

Pinnacle Care Limited Manor House

Inspection report

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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 

Overall summary

We carried out this inspection on 7 January 2015. The inspection was unannounced.

Manor House provides accommodation and personal care for up to 26 older people who may have dementia. Nine people were living at the home at the time of our inspection.

At our previous inspection in June 2014 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There was a breach in meeting the legal requirements for the care and welfare of service

users, for cleanliness and infection control, for staffing and for assessing and monitoring the quality of service provision. The provider sent us a report explaining the actions they would take to improve and told us the actions would be completed by September 2014. At this inspection we found improvements had been made in all areas reviewed. This meant the provider met their legal requirements.

The home is required to have a registered manager in post. A registered manager is a person who has registered

Summary of findings

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 and associated Regulations about how the service is run. At the time of this inspection, this service did not have a registered manager in post. There was a temporary manager who had been in post since December 2014. The provider was in the process of recruiting a permanent manager who would be required to apply to the Care Quality Commission to become the registered manager of the service.

People we spoke with told us they felt safe living in the home. Staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse.

Risks to people's health and welfare were assessed and care plans gave staff instructions on how to minimise identified risks. Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff until they knew people well.

There were enough staff on duty to meet people's needs. Appropriate checks were made on staff's suitability to deliver personal care during the recruitment process.

There were processes in place to ensure people received the medicines prescribed for them in a safe manner.

Staff received training and support that ensured people's needs were met effectively.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. For people who were assessed as not having capacity, records showed that their families and other health professionals were involved in discussions about who should make decisions in their best interests.

We saw staff offered people a choice of meals. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs.

Staff referred people to other health professionals for advice and support when their health needs changed.

We saw staff supported people with kindness and compassion. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs, abilities and preferences and care plans were regularly reviewed.

People who lived at the home and their relatives were encouraged to share their opinions about the quality of the service to make sure improvements were made when needed.

People who lived in the home and staff told us they were happy with the new manager and found them approachable. People told us there had been recent improvements made within the home.

There were quality assurance checks in place to monitor and improve the service.

Summary of findings

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.

People were kept safe because staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and appropriate plans were in place to minimise the identified risks. There were enough staff to meet people's needs. The manager checked that staff were suitable to deliver personal care before they started working at the home. There were processes in place to ensure people received the medicines in a safe manner.

Good



Is the service effective?

The service was effective.

Staff had the relevant training, skills and guidance to make sure people's needs were met effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care and support. People had a choice of meals, which were appropriate to their preferences and specialist dietary needs. People were supported to maintain their health and were referred to other healthcare services if their needs changed.

Good



Is the service caring?

The service was caring.

Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. Staff were kind and compassionate towards people. Staff respected people's privacy and dignity and encouraged them to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in planning how they were cared for and supported. Staff supported and encouraged people to maintain their interests and friendships. People told us they felt any complaints would be listened to and resolved to their satisfaction.

Good



Is the service well-led?

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us they were happy with the manager and found them approachable. There were quality assurance checks in place to monitor and improve the service.

Good



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 was planned to check 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.

We carried out this inspection on 7 January 2015. The inspection was unannounced.

The inspection team included two inspectors and an expert-by-experience, who had experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection, the 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 reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services.

We spoke with the manager, the area manager, two members of care staff, the domestic assistant and the cook. We spoke with six people who lived at the home and two relatives of people who lived at the home. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We looked at three people's care plans and checked the records of how they were cared for and supported. We checked three staff files to see how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager made to assure themselves people received a quality service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at the home. Two people we spoke with told us, “I feel safe here” and “If I didn’t feel safe I would talk to the staff.” Relatives told us they considered the home to be a safe environment for their family member to live in. We saw people were relaxed with staff and spoke confidently with them, which showed people were comfortable with the staff.

At our previous inspection in June 2014, we found there was a breach in meeting the legal requirements for staffing. We saw there were not enough staff on duty to care for people and ensure their safety. We also found there was a breach in meeting the legal requirements for cleanliness and infection control. We saw poor standards of hygiene and cleanliness in the home which increased the risk of infection for people living there. During this inspection we found improvements had been made to ensure people were kept safe and protected from the risk of infection.

