Hightown Housing Association Limited

Manor View

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 30 November 2015 and was unannounced. At our last inspection on 24 September 2014, the service was found to be meeting the required standards in the areas we looked at. Manor View provides accommodation and personal care for up to eight adults who live with learning and physical disabilities. At the time of our inspection eight people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection we found that DoLS applications had been submitted in line with MCA requirements for everybody who lived at the home in order to keep them safe from harm.

Summary of findings

People were supported to take their medicines by trained staff. However, the systems used to monitor and review the administration of medicines at the home were not as safe or effective as they should have been in some cases.

Some people's relatives and staff expressed concerns about a shortage of nursing staff and the increased use of temporary staff in light of recruitment difficulties. We found there were sufficient numbers of suitable staff available to meet people's needs in a calm and patient way.

People who were present at the home during our inspection were unable to communicate with us. Relatives told us that their family members were kept safe. Staff had received training in how to safeguard people from abuse and knew how to report concerns both internally and externally.

Safe recruitment practices were followed but we found that the information obtained about employment histories was not as full as it should have been in order to satisfy the regulations.

There were plans and guidance to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles. However, formal supervision meetings were not always carried out as regularly or consistently as they should have been.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. However, guidance provided to staff did not always accurately reflect people's involvement in the planning and delivery of care.

We saw that staff had developed positive and caring relationships with the people they cared for. The confidentiality of information held about people's medical and personal histories had been securely maintained throughout the home.

We saw that care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences wherever possible. Staff knew the people they looked after very well and were knowledgeable about their background histories, preferences, routines and personal circumstances.

People were supported to take part in meaningful activities relevant to their needs, both at the home and in the wider community. Relatives told us that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders very were complimentary about the registered manager and how the home was run and operated. Steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement. However, these were not always as effective as they could have been.

At this inspection we found the service to be in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

People were helped to take their medicines safely by trained staff. However,

the systems used to monitor whether people had their medicines as prescribed were not always effective.

Recruitment practices were not as effective as they should have been because staff had not been required to provide full employment histories in all cases.

Sufficient numbers of staff were available to meet people's needs. However, people's relatives and staff expressed concerns about the increased use of temporary staff.

People were kept safe and looked after by staff who had been trained to recognise and respond effectively to potential abuse.

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good

The service was effective.

Staff made every effort to establish people's wishes and obtain their consent before care and support was provided.

Staff were well trained and supported which helped them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to and support from health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

The confidentiality of personal information had been maintained.

Summary of findings

Is the service responsive?
The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances wherever possible.

Guidance made available to staff enabled them to provide person centred care and support.

There were opportunities provided to help people to take part in activities relevant to their needs.

People's relatives were confident to raise concerns and have them dealt with promptly and to their satisfaction.

Good

Is the service well-led?
The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

Relatives, staff and healthcare professionals were very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Good

Manor View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 November 2015 by one Inspector and was unannounced. Before the inspection, the provider to completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

Most people who lived at the home were unable to communicate with us so we observed care being provided in communal lounges and dining rooms. During the inspection we spoke with one person who was able to communicate with us, two relatives, four staff members, the manager and a senior representative of the provider. We also received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to two people and two staff files.

Requires improvement

Is the service safe?

Our findings

There were suitable arrangements for the safe storage and disposal of medicines. People were helped and supported to take their medicines by staff who were trained and had their competencies checked and assessed in the workplace. Staff demonstrated that they were knowledgeable about people's medicines, potential side effects and how to support them safely. A person's relative commented, "I am happy they look after [family member] with their medicines just fine."

However, we found that information maintained about when people had been supported to take their medicines was not as complete as it should have been in all cases. For example, because there were some unexplained gaps in the records used, it was not always clear whether or not people had been supported to take their medicines as prescribed. It was also unclear when a bottle containing liquid medicine had been first opened and used because it had not been signed or dated.

Some people needed to take certain medicines 'as and when required' (PRN), for example pain relief tablets. However, we found that the guidance provided to staff about people's individual needs did not include sufficient information in some cases about the circumstances when PRN medicines should be considered or given. This information is particularly important and necessary when the people being supported are non-verbal and unable to communicate their needs, as was the case with most people who lived at Manor View. The registered manager acknowledged that improvements were required and has taken immediate steps to rectify the shortfalls identified.

