support needs move in we could do with more training to meet those needs." The director told us they had plans in place for additional training in areas such as dementia and behaviours that challenge the service.

Staff told us that they felt supported in their roles. A staff member told us, "The registered manager is lovely, if I ever wanted to say something or had a problem I can go to them. Records observed on inspection showed that staff received supervision and appraisals. Some gaps in supervision and appraisals were still identified however the registered manager had meetings scheduled and these were being tracked and monitored.

The environment continued to meet people's needs with the use of pictorial signage throughout. Since the last inspection carpets had been replaced in line with dementia framework and good practice guidance. The bathroom previously allocated for refurbishment now provided walk in shower facilities to meet people's needs.

People's nutritional needs were being met. People who used the service gave positive feedback about the food they received. Their comments included, "Yes the foods okay I can choose between two things. If I don't like it there's always something like a sandwich or soup" and "I get a choice of two hot meals. It's okay temperature wise and tasty most of the time. I can always have a drink when I need one."

The dining room experience at lunch was observed to be a pleasant occasion. People were able to choose where they ate their meal, for example at dining tables in two dining areas and also in their own bedrooms. Where people required assistance from staff to eat and drink, this was provided in a dignified manner. We observed staff encouraging people to eat independently after being given cutlery.

Care plans we sampled during the inspection showed that people's needs were assessed and reviewed on an on-going basis. Care professionals were named within people's care plans and information from healthcare professionals such as GPs and district nurses were recorded which meant that communications around people's health was easy to access.

Is the service caring?

Our findings

The service was caring. People we spoke with told us, "The staff are lovely they look after me" and "The staff are lovely they're kind and they care. They look after us the best way they can. They're cheeky and we can have a good banter."

People's friends and relatives were welcome to visit and there were no restrictions to the amount of time they could spend at the service. Relatives we spoke with said, "All staff are very welcoming" and "Staff are quite chirpy as a general rule they always give me a cup of tea when I come. I've been invited to have a meal any time I want and have done in the past."

People's cultural and religious needs were considered when their care plans were being developed. We observed how people completed an initial assessment when they first moved into the service. This document contained personal history information and cultural and religious needs.

Staff evidenced that they had good knowledge of the people they cared for. Staff told us since the introduction of an electronic care planning system, they had much more time to sit and talk to people and get to know them. Staff told us, "Since we have moved onto the electronic care planning system, we have a lot more time. We get to spend this extra time with the residents. This is promoted by the management. We want to make it feel like people's homes, we sit and listen to music with them and have a laugh, or play little games and sometimes do their hair. Care plans provided staff with information about how people communicated their needs and choices.

We carried out a SOFI observation in one of the communal lounges. During this time there was limited interaction between staff and people due to the deployment of staff at that time. When interaction was observed between staff and people it was caring and respectful.

Other observations throughout the day demonstrated that people were relaxed around staff and that staff knew them well. On one occasion, a person showed signs of distress in the communal lounge due to raised voices. A staff member responded immediately and provided the support and reassurance required to reduce this person's distress. Support given was as described in their care plan.

At the time of inspection one person had an advocate in place. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. The registered manager demonstrated understanding of the role and the importance of promoting the use of advocates.

People's privacy and dignity was respected and promoted. Examples of this included that staff knocked on doors, ensured doors/curtains were closed when people were changing and stood behind doors (if suitable) whilst supporting them with personal care tasks.

We saw examples where people were supported to be independent. One person's care plan clearly reflected what tasks they could complete on their own and what support was required from staff. Relatives told us

they felt people were encouraged to be independent.

Staff were aware of the importance of ensuring information about people they supported was kept confidential. The provider had a confidentiality policy in place.

Is the service responsive?

Our findings

At our previous inspection in February 2018, we rated this key question as 'requires improvement'. We found information in care plans was not consistent and staff lacked knowledge about people's needs. At this inspection we found that this had improved.