There was a new manager at the time of our inspection. They told us if they were unsure about safeguarding procedures they would, “Get clarification from their manager.”

We observed an event in the home and found the manager and staff followed correct safeguarding procedures. Staff who were present took steps to keep people safe and then informed the manager straight away. We saw the manager acted in accordance with the provider’s safeguarding procedure and protected people who lived at the home. We found all staff had attended safeguarding training. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. We saw information in a communal area advising people, relatives and staff who they should contact if they had any concerns about people’s safety. The manager notified us when they made referrals to external agencies such as the local authority safeguarding team. This meant people were protected from the risk of abuse because care staff knew what to do if concerns were raised.

We saw specific risks to people’s health and welfare had been identified and assessed. Care plans gave information to staff about how each person should be supported. For example we saw one person’s nutritional requirements had been assessed and their needs had recently changed. Staff we spoke with were aware of the risks to this person and

told us how they supported them. They told us how they monitored the person’s weight, food and fluid intake and made referrals to health professionals if required. We observed the support staff gave this person and saw the support reflected the instructions in their care plan. This showed staff provided support which protected that person from identified risks.

People told us there were enough staff to meet their needs. One person who lived at the home told us, “There seems to be enough.” A relative told us, “There used to be a lot of agency staff providing the care which [name] was not so confident about, but now it seems to be more regular staff, which is good.” Care staff we spoke with told us there were enough staff to meet the needs of people who used the service. One member of staff told us, “We have a team leader every day and there are always three members of care staff.” The manager told us they would ask the provider for additional staff if they felt people’s needs were not being met. They said, “For example if we were too busy and couldn’t do activities or care for people properly.” We saw there were enough staff to support everyone with their needs and there were dedicated staff to cover additional roles such as cooking and cleaning.

The provider followed safe recruitment practices and checked staff’s suitability to deliver care to people. In the three staff files we looked at we saw records of the checks made before staff were employed. We found information was available from previous employers which gave information about staff’s past performance. The identities of care staff were verified. We saw and staff told us checks were made with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records.

We observed one member of staff administering people’s medicines. People were given a drink and time to take their medicines, whilst the staff member stayed with them to ensure these had been taken before recording this. This meant people were supported to have their medicine without being rushed. All medicines were kept safely in a locked room. The staff kept a record of the temperature of the room and of the fridge, so they could check medicines were kept in accordance with guidance. Staff kept a record of how much medicine was in stock to make sure medicines were available when people needed them. This meant medicines were managed and stored safely.

Is the service safe?

Some people were prescribed medicines to be given on an 'as required' basis, such as medicine for pain relief. We saw protocols were not always in place to explain how and when these medicines should be administered. This meant staff did not have guidance on how to administer these medicines and people may receive them in an inconsistent way. The manager told us they would complete protocols to ensure staff administered medicines on an 'as required' basis in a consistent way.

The medicine administration records (MAR) we looked at were signed and up to date. This showed people's medicines were administered in accordance with their prescriptions. We saw changes in people's prescriptions were clearly recorded on the MARs, which ensured that all staff were kept up to date with people's needs. The manager told us they had booked refresher training in medicines to ensure staff knowledge remained up to date. This meant there was an appropriate system in place to ensure people received the medicines they needed safely.

We found the home was clean and tidy. People we spoke with raised no concerns about the standard of hygiene at the home. One person told us, "My room is clean and tidy." A relative told us, "The building is old and some areas need brightening up, [name]'s room is clean and tidy."

We spoke with staff about how they minimised the risk of spreading infections and helped maintain a clean environment for people to live in. One member of staff told us how they used personal protective equipment (PPE) such as gloves and aprons, when they supported people with their personal care and how they disposed of these safely. We saw cleaning equipment and supplies were maintained. We saw bathrooms and toilets had soap dispensers and single use towels for washing hands. This ensured people could maintain good hand hygiene and minimise the risk of spreading infections.

