

Antron Manor Care Limited

Antron Manor

Inspection report

Antron Hill
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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:

Antron Manor provides accommodation with personal care for up to 16 people. There were 15 predominantly older people using the service at the time of our inspection.

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

When we arrived at the service the atmosphere was calm and unrushed.

Staff were busy supporting people to get up and ready for the day.

Staff understood risks to people and how to help reduce them.

Staff recorded each time they moved a person in the daily records. We judged people were receiving appropriate care and support. However, risk assessments did not always guide staff on how often a person required re-positioning, and it was not easy to gather a quick overview of how often a person was re-positioned. This was addressed immediately.

People's relatives said they felt their loved ones were safe with the staff supporting them.

Systems were in place to safeguard people. People told us they felt safe being supported by staff.

People received their medicines on time from staff who had received training in medicines administration

Infection control measures were in place to prevent cross infection.

Staff were recruited and deployed safely in sufficient numbers to ensure people's needs were met.

The provider had improved the safety of the premises since the last inspection. Upstairs windows were restricted in their opening. All hot water taps had temperature regulators fitted. Doors were fitted with door guards which closed automatically when the fire alarm was activated.

People told us, "I am very happy here," "I like the food, they know what I can eat and what does not agree with me" and "Staff are very kind and do anything you ask of them."

Relatives told us, ""Very happy indeed, they can't do enough for Mum. They love her like she was their own" and "We have no concerns at all, they are in and out all the time."

People were supported by staff who had the skills and knowledge to meet their needs. Staff had received appropriate training and support to enable them to carry out their role safely.

Staff meetings were used to remind staff of best practice and to discuss any concerns about people's needs. Staff told us they felt well-supported by the provider, who was managing the service at the time of this inspection. The providers were actively recruiting for a registered manager but experiencing challenges finding a suitable applicant.

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. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records. People were able to make choices about their life and how their care and support were provided. This information was reflected in people's care plans. Staff understood the importance of respecting people's wishes and choices.

People and relatives agreed the staff were kind and caring. Staff respected people's diverse characteristics and were clear that each person's individual needs were their priority. People told us they felt listened to and their privacy and dignity were respected.

A new care plan format had been implemented since the last inspection. Everyone had a care plan which was regularly reviewed and updated. These provided staff with guidance and direction to enable them to meet people's needs.

Where people were not able to be fully involved with their care plan reviews, family members supported staff to complete and review care plans. People's preferences were sought and respected.

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them.

There were activities provided for people. Activities were advertised in the monthly newsletter issued to every person living at the service.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

Records were stored appropriately. Effective quality assurance systems were now in place. This was an improvement since the last inspection.

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

Visiting healthcare professionals told us, "We have no concerns about Antron, I think it is really nice here. We come every day and there is always staff around. People are well cared for here"

Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to. The manager told us there were no on-going complaints at the time of this inspection.

People, staff and external healthcare professionals told us the service was well led. People were given various opportunities to provide feedback about the service.

Staff told us they enjoyed working at the service and that the team worked well together.

Rating at last inspection and update:

At the last inspection the service was rated as requires improvement (report published 10 January 2019). Following this inspection, the rating has changed to good.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected: This was a scheduled inspection to review the action taken by the provider following our previous inspection.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe
Details are in our safe findings below.□

Is the service effective?

Good ●

The service was effective
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.□

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Antron Manor

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

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

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was managing the service at this time and actively recruiting a new manager.

Notice of inspection: This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with three people who used the service, two relatives, three staff members, one visiting

healthcare professional and the provider who was managing the service. We reviewed the care records of two people and medication records for some of the people who used the service. We reviewed records of accidents, incidents, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Antron Manor. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we looked at staff training data, spoke to another visiting healthcare professional and sought clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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 changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection this key question was found to require improvement. The provider had not ensured the safety of the premises. Upstairs windows were not restricted in their opening, hot water posed a possible scald risk to people and fire doors were found wedged open and would not close when the fire alarm was activated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activity) 2014. At this inspection we found the provider had taken suitable action and was no longer in breach of this regulation.

- Upstairs windows were restricted in their opening. All hot water taps had temperature regulators fitted. Doors were fitted with door guards which closed automatically when the fire alarm was activated.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Risks were identified, assessed monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence. However, when a person had been assessed a requiring regular re-positioning it was not clear in the risk assessment when this should be carried out. Staff were recording each time they moved a person in the daily records. People were receiving appropriate care, although it was not easy to get a quick overview of how often a person had been re-positioned. This was addressed immediately by the provider.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Systems and processes to safeguard people from the risk of abuse.

- Information about how to report safeguarding concerns externally was displayed in the service.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- People told us they felt safe, commenting, "Staff are very kind and do anything you ask of them" and "Oh yes, I feel perfectly safe."

Relatives told us, "We are very happy indeed, they can't do enough for Mum. They love her like she was their own" and "We have no concerns at all, they are in and out all the time."

Staffing and recruitment

- People were supported by suitable staff. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references. There was one care staff vacancy at the time of this inspection. The provider was actively recruiting for a carer and a registered manager.
- Staff told us they had enough time to support each person. Records showed action was taken when people's needs changed, to help ensure they had the right support to meet their needs.
- Staff shift patterns had been changed since the last inspection and staff were pleased with this change.
- People told us staff responded quickly to them when they called. Comments included, "I have a call bell should I need anyone" and "Yes they [Care staff] come when I call."
- People had access to call bells to summon assistance when needed. Some people had a pressure mat in their room so staff would know when the person was moving around and provide assistance in a timely manner.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management.
- Regular audits had been carried out by the senior carer. This audit did not include any checks of creams in use in people's rooms. We were assured this would be addressed.
- There were systems in place for the storage, ordering, administering, and disposal of medicines.

Preventing and controlling infection

- The service appeared clean and was free from malodours. Cleaners were not present on the day of this inspection. We were told two cleaners worked at the service three times a week. Care staff carried out cleaning duties in the absence of a cleaner
- The provider carried out regular checks of the service to ensure robust infection control processes were in use.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Staff knew how to report accidents or incidents. Records showed appropriate action had been taken following any event to help ensure the risk of a similar incident occurring was reduced.
- Areas of concern found at the last inspection had been effectively addressed and improvements were noted at this inspection.
- Issues raised by a past event, which had taken place under the previous provider, had been thoroughly investigated by the police, the safeguarding unit, the coroner and the service and processes put in place to help ensure such an event did not happen again.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and preferences were assessed prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010.
- Care plans had been put in to a new format since the last inspection. They showed people's needs had been assessed and planned for. People's wishes, and choices were clearly recorded.
- Health and social care professionals were regularly consulted to help ensure people's care and support reflected best practice. One healthcare professional told us, "We have no concerns about Antron, I think it is really nice here. We come every week and there is always staff around. People are well cared for here."

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included online and face to face training.
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided.
- Staff were given opportunities to discuss their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held regularly, and staff told us they felt able to speak and be heard.
- Staff communication records and handover between staff and been improved since the last inspection and were used to keep staff up to date with people's changing needs.

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

- Staff were aware of people's dietary needs and preferences. Care plans contained details of any support that people required at meal times, as well as any risks associated with eating and drinking.
- Staff recorded some people's food and drink intake, where concerns had been identified.
- People were offered a choice of food and drink to suit their requirements.
- The food standards agency had inspected the service and given them a five-star rating. Menus were displayed to help people with meal choices. People told us they enjoyed the food provided. People told us,

"I find the food lovely, no problem with it," and "It is very good."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were encouraged and supported to attend regular health appointments. People saw the dentist regularly. Care plans showed what support people needed with oral care.
- If people needed to go to hospital for treatment the service used the red bag scheme. This was an effective system to help with the sharing important information about a person's needs to hospital staff. Discharge information and any changes to prescribed medicines is then communicated back to the care home via the red bag.
- Staff liaised with a range of organisations on behalf of people, depending on their individual support needs.
- Health and social care professionals visited people regularly and any information or advice was shared with staff to help ensure people's needs were met.

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

- The service occupied an old manor house. Narrow corridors and many slopes and changes in floor level did not allow for hoists or wheelchairs to be used at Antron Manor. The service was not suitable for people who required such aids. People were made aware of this upon admission. Additional signage had been provided since the last inspection to warn people about changes in floor levels and slopes throughout the building.
- People had access to call bells to summon support when needed. Some people had alarmed pressure mats in their rooms so staff were aware when the person was moving around. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- People's bedroom doors displayed a number. The provider told us name plaques had been purchased and were due to be fitted to each person's door. No one living at the service required additional pictorial signage to orientate them.
- People enjoyed the grounds when the weather was good. People were encouraged to spend time outside.
- As bedrooms became vacant they were redecorated and updated. There was programme of updating carpets and décor in progress at the time of this inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- There were processes for managing MCA and DoLS information. No one required a DoLS application.

- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- People told us staff always asked for their consent before commencing any care tasks.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). The provider was in the process of obtaining documented evidence of which specific legal powers were held by relatives so that this could be held in their care file for staff to refer to when needed.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Staff understood the importance of treating people equally and fairly. Information was included in people's care plans to guide staff about any specific needs people had.
- One person enjoyed cigarettes. These were held, in agreement with the person, by staff. This was because the person was inclined to forget about the restriction on smoking inside a building and light up in their room. This posed a potential fire hazard. We saw staff responding quickly to the person when they wanted a cigarette.
- Relatives told us "We could not fault them!" and "We would recommend them 100%"
- Some staff had been provided with training to help ensure people's rights were protected at the service. The provider assured us that all staff would attend this training in the near future.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the provider.
- Care plans did not indicate that people had been involved in their own care plan reviews. However, the provider worked alongside the care staff providing care and support to people at the service regularly and spoke with people to discuss any changes they wished to make to their care and support.
- Staff knew people well and were able to communicate effectively with people living at the service.
- A survey had been sent out to people and their families. The positive responses had been reviewed by the provider and a report was in the process of being completed. One issue had been raised about the drop in temperature in the lounge in the late evening. The cause of this had been identified and addressed
- Residents meetings had been held to discuss meal options and activities. People's views on their experience of the care they received were sought. People had requested specific foods to be provided and this had been addressed.

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people. They knew people well and held many relevant and meaningful conversations with people throughout the inspection visit. Confidential information was kept securely.

- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible.
- People told us they felt respected. We observed care staff lowered their voice when speaking with people about any support they may need.

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. This meant people's needs were met through good organisation and delivery.

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.
- The care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Some people required pressure relieving mattresses to help reduce the risk of skin damage. These were provided and set correctly for the person using them.
- Daily notes reflected the care people had received.

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.

- Throughout our inspection we observed people and staff communicated openly using a range of verbal and non-verbal communications which people fully understood and responded to positively. We saw this enabled people to be fully involved in communicating their needs and preferences at any time to any of the staff team.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- Activities were provided for people. These were advertised in the monthly newsletter which was distributed to every person living at the service. External entertainers visited, Bar-B-Q's were held along with raffles and firework displays.
- People, who were able, went out in to grounds as they wished.
- Visitors were encouraged at any time. We saw family members and friends coming and going throughout the inspection.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- We were told there were no formal complaints in process. In the past where concerns had been raised

these had been appropriately responded to.

End of life care and support

- The staff were supported by the community nursing team to provide good quality end of life care to people.
- Care plans did not show that people had been asked for their views and wishes about how they wished to be cared for at the end of their lives. The provider assured us this was planned to be incorporated in to the new format care plans.

Is the service well-led?

Our findings

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

At 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.

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

At our last inspection the provider had failed to recognise environmental concerns with put people's safety at risk. Effective quality assurance systems were not in place This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Roles and responsibilities were clearly defined and understood. There was no registered manager at the service. The provider was managing the service at the time of this inspection. The previous manager had left in August 2019. The provider was actively recruiting for a new registered manager.
- The provider and the nominated individual worked closely together to ensure there was effective oversight of the service. Quality assurance systems had improved since the last inspection
- The provider was very familiar with people's needs and preferences and worked alongside the care staff regularly.
- Detailed audits of many aspects of the service were taking place including health and safety, care plans and medicines administration. These audits had been used to make improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.

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

- The registered manager and staff were clear about their aim of providing person-centred care and this was reflected in the way staff spoke about how they supported people.
- The provider had improved their comprehensive oversight of the service and understood the needs of people they supported.

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 provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The provider was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and events that affected the running of the service, as they are legally required to do.
- Residents and family meetings had been held to share information with people and seek their views of the

service provided.

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

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- The provider had improved the shift handovers, and these were used to improve communication within the team. Staff told us communication within the service was good and they all worked well as a team.
- Communication between people, healthcare professionals, staff and families was good.
- A survey had been sent out to people and families. The responses were positive. Where comments had been made these had been considered and action taken to address them.
- Life histories were documented.

Continuous learning and improving care

- The provider completed regular checks on the quality of the service. Action was taken where improvements were identified.
- Regular staff meetings were held to support shared learning and share information about the service.
- The provider had made improvements to the service since the last inspection. They had a plan to continue to improve the service further.

Working in partnership with others

- The service communicated with commissioners and external agencies appropriately about people's care.
- Care records held details of external healthcare professionals visiting people living at the service as needed.
- Visiting healthcare professionals had no concerns about the care and support provided at Antron Manor.