This amounted to a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

Safe recruitment practices were followed to ensure that staff employed at the home were of good character and suitable for the roles they performed in terms of their experience and qualifications. However, certain aspects of the checks carried out were not always as thorough and effective as they could have been. This was because the information supplied by employees as part of the recruitment process did not include their full employment histories as is required by the Regulations. The information provided was instead limited to five years employment history as requested by the application forms used. Both the registered manager and representative of the provider acknowledged this was an area that required improvement.

During our inspection we saw there were enough suitable staff available to meet people's needs in a calm, patient and unhurried way. However, some staff members expressed concerns about recruitment problems that had led to an increased use of temporary staff to cover shortages and absences. A staff member commented, "The problem has been the high number of agency staff. It has not affected or compromised the care, safety and welfare of residents but its hard work. We spend all our time showing them [agency staff] what to do. It's hard to find time for paperwork or to take people out on trips." Another staff member commented, "[The manager] has found it hard to recruit nurses and they have had to cover lots of shifts. But the priority here is the residents and we work well as a team."

The registered manager confirmed that regular agency staff had been increasingly used to cover shortages, sickness and other absences due to difficulties experienced in recruiting suitable permanent staff, particularly nurses. We saw that plans were in place, and being actively progressed by the registered manager, to recruit the additional permanent staff needed to ensure people's needs were met in a safe and effective way. A relative told us, "A lack of [permanent] staff has sometimes meant less activities have been provided but there is always enough [staff] to look after the residents properly."

Relatives of people who lived at the home told us they were confident that their family members were safe and well protected from the risks of abuse and avoidable harm. The relative of one person told us, "It is brilliant at Manor View. We have trust that they [staff] care and keep [family member] safe; we have no worries." Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing.

Information and guidance about how to report concerns, together with contact numbers for the relevant local authority, was prominently displayed. One staff member said, "I would not hesitate to raise any concerns if I had any." We saw that where safeguarding concerns had been raised these were documented and thoroughly

Requires improvement

Is the service safe?

investigated in consultation with relevant staff members. Any learning outcomes identified were shared with staff by the registered manager to reduce the risks and likelihood of reoccurrence. For example, the way in which people were supported to take medicines covertly where necessary, that is without their prior knowledge, was improved in liaison with GP's as a direct result of a safeguarding investigation.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as nutrition, pressure care, medicines, mobility and use of public transport. Staff adopted a positive approach to risk management to ensure that people's independence was supported and promoted wherever it was possible and safe to do so. For example, we saw that one person was actively encouraged by staff to use a mobility frame to help them move about the home even though they lacked confidence and were reluctant to do so without continued help and support.

Information gathered as a result of investigations into accidents, injuries and incidents at the home, together with any learning outcomes, was used to drive improvements and reduce the risks of reoccurrence. For example, following a fall it was established that a person's shoes were not sturdy enough or suitable for their needs so they were replaced with a more appropriate pair. Another person who suffered falls and experienced difficulty in walking was referred to a physiotherapist to help identify mobility aids most appropriate to their individual needs and reduce the risks of falling and further injury.

Plans and guidance were available to help staff deal with unforeseen events and emergencies. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe.

Good

Is the service effective?

Our findings

People's relatives and health care professionals were very positive about the skills, experience and abilities of staff who worked at the home. One person's relative commented, "The staff are really good and the key workers are brilliant." A health care professional with experience of the home and some of the people who lived there told us, "The staff all seem to be very knowledgeable, competent and well trained, particularly the support workers."

New staff were required to complete a structured induction programme, during which they received training relevant to their roles in areas such as moving and handling, medicines, fire and food safety. Additional training was provided during a six month probationary period where new staff have their competencies observed and assessed in the work place before they were allowed to work unsupervised.

Staff told us they received regular updates and refresher training to help them do their jobs in a way that met people's needs safely and effectively. This included epilepsy awareness, infection control and diversity training. One staff member commented, "My training is up to date. I have had refresher training about mental capacity, moving and handling and [a specialist nurse] came in to give us a diabetes awareness input." The registered manager supported and encouraged staff to obtain nationally recognised vocational qualifications relevant to their roles and had nominated a support worker to train as a 'dignity champion.'

Staff told us they felt well supported by the registered manager and regularly met with them informally while on shift, during handover briefings and at team meetings. They were encouraged to have their say about any concerns they had and how the service operated. However, they told us, and information contained in staff files confirmed, that formal 'one to one' supervisions had not been carried out as regularly or consistently as they could have been in some cases.