Is the service effective?

Our findings

Everyone we spoke with told us they were happy with the care provided by staff. Two people told us, “I am happy living here” and “The staff are very friendly and nice, they listen to me.” A relative told us, “I always feel [name]’s well cared for. I know that [name] is loved by the staff.” We saw staff knew people well and provided effective support according to people’s needs.

Staff we spoke with told us they had an induction which included training, shadowing experienced staff, getting to know people who lived at the home and reading care plans. They told us they felt supported during their induction. One member of staff told us, “If I was struggling they would help me. They were really supportive and reassuring. They did a weekly check to see if I had completed my book.” This showed staff’s competence to work with people was checked before they worked independently.

Staff we spoke with told us they received training that enabled them to meet people’s needs effectively. A member of care staff told us, “I’ve had training and I’m still learning about risk assessments.” We found the manager had planned training events in advance to support care staff’s development.

Staff we spoke with told us they received regular supervision meetings with their manager. One member of staff told us, “We have supervision. My supervision is due, plus a recheck of my DBS.” Staff told us they felt supported by the provider to study for care qualifications and this helped them to provide effective care to people.

All the staff we spoke with told us handover of information between shifts was clear and effective. They told us, “We have a team leader every day. We have a staff diary that we read on handover.” This meant there was good communication between staff and information about people’s needs was shared to ensure they received good care.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do

this for themselves. Staff we spoke with understood the requirements of the MCA. We saw staff asked people how they wanted to be cared for and supported before they acted. For example we observed a staff member asked someone who had spilt food on their clothes if they wished to get changed. The person declined, the staff member accepted their decision and said “I will come back later.” One person told us, “I choose when to get up and when to go to bed, there would be a riot if not. I choose my own clothes, there’s no question about that.” This demonstrated staff obtained people’s consent before they supported them and helped people to maintain their independence.

Care plans we looked at included a mental capacity assessment completed by the manager when needed. We saw for people who had been assessed as not having capacity, best interest consent forms were completed for them which identified that named staff could make decisions about certain things on the person’s behalf. We discussed with the manager that these consent forms had not been independently reviewed by anyone on the person’s behalf or discussed with their family. This meant some people had not been supported to give their consent. However we saw that people’s families were involved in decisions regarding their care and treatment. For example, one person had been referred to a health professional to be assessed for special equipment because their mobility needs had changed. We saw the person’s family had been involved in this decision.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The manager told us they knew how to make an application for consideration to deprive a person of their liberty. The manager told us no-one who lived at the home was deprived of their liberty or was under a DoLS at that time. The manager told us they understood their responsibility to comply with the requirements of the Act and if they had any queries relating to people’s liberty they would obtain further professional guidance on the matter.

People we spoke with told us they were happy with the menu. Two people told us, “The food is alright” and “It’s okay. If you don’t like the food on offer you can have something else.” We observed the lunchtime meal and saw people were offered a choice of meals. We observed staff sat and ate their lunch with people in the dining room so that the meal was more relaxed. We saw people sat at a

Is the service effective?

large dining table for their meals. Staff told us that people liked sitting around the large table, which they had arranged for the Christmas period. The manager told us, "We will change it around again if it stops working."

Food looked appetising and staff knew which people needed to be encouraged or assisted to eat and drink. We saw people were given the support they needed. One person had a soft diet and this was served so they could distinguish and enjoy each individual food item. We saw one person declined to have lunch, but they accepted a pudding when staff offered it. This showed people had a choice of food that suited their preferences.

We saw people were offered drinks and snacks throughout the day. One person told us they could have a drink in their room at night if they wanted one, they said "Yes you can ask the staff." People were offered a choice of snacks. We observed staff offer people fruit and then support people to eat these. This demonstrated people were supported to have a well-balanced diet.

The cook told us they knew people's individual dietary needs and their preferences because staff shared relevant information with them. We saw people's food preferences and any allergies were recorded in their care plans.

Everyone we spoke with told us they were happy with the health care they received. One person told us what happened if they were not well, they said, "You tell the staff and they contact the doctor." We looked at three people's care records and these showed that staff monitored people's health needs and referred them to other health professionals, such as GPs and dieticians, when needed. We saw on one person's care plans there had been a recent referral made to a health professional because they had lost weight. This showed risks were identified for people with complex dietary needs.

Is the service caring?

Our findings

Two people told us, “It’s very pleasant here. The staff are very friendly and nice. They listen to me” and “I am happy living here.” A relative told us, “All the staff are very caring.” We saw good communication between people and staff throughout our inspection. The interaction created a warm and friendly environment. Staff took time to listen to people and supported them to express themselves.

At our previous inspection we found there was a breach in meeting the legal requirements for care and welfare of people who use services. We observed that some moving and handling practice in the home was not delivered in a way that ensured people’s dignity was maintained. During this inspection we found improvements had been made to staff’s moving and handling practice.

We saw staff knew people well and understood how to support them according to their needs. For example a member of staff noticed one person with limited mobility

looked uncomfortable in their chair. They asked the person if they would like to be made more comfortable and asked another member of staff to assist in adjusting their position. We saw staff used equipment safely to assist people to move from one room to another. We heard staff explain the process to people and encouraged them to participate where they could. This demonstrated people were supported by staff with kindness, in a way that they could understand and which promoted their independence.

People told us staff respected their privacy. One person who lived at the home told us staff considered their privacy, dignity and choices when they supported them with personal care. They told us, “They help me with my baths, they are very caring.” We observed staff treating people with respect and dignity throughout our inspection. For example, a member of staff noticed someone’s spectacles had slipped down their nose and asked if they could adjust them. This showed staff promoted people’s dignity and independence.

Is the service responsive?

Our findings

People we spoke with told us they were happy with their care and support. They told us they spent their time in the way they preferred. One person told us, "We play games sometimes." Another person told us they liked to go to a meeting centre twice a week to see friends and play cards and board games. This showed people were supported to develop and maintain important relationships.

We saw people take part in a game of indoor bowls which staff organised in the lounge and people were encouraged to join in. We heard one member of staff say, "Do you want to come bowling, come with me. You don't have to." We saw people were supported to participate where needed and staff made the game fun. People were laughing as they played and enjoyed the game. Another member of staff told us, "People are stimulated in different ways. We have someone who comes in monthly to do reminiscence. We have a music man and a Church service every two weeks."

Staff we spoke with told us they enjoyed working at the home. They told us they had time to get to know people and chat with them. Staff told us they had time to read care plans and were able to tell us about different people's preferred routines, hobbies and interests. For example one member of staff told us, "[Name] likes to play cards and dominoes." Another member of staff told us, "[Name] gets themselves dressed and likes to pick their own clothes. We go to the wardrobe and offer outfit choices." This demonstrated people's care plans reflected their choices and staff were aware of people's preferences.

We looked at three people's care plans and saw they included their life history, important things in their life and information about their favourite hobbies or interests. We saw one person's relatives had helped to provide information about their life history. This showed people and their families had been involved in planning their care.

We found people or their representatives were asked to contribute to their care plans. One relative told us they had

been invited to attend a local authority review of their family member's care at the home. The relative said they were, "Happy with the level of care [name]'s getting. Staff always give me a good update." Another relative told us, "If I notice any changes or want to discuss anything I do it on a one to one basis with the staff or manager." They told us that staff had identified that [name]'s equipment did not provide the right support for them and as a result secured an assessment which resulted in new equipment being ordered.

We saw people's care plans were regularly reviewed by senior staff. We saw care plans were updated to minimise newly identified risks to people's mobility, nutrition or skin condition, as appropriate to their needs. This meant people received care that matched their needs. The manager told us how they had recently contacted health professionals to obtain advice, due to someone's changing nutritional needs. We saw this was updated in the person's care plans.

We saw people who lived in the home attended meetings to discuss things which were important to them, such as food and hobbies. A relative told us there had recently been a relatives meeting where they had been able to raise concerns about their family member. They said, "I think they are very useful and are well attended". We saw in the relative's meetings minutes that one person had suggested placing a book in people's rooms to share important information with relatives. We saw this idea had been taken on board and introduced. This demonstrated that people were encouraged to share their views and the service had used the information to make improvements.

We saw the provider's complaints policy was accessible to people, it was displayed in a communal area. We saw there had been no complaints made within the last 12 months. The manager told us people's comments and any discussions were recorded in their care plans and we saw evidence of this. A relative told us they had made a comment about an issue to the manager, which had been sorted out to their satisfaction.

Is the service well-led?

Our findings

People told us they were happy living at the home and they were satisfied with the quality of the service. One person told us, “I like it here, it’s very friendly and open.” Two relatives told us, “The atmosphere is very welcoming and relaxed” and “It has a really nice feel about it. I’ve always felt [name] is well cared for.”

At our previous inspection we found there was a breach in meeting the legal requirements for assessing and monitoring the quality of service provision. We found the provider did not properly assess and monitor the quality of the service they provided. This meant people were not effectively protected against the risks of unsafe care. During this inspection we found improvements had been made to the service. We found audits identified issues and action was taken to make improvements. We found people had been encouraged to share their views and had been involved in developing the service.

People we spoke with were positive about the leadership within the home. A member of staff told us, “[Manager’s name] has been really good, they’ve not been here long.” Another member of staff told us how the manager had introduced a new activity room. A relative told us they were extremely impressed by the manager and that they were very approachable. They told us, “Without exception the manager is always very keen to see that I’m okay with [name]’s care. We have an excellent relationship.” The manager told us they were happy with the relationships in the new staff team. They said, “They are a lovely team, they really are.” A relative told us, “When I come, staff know me. Staff are very approachable.” This showed the manager maintained good communication links with people and people found them approachable.

Staff we spoke with understood their roles and responsibilities and felt supported by their training and by their manager’s leadership. We found the manager carried out staff supervision. Staff told us they were asked for their suggestions at team meetings. Two members of staff told us, “We discuss improvements to be made” and “Meetings are nice because we are able to approach [manager’s name] and they will adapt and compromise. We are like a family.” We found the manager held staff meetings at different times for different staff groups, to enable people to attend more easily. This demonstrated there was open communication between staff members.

We saw questionnaires had been sent to people who lived at the home and relatives in August 2014, asking them their opinions about the service. We saw the previous manager had analysed the results of surveys and followed an action plan to implement improvements to the service where issues had been identified. This showed people were encouraged to be involved in developing the service.

There had been no registered manager at the service since August 2014. The provider had kept us informed of the changes. The provider was in the process of recruiting a permanent manager who would apply to become a registered manager with us.

The manager had enrolled to begin further professional care qualifications and had recently attended a conference to hear about recent changes in the health and social care sector. The manager had a mentor to support them in their new role, they told us, “I feel totally supported.” This showed the manager had taken positive steps to develop themselves in their role and understand their responsibilities.

The manager kept a record of the checks they made of the quality of the care. The manager’s quality monitoring system included checks of the cleanliness and condition of the home. We saw that when issues were identified, the manager took action. For example on the day of our inspection we found a toilet seat in a communal toilet was loose. The manager arranged for the seat to be replaced. We found that checks identified areas of concern and action plans were put in place and followed.

The provider ensured independent audits of the quality of the service were completed. For example, they checked staff training needs were met. We saw that appropriate actions were taken when issues were identified. For example, further training was arranged if staff training was out of date. These additional checks helped to ensure that people received a quality service.

We saw people’s confidential records were kept securely in the manager’s office so only staff could access them. We saw staff updated people’s records every day, to make sure that all staff knew when people’s needs changed. Staff records were kept in a locked cabinet in the manager’s office which meant they were kept confidentially and were available when needed.