

Wells House Limited

The Manor Nursing and Residential Care

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

The Manor Nursing and Residential Home (hereafter called The Manor) is a nursing and residential service providing personal care in one adapted building. The service provides support to older people some of whom are living with dementia. The service is registered to support a maximum of 22 people. There were 19 people living at the service at the time of the inspection.

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

Staff knew the actions to take to protect people from the risk of harm or abuse. Recruitment processes were in place and checks were carried out before staff started work.

Although, people received their medicines as prescribed we have made a recommendation around governance processes.

Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

People's needs and choices were assessed, and their care was reviewed regularly. Care records identified people's individual risks and how these should be managed to reduce the risk of harm.

People confirmed they were well cared for by staff that had the skills and knowledge to meet their needs. Staff understood their roles and responsibilities and felt well trained. Staff communicated with other health and social care providers to ensure people's health and care needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain relationships with their families.

Audits were completed by the management team to check the safety and quality of the service delivered. This included competency checks of staff practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (19 December 2017).

Why we inspected

We undertook this inspection as part of a selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not

inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor Nursing and Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Manor Nursing and Residential Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector and 1 assistant inspector.

Service and service type

The Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service. This included statutory notifications we had received. Statutory notifications are events, changes or incidents the provider is legally required to tell us about within required timescales. We used all this information to plan our inspection.

During the inspection

We looked at 4 people's care records to see how their care was planned and delivered. Other records we reviewed included 3 staff recruitment files, staff competency checks, staff training records, accident and incident records, safeguarding, management of medicines and the provider audits, quality assurance and overview of information about the service.

We spoke with 3 people living at the service and 4 relatives. We spoke with 8 members of staff which included nursing and care staff, and the registered and deputy managers.

After the inspection

We looked at records the manager sent us to validate evidence we found and contacted health and social care professionals for their feedback about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were given their medicines as prescribed. Staff followed processes to administer, record and store medicines safely. However, the process to carry over ongoing medicines at the beginning of a new recording month was not robust enough. For example, not all Medicine Administration Records (MAR) were accurately completed.
- Staff knew people well and supported them to take medicines prescribed to be given when required (PRN). However, guidance to help staff make consistent, person-centred decisions about when a PRN medicine might be needed was not in place.
- The service had a fridge to store medicines which needed to be stored at a colder temperature. Systems were in place to monitor the temperature of the fridge to ensure these medicines were stored appropriately but these were not always completed robustly.
- We discussed what we found with the registered and deputy manager's and received confirmation after the inspection that all records relating to medicine's administration and storage were reviewed to ensure they contained the correct details.

We recommend the provider consult current best practice, relating to guidance around medicine management.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person commented, "The care is superb, all the staff are very friendly, it's very safe here."
- Systems and processes were in place to ensure staff were aware of how to reduce the risks of avoidable harm or abuse, these included policies, procedures, and training for staff. One member of staff said, "I would report it immediately as the resident's safety is first and foremost. I would approach my manager and if nothing happened, I would contact the safeguarding team."
- The registered manager was aware of their responsibilities for reporting allegations of abuse to both the local safeguarding team and CQC and had systems in place to accomplish this.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, monitored, and managed.
- People's care records contained risk assessments and guidance on how to manage and mitigate risk such as falls, skin care and dietary needs.
- Staff knew people's needs well and how to manage individual risks associated with people's care. One member of staff said, "Care plans are very easy to follow and to understand and they are updated regularly."

Another member of staff commented, "I have found the care plans easy to access, the risk assessments are quite clear, if someone needs a hoist to transfer or a frame it is all clearly worded."

- Environmental risks were identified and managed. Health and safety checks were completed regularly which included checks on equipment, gas, water, fire, and electrical safety.
- Personal emergency evacuation plans (PEEPs) were in place for each person which described how they needed to be supported in the event of an emergency. One member of staff said, "We do have regular fire drills, so everyone knows where to go. In event of a fire drill, we meet at the panel and then the nurse would send staff to the bedrooms and we come back and report. If there is an actual fire, we always have to make sure all the doors are shut and evacuate as many people as possible, and the nurse will call 999."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. Where people lacked capacity to consent to their care, the registered manager had applied for DoLS from the local authority.
- People confirmed staff sought their consent and included them in decisions about their care.
- Staff we spoke with demonstrated an understanding around capacity and choice. One member of staff said, "We should always assume people can make decisions and they should always be offered choices."

Staffing and recruitment

- Staffing levels were maintained at the number the provider had assessed was needed to meet people's needs. We observed staff were able to respond in a timely manner to people's needs and requests. One person said, "You don't have to wait for anything."
- Staff told us they felt the staffing numbers were adequate to meet people's needs. One member of staff said, "There is usually enough staff. [The management] are very quick if someone is off sick to ask for [staff] to cover. It is nice because staff are eager to come in."
- The provider followed safe recruitment practices. Staff had the necessary checks completed before starting work, including Disclosure and Barring Service (DBS) checks to confirm they were suitable to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from their family and friends in line with current governance guidance. This was confirmed by feedback from people and their relatives.

Learning lessons when things go wrong

- There were systems in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the risk of them happening again in the future.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There was a positive culture at the service. The management team had a good oversight of the service, people, their needs and risks. This meant people received care that was personalised to their needs and achieved good outcomes.
- People and their relatives were positive about the care and support they received and how the service was run.
- Care records demonstrated a person-centred approach to the care and support provided to people.
- There was a consistent staff team who worked closely together. This resulted in safe, effective, and responsive care being delivered to people.
- Staff morale within the service was good. Staff said they felt valued and listened to by the management team. One member of staff said, "[Management team] are approachable and I feel if I had any issues or concerns, I could go to either of them. We have all their contact details, and they listen to us, they are just great."

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

- The registered manager understood the requirement to be open and honest when things went wrong. Processes were in place that demonstrated the provider worked in an open and transparent way.
- The registered and deputy managers were extremely responsive to feedback during the inspection and took immediate action to address the points we identified that needed improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a range of governance systems and processes in place to assess the safety and quality of the service. However, some processes particularly around medicine management needed greater day to day oversight of recordings. This was acknowledged by the management team and steps were taken immediately during this inspection to rectify inconsistencies we found.
- The management structure at the service provided clear lines of accountability and responsibility across the staff team. Staff confirmed they were clear about their roles and responsibilities and said they felt supported by the management team.
- Staff said they received supervision and had regular team meetings. These provided an opportunity to discuss staff development as well as sharing information and receiving updates.

One member of staff said, "The [staff] meeting is so in-depth but with a relaxed atmosphere. Everyone is asked if they had anything they wished to discuss or anything they wanted to say."

- The registered manager was aware of the need to notify CQC of certain significant events such as serious injuries. Records demonstrated statutory notifications had been submitted when required.

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

- People, their relatives, external professionals and staff felt involved in the service. The management and staff team were committed to engaging with everybody in the ways that suited them best. For example, through face-to-face conversations and surveys. People and their relatives said they were happy with the care and support they received.

- Comments were positive around the quality of care and the management of the service. Staff told us they had regular opportunities to discuss their performance and share information during handovers and staff meetings.

Working in partnership with others

- The service worked in partnership with other health and social care professionals when people required specialist support or advice. For example, advice from a GP or speech and language therapist (SALT). One healthcare professional said, "My impressions of the home the leadership and the team have been very favourable. They have shown a strong attitude of care, sound clinical competence and an overall willingness to do their best for [people] and [their] family."