One staff member commented, "Supervisions have not been happening as much as they should, although we have regular informal meetings while working. There is good communication between the manager and staff." Another staff member said, "The nurse shortage has meant we have had less supervisions and meetings but I see [the registered manager] most days and feel valued and supported by them." This is an area that requires improvement to ensure that the performance and development of staff is formally monitored and reviewed on a regular and more effective basis.

Most people who lived at the home were unable to communicate with us verbally so we observed how staff interacted and supported them in communal areas, such as the lounge and dining area. Throughout our inspection staff demonstrated that they knew people and their individual communication needs very well. They were extremely patient and used a variety of both verbal and non-verbal techniques to communicate with people, establish their wishes and obtain consent before any care and support was provided. One person's relative told us, "It's very difficult to communicate with [family member] but staff have looked after them for so long they know how to understand what they want and need."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental 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. 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff received training about DoLS and how to obtain consent in line with the MCA. They were knowledgeable about how these principals applied in practice together with the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe.

We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the registered manager had submitted DoLS applications to the appropriate local authority body in respect of everybody who lived at the home. This was because the specialist mobility equipment and security arrangements used to

Good

Is the service effective?

keep people safe also had the effect of restricting certain aspects of their liberty. The applications satisfied the requirements of the MCA 2005 and were proportionate to people's individual needs and personal circumstances.

Staff were very knowledgeable about people's nutritional needs, including what they preferred to eat and drink. They had access to detailed guidance and specialist support, for example from speech and language therapists (SALT) and dieticians, about how to provide a healthy balanced diet that met people's individual needs. A health care professional told us, "There is good support around nutrition. They [staff] are very good at monitoring people's weight, following my guidance and putting plans in place. My advice is followed and I have no concerns. The support workers are very knowledgeable about people's needs."

We observed lunch being served in the communal kitchen/ dining room and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. They made considerable efforts, and used a variety of communication techniques, to help people decide what they wanted to eat and drink. For example, staff showed people a variety of foods that were available and encouraged them to make a choice. They demonstrated considerable patience, knowledge and care in helping people decide what they wanted to eat and drink. A staff member commented, "I just know who likes what. [Name] doesn't like liver and some like eggs a certain way. I have known the residents for many years. Two of them like to watch and listen to the 'hustle and bustle' in the kitchen, they enjoy it."

People received care and support that met their needs in a safe and effective way. Staff were very knowledgeable about the health and welfare needs of the people they cared for and supported, some of which were very complex. Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good health and well-being. A staff member commented, "I am happy that people are well cared for here and all of their health needs are met." People were supported to access appropriate health and social care services in a timely way and received the ongoing care required to meet their individual needs. A person's relative told us, "[Family member] is very well looked after, I cannot fault them."

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. A relative of one person told us, "Staff are very caring and kind." Another relative commented, "I think [Manor View] is a lovely place, the staff are lovely and kind. It's a very homely, cosy very warm place."

Throughout our inspection we saw that staff helped and supported people with dignity and respected their privacy at all times. A relative told us, "[Family member] has their own space and lots of privacy." We saw that staff had developed positive and caring relationships with people and were very knowledgeable about their individual personalities, characters and the factors that may influence their moods and behaviour.

For example, staff helped one person to re-position themselves in the kitchen so they could do colouring activities with a view of what was going on while listening to their favourite music. Another person was helped, encouraged and supported to join in with singing Christmas carols by staff who prepared lunch, much to the obvious delight and pleasure of all concerned.

People were supported to maintain relationships with friends and family members who were welcome to visit them at any time. Information about key dates and important anniversaries, such as family member birthdays, was made available to staff who helped people to send cards, presents and stay in touch with them about important events. A relative of one person told us, "I am always made to feel very welcome and get offered cups of tea."

People's relatives told us they were involved in the planning and reviews of the care and support provided. One person's relative commented, "I get invited to reviews with [family member] and also get updated about their activities and developments by their key worker at Manor View." However, we found that the guidance made available to staff did not accurately reflect whether or not people and their relatives had been involved and consulted about the care provided in all cases. We also found that independent advocacy had not been considered or arranged as a matter of course for those people who received little or no support from family or friends. The registered manager acknowledged this was an area for improvement and took immediate steps to ensure that people received independent advice and support where necessary and appropriate.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure in a way that both promoted and respected their dignity.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. A relative of one person told us, "Things are done how they [people who lived at the home] like, it's very personal and [family member] has done wonderful since they've been there. Their confidence has grown because they are encouraged to do as much more for themselves as they can and within their limits."

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual health and social care needs and preferences. A health care professional commented, "The care and support provided is highly person centred and very individualised. Staff clearly know people very well and how they like to be looked after and live their lives."