The service had recently implemented an electronic care management system. The director and registered manager were in the process of updating and placing everyone's care plans and risk assessments onto this system. We looked at the records for two people in full which had been uploaded onto the electronic system. Although we found one anomaly with a care plan we accept this was due to teething problems of implementing a new system and this had not impacted on that person's care.

We found that care plans were person-centred and reflected people's choices. We observed staff had full knowledge of people's needs and personalities. The registered manager had in-depth knowledge on each person and their full care needs. Care was observed to be person-centred due to this in-depth knowledge.

Records we observed demonstrated that people's daily care needs were met and recorded. Monitoring charts associated with care plans were overall being completed in line with requirements. The director told us how the new electronic system sent alerts and reminders to staff and management if associated tasks had not been completed. Evidence of regular care plan reviews was seen.

People were enabled to engage in activities both within their home and in the local community. There were two activities coordinators who worked at the service. Activities were both group based and individual including knitting, arts and crafts, quizzes, singing, performers and exercises. An activities coordinator told us the service had good links with the local community. This included religious sermons taking place in the service and links with the local schools. We heard how the local school had recently visited to make poppies for Remembrance Sunday with people. Plans were in place for the children to return to perform Christmas carols. The activity coordinators were recently involved with working with a dementia charity to ensure their provision of activities met the needs of all people within the service, including those living with dementia.

The provider had a complaints policy and procedure in place. There were four records of complaints received since our last inspection. All complaints were from relatives and related to the provision of care provided. Most complaints were responded to in full, in writing. One complaint was not responded to in writing. The registered manager told us this was because the complaint was addressed and accepted the outcome verbally. A relative we spoke to told us, "I have made no complaints. I'd just go to the manager. They are approachable and I can talk to them, they listen and act."

People's end of life preferences were recorded in some of the care plans that we saw and the registered manager informed us this was due to people's individual choice. Where information was recorded it provided person-centred information about who was to be informed, the person's religion and funeral preferences. The new electronic system meant a 'hospital care plan pack' could be printed and sent to hospital along with the person, that included people's religious preferences.

Is the service well-led?

Our findings

At our previous inspection in February 2018, we rated this key question as 'requires improvement.' We found that improvement was needed to governance procedures and practice to ensure people consistently received quality care. At this inspection we found there had been improvements in this area.

The manager was now registered with The Care Quality Commission (CQC). The registered manager was supported closely by a director of the organisation. This director provided almost daily presence at the service and when they were not on site they were available through phone and email to offer the registered manager ongoing support in their role. The registered manager told us, "It's really good having the director here daily. They know their stuff and they provide a lot of support to me."

Since our last inspection the director had introduced systems and processes to help monitor and drive improvements to the care that people received. The director completed many monthly internal audits to ensure that they understood what was happening directly with people and establish how they could learn from any mistakes made. The audits included; medication, bedroom checks, accidents and falls, meals and nutrition and infection control. These audits were clear and identified where action needed to be taken.

All of the staff we spoke with felt able to approach the registered manager and said there was an open-door culture in the service. Staff told us, "The registered manager is very approachable. You can ask them anything and they would always help you." Staff also felt that the manager had the right values for the role. One staff member told us, "People come first here and that's what I like about the job. The registered manager has their priorities right and it's about the people." Another staff member told us, "The registered manager monitors standards and I think that's excellent."

People and their relatives were positive about the registered manager. A relative told us, "When [name of person] was first here the manager wasn't the manager. They worked their way up and it's fully deserved. They are approachable and honest and open about everything. It is a well-led service definitely."

Feedback from people and their relatives was sought through meetings and surveys. Recent surveys completed by people included feedback on laundry, food, activities and staffing. There was evidence that these surveys had been reviewed by the director and any actions resulting from the feedback were passed to the registered manager to action.

Staff meetings had been held since the last inspection. Separate department meetings were also recorded including, domestic, activities and senior staff meetings. A Staff member told us, "Team meetings are really good. You can always put your point forward, and this is always taken into consideration."

Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. We found that notifications had been submitted by the manager when required.

The previous CQC inspection ratings were displayed. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities.