Mrs Nichola and Mr Robert Broadhurst

Manor House

Inspection report

Higher Tremar
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Manor House is a care home that provides personal care for up to 16 predominantly older people. At the time of the inspection 12 people were living at the service. Some of these people were living with dementia.

People's experience of using this service and what we found
There was a relaxed and friendly atmosphere at the service. People made choices about where and how to spend their time. People told us they were happy with the care they received and believed the service was a safe place to live. People were positive about staff, and their caring attitude, and told us they were treated with kindness and compassion.

While we found people's care needs were met people told us, and we observed, that there were times when there were delays in staff assisting people due to staffing levels. We have made a recommendation about how staffing levels are assessed.

The provider had acted on recommendations made at the last inspection about adapting the environment to support people with dementia, supporting people to access the local community and the effectiveness of quality assurance systems. Signage had been updated to identify shared areas, bathrooms and people's bedrooms. People's needs, in relation to their preferences about going out, had been assessed and action taken in line with those wishes. Audits were now being regularly completed and the accuracy of record keeping had been improved by the introduction of an electronic recording system.

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 access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and detailed their needs and preferences. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

The medicines system was well organised and staff received suitable training. People received their medicines on time.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. The environment was safe and people had access to equipment where needed.

Recruitment practices were robust and new staff completed a comprehensive induction. Staff had received appropriate training and support to enable them to carry out their role safely.

People and their families were given information about how to complain and details of the complaints procedure were displayed at the service. The registered manager/provider and staff knew people well and worked together to help ensure people received a good service. People and staff told us the registered manager/provider was approachable and listened when any concerns or ideas were raised.

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

Rating at last inspection and update
The last rating for this service was Requires Improvement. (Report published on 5 March 2019). While there were not any breaches of regulations there were three recommendations. At this inspection we found improvements had been made and the rating had improved to Good.

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

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-led findings below.	Good

Manor House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
Manor House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered and deputy managers, four care staff, a cook and a housekeeper. We spoke with three people, two relatives, a hairdresser and a healthcare professional.

We reviewed a range of records. This included three people's care records and a sample of medicine records. We looked at records in relation to staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff had been recruited safely and all necessary pre-employment checks had been completed. Since the last inspection improvements had been made to how conversations during interviews were recorded. These improvements meant discussions about gaps in employment history, identified at the last inspection, were now being recorded.
- While we found people's care needs were met, we observed there were periods of time, in shared lounges, when staff were not visible for people to ask for assistance. Some people and their relatives told us there were not always enough staff on duty to meet people's needs in a timely manner. This meant there could be delays in staff responding to requests for assistance.
- The registered and deputy managers were available to provide hands on care when they were on duty, so this increased the staff numbers if needed. However, it was not clear how staffing levels were determined, particularly on days or times of the day when managers were not on duty to help.

We recommend the provider considers current guidance about using a systematic approach to determine the numbers of staff needed to meet people's needs.

Using medicines safely

- People received their medicines safely and on time.
- Staff were trained in medicines management before they support people with their medicines. Management carried out regular competency checks to ensure ongoing safe practice. At this inspection records of these checks, and what has been observed, had improved.
- Some people were prescribed 'as required' (PRN) medicines to help them to manage pain. Protocols were in place explaining the circumstances in which these medicines should be used, and details of each use was recorded.
- Medication administration records (MARs) were mostly completed correctly. There were some gaps for PRN medicines, when people had not wanted these medicines, and the appropriate code had not been recorded on the MAR sheet. However, the deputy manager was aware that these were not always recorded, and on-going action was being taken to help ensure staff completed the MARs correctly.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Medicines were audited regularly with action taken to make ongoing improvements.

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable

harm.
● When people were at risk of developing pressure areas air mattresses and cushions were in place to help protect their skin integrity.
● Some people experienced periods of distress or anxiety. Staff knew how to respond effectively to meet these needs. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
● Staff supported people to move around and transfer safely. Lifting equipment had been regularly serviced.
● The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.
● Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. The storage arrangements for these records was being reviewed to ensure they would be accessible to staff in emergency situations.

Systems and processes to safeguard people from the risk of abuse
● The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
● People told us they were happy living at the service and felt safe. Comments included, "I feel safe and well looked after" and "It's just like home."
● The provider had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Preventing and controlling infection
● Staff used gloves and aprons when supporting people with personal care.
● The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks.
● People had their own slings for hoists which reduced the risk of cross infection.

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed so any patterns or trends could be highlighted.
● Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we recommended the service considers current dementia research for the design and decoration of the service. At this inspection we found the provider had made sufficient changes to the environment to meet the needs of people living at the service.

Adapting service, design, decoration to meet people's needs

- Since the last inspection appropriate pictorial signage had put on doors to help people, living with dementia, to identify lounges, the dining room and bathrooms. We observed people, who were independently mobile, were able to find their way to their bedrooms and bathrooms as they wanted to.
- People's names were on their bedrooms doors as well as a picture chosen by the person. People's bedrooms were personalised with their own possessions and decorated to their taste.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A stair lift was available if people needed it to access the upper floors.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training was delivered face to face, at the service, either by the provider or with an external trainer.
- Management supported staff in their roles through regular group meetings, observations of their practice and informal support. Annual appraisals took place to give staff the opportunity to discuss their individual work and development needs.
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

● People had access to a varied diet. Kitchen and care staff were aware of any dietary requirements and preferences.
● People told us they enjoyed the food and were able to choose what they ate. Comments included, "I enjoyed the mince and potatoes today" and "The food is really good just like good home cooked food."
● Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
● Hot and cold drinks were served regularly throughout the day to help prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's health conditions were well managed and the staff engaged with other organisations to help provide consistent care.
● Staff communicated well with external professionals and any guidance and advice was followed. A healthcare professional told us, "Staff are really good at following instruction and good at contacting us when there are any health care issues with people."
● A doctor from a local GP practice visited weekly to carry out routine checks of people's health needs and see anyone who was unwell. The service worked closely with the practice to ensure they could effectively meet people's health needs.
● Staff supported people to have regular health checks including opticians, hearing, and dental checks. Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.
● People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 service had assessed people's mental capacity to make specific decisions. Details of these were recorded in people's care plans with clear guidance for staff about how to support people to make their own decisions whenever possible.
● DoLS applications had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.
● Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible, friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.
● Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
- There was a relaxed atmosphere in the service and staff were friendly and supportive. We observed positive and caring interactions between staff and people living at the service.
- People spoke positively about staff and told us they were treated with kindness and compassion. People and relatives told us, "They look after her well", "Mum seems safe, settled and as happy as she can be in a home" and "Really kind staff, always helpful and welcoming."
- Staff knew people well and what was important to them. A healthcare professional said, "Staff are very kind and caring, they know their residents really well and know what's important to each resident."
- Care plans contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. For example, one person had always been interested in spiritual therapies and after discussion with their relative staff obtained some healing stones because the person used to use them. Staff used the stones to initiate conversations with the person, and aid their engagement with others, which due to their communication needs had declined.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in day to day decisions and had control over their daily routines. People were able to choose where and how they spent their time. They could get up and go to bed at a time of their choosing.
- Where people had limited ability to express their needs and choices, care plans detailed their ways of communicating, and these were known and understood by staff.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences. The relative of one person told us before the person moved into the service their room had been decorated to their taste and colour choice.

Respecting and promoting people's privacy, dignity and independence
- Staff were discreet when carrying out personal care. They ensured doors were shut and privacy was respected.
- Staff supported people to maintain their independence. For example, at lunchtime some people had

adapted cutlery and their food cut up to enable them to eat independently. Staff were available to support, if needed, to help ensure people's dignity was maintained while still promoting their independence.

● People's personal relationships with friends and families were valued and respected. People told us their relatives were always made welcome and were able to visit at any time.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

At this last inspection we recommended the provider reviews people's preferences in relation to accessing the local community. At this inspection we found the provider had reviewed people's wishes about accessing the local community and where a preference was indicated this had been facilitated.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual needs and provided personalised care.
- Care plans recorded people's needs and preferences. These were reviewed monthly or as people's needs changed.
- Where possible people and their relatives were involved in the development and reviewing of their care plans.
- Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were updated about people's changing needs through effective shift handovers and comprehensive notes written each day about people's physical and emotional well-being. This helped ensure people received consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans recorded information about people's interests, past hobbies and how they enjoyed spending their time.
- Since the last inspection people had been asked if they would like to go out and most people had not expressed an interest, other than going out into the garden on a nice day. Some people were taken out regularly for a drive or meals by their relatives.
- There were a range of activities on offer including pampering, music, reading club, exercises and crafts. External entertainers visited regularly for music and singing sessions. One person told us, "They help me to

do what I would have done at home, like knitting and embroidery."
● On the day of the inspection the hairdresser visited in the morning and the activity board said there would be a manicure session in the afternoon. However, we did not see this take place. Staff told us some days, if they were busy and depending on how many staff were on duty, they did not always manage to deliver the planned activities.
● Where people chose to stay in their rooms staff called in regularly to have a chat, which helped to prevent them from becoming socially isolated.

Improving care quality in response to complaints or concerns
● There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
● People told us they would be confident to speak to management or a member of staff if they were unhappy.

End of life care and support
● The service sometimes provided end of life care to people, supporting them at the end of their life while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
● As people neared the end of their life the service sought support from GPs and district nurses. For example, due the rural location of the service a GP had prescribed end of life medicines for one person because, although not yet needed, there might be a delay in the service obtaining these medicines when they were.
● People's views on the support they wanted at the end of their lives was discussed with them and recorded.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we recommended the provider reviews their quality assurance and governance procedures and related records. At this inspection we found improvements had been made to the systems and processes in relation to record keeping and auditing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service is jointly owned by two people, one of whom is the registered manager. The registered manager/provider managed the day-to-day running of the service and was supported by a deputy manager. The other owner oversaw the upkeep and maintenance of the building. Both owners worked at the service most days.
- Staff spoke positively about the managers and the way they ran the service. They told us they felt valued and were well supported. Commenting, "Generally feel it is managed well", "Good staff morale and good communication" and "Everyone who works here is really happy and managers been very supportive."
- Since the last inspection improvements had been made to the service's systems for assessing and monitoring the quality of the service provided. The management carried out regular audits of care plans, incident/accidents, medicines and observation of staff practice. Records of these audits were comprehensive and if any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff handover meetings each day.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service.

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

- The registered manager had oversight of the service and understood the needs of people they supported. There was a strong emphasis, at the service, on meeting people's individual needs and providing person-centred care.
- People and visitors told us they thought the service was well managed and management and staff were approachable. Comments included, "I am able to communicate any issues, I have raised things with managers and has found both to be really helpful" and "The manager was very good at setting up her room before she moved in making her feel welcome."
- Staff were committed to providing the best possible care for people. They demonstrated a thorough

understanding of people's individual needs and preferences.
● The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
● The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were regularly asked for feedback on the service's performance through informal conversations, surveys and meetings. Relatives said they always felt welcome when they visited, and staff were helpful when updating them about people's needs.
● Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us, if they made any suggestions about improvements to the service, these were listened to and acted upon.
● Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care
● The registered manager/provider had learnt from the findings at the last inspection and recognised that record keeping at the service could be improved. A new electronic care planning system had been implemented a few days before our inspection. Managers and staff agreed that already they could see how this system was capturing more detailed information about the care provided. This was because notes were being written as tasks were completed rather than at the end of each shift and staff could access these updates more easily than previously.

Working in partnership with others
● The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
● Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.