The guidance provided to staff included information about people's preferred routines, medicines, relationships that were important to them, dietary requirements, personal care preferences and how to communicate effectively. For example, in guidance provided about one person staff were advised, "[Name] can say 'yes' and 'no' clearly and is able to makes needs known. Staff should encourage them to make their own choices as they know what they want and like. They are able to choose own clothing by pointing." An entry in guidance about another person stated, "[Name]

Enjoys singing in the shower but does not like water on their face….use a cloth to help wash face but avoid water or soap running down their face." This meant that care and support was delivered in a way that met people's individual needs and preferences.

We saw that staff had helped and supported people to have their bedrooms decorated and organised how they wanted. This was done in consultation with their relatives wherever possible and in a way that best suited and reflected their character and personalities. A relative said, "The rooms are all individual and very personal. They [staff] do lots to help make it homely." The key worker for one person explained how they organised their wardrobe into outfits that matched and the person liked to wear. This was to make it easier for colleagues to provide person centred care when they were not on duty. They also explained how another person liked to keep their bedroom 'de-cluttered' with all of their personal belongings and toys stored away out of sight.

Staff were knowledgeable about what people liked to do and how they preferred to spend their time at the home. One staff member told us that a particular person enjoyed, "Having stories read to them, watching sing-along films and listening to country and classical music." Opportunities were provided for people to take part in activities relevant to their individual needs. This included art and crafts, films and music and games. People were also supported to attend a local day centre on a regular basis and a hairdressing salon when the need arose.

A relative commented, "[Name] has been on some lovely holidays, trips and activities like horse-riding….but a lack of staff has meant they do less now, particularly outdoor activities." A staff member said, "We try to do as much activity work as we can at the home but we struggle to find time for trips out now." The registered manager and senior representative of the provider acknowledged that staff shortages and difficulties with recruitment had reduced the time available for staff to support people with activities.

People's relatives told us they were kept informed and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that the managers responded to any concerns raised in a prompt and positive way. One relative commented, "I have never had any complaints as such but whenever I have raised issues, worries or problems the manager has been quick to help sort them."

Good

Is the service well-led?

Our findings

People's relatives, staff and health care professionals were all positive about how the home was run and were very complimentary about the registered manager in particular. One person's relative told us, "The manager is lovely and they are good at what they do." A health care professional commented, "The manager is very cooperative and attends review meetings at the day centre. I have always been impressed with the management at the home."

Staff told us, and our observations during the inspection confirmed, that the registered manager led by example with a 'hands on' approach and often worked alongside them, helping to provide personal care and support. The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us, "I and the staff team have a shared vision of ensuring that the residents at Manor View receive the highest level of care, whilst supporting all residents to be as independent as possible. This shared vision is communicated to new staff."

The registered manager was very knowledgeable about the people who lived at the home, their complex needs, personal circumstances and family relationships. A health care professional who had visited the home commented, "In my experience it is one of the best registered care homes I have ever visited." Staff understood their roles and were clear about their responsibilities and what was expected of them. One staff member told us, "I am very happy here." Another said, "[Registered manager's] door is always open so we can talk about problems as and when they come up."

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the registered manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect. For example, we saw that where medication errors had occurred these had been thoroughly investigated and used to change and improve the practices and systems used to ensure people's medicines were managed safely and reduce the risks of reoccurrence.

Measures were in place to review the quality of services provided and to identify, monitor and reduce risks. These included monthly spot checks and reviews carried out by managers from other services in the organisation. Senior representatives of the provider with responsibility for quality assurance also carried out reviews of the service twice a year. We saw that another manager was in the process of carrying out such a peer review during the course of our inspection. Action plans were drawn up to ensure that issues identified were resolved in a timely way and the provider used the process to ensure that good practice was shared across the services they were responsible for. The registered manager told us, "These audits are designed to test how robust local procedures are and whether services are being led in-line with [the providers] values and policy."

The registered manager was also required to carry out regular audits and checks in areas such as medicines, care planning and delivery and infection control practices. However, we found that these checks had not always been carried out as effectively as they could have been in some areas. For example, systems used by nursing staff to monitor and review the administration of people's medicines had not identified shortfalls in terms of recording practices and the guidance provided to staff. The registered manager acknowledged this was an area for improvement and that guidance also needed to be updated to ensure it accurately reflected people's involvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment: The registered person had not ensured the proper and safe management of people's medicines at all times. Regulation 12(1) and (2)(g)