

Hyde Lea Nursing Homes Limited

# The Manor House Nursing Home

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 5 and 6 June 2017 and was unannounced. The Manor House is registered to provide accommodation for people that require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury. At the time of our inspection there were 81 people living at the service some of whom were living with dementia.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

People receive support from staff that understood how to safeguard them from abuse and help them manage risks to their safety. There were sufficient safely recruited staff to meet people's needs and maintain their safety. People received their medicines as prescribed and medicines were administered by trained staff that had their competency assessed.

People were supported by staff that understood their needs and had the required skills to meet them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had a choice of food and drinks and support to meet their nutritional needs and preferences. People were supported to maintain their health and wellbeing.

People felt they had good relationships with staff and they told us they felt staff observed their rights to privacy and treated them with dignity and respect. People were given choices and were supported to maintain their independence.

People had their needs met in the way they preferred and were able to spend time doing things they enjoyed. People and their relatives understood how to make a complaint and we found complaints were managed in line with the provider's complaints policy.

People, relatives and staff all told us the registered managers were approachable and they felt able to raise any concerns and make suggestions about the service. Staff said they received support in their role from the management team. The provider took opportunities to enhance the quality of the service people received through training and development for staff. We found there were systems in place to ensure people received good quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|   |               |
|---|---------------|
| <b>Is the service safe?</b><br>The service remains good.  | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains good.   | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains good.  | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service was responsive.<br><br>People were involved in their assessment and care planning.<br>People were supported to engage in meaningful activity.<br>People understood how to make a complaint." | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains good.  | <b>Good</b> ● |

# The Manor House Nursing Home

## **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 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.

The inspection was a comprehensive inspection which took place on 5 and 6 June 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. This included statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. 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 also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with five people who used the service and eight relatives. We spoke with the three registered managers, three nurses, two senior health care assistants, two health care assistants and two visiting professionals.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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.

We reviewed a range of records about how people received their care and how the service was managed. These included nine care records of people who used the service, medicine administration charts, three staff records and records relating to the management of the service such as, quality audits, complaints, and

safeguarding records.

## Is the service safe?

### Our findings

At this inspection we found people were still protected from abuse, harm and risks. Staffing levels were keeping people safe, medicines were managed effectively and the rating continues to be good.

People were safe and protected from harm. People told us they felt safe, one person said, "They always ask if I need any help with my personal care and although I can manage most of it myself, I am grateful just to have someone with me in case I fall. It makes me feel safe". People felt confident they could raise concerns about their safety, for example one person said, "Any concerns and I would feel able to talk to any of the staff". Staff could explain how to keep people safe from harm and the actions they would take if people were at risk. One staff member gave the example, "If I saw unexplained bruising I would immediately inform the nurse, make a body map and document what I found, this would be investigated and the local authority would be informed". Staff understood how to escalate concerns and could describe how they would contact other agencies if issues were not addressed. We saw information on how to raise concerns about people's safety on display around the home. We found staff were trained in keeping people safe and records showed incidents were investigated and reported to the appropriate body. This showed the provider had systems in place to keep people safe from abuse.

People were supported to manage risks to their safety. One person said, "It seems to me they do all the right things to make sure I am safe. I use a stand and turn for transfers and they explained and talked me through it". Staff understood how to support people to manage their risks and could describe the plans in place for people. For example, one staff member described the sensors in place to prevent a person from falling when they got out of bed. Another staff member told us about someone that required one to one support due to the risk of them hurting themselves or others. We saw staff providing support to reduce the risks from behaviours that challenge. We saw when assisting with transfers staff used appropriate moving and handling techniques. They explained what they were about to do and talked to people offering reassurance. We found staff followed the guidance for managing risk as outlined in people's care plans. We saw records of accidents and incidents were documented, analysed and action taken to reduce the risk of reoccurrence. This showed people were supported to manage risks to their safety.

People were supported by sufficient numbers of staff. One person said, "As far as I am concerned there is enough staff. I don't have to wait long if I buzz and it's a consistent group of staff who come to help me. Mornings can be a bit manic but not a problem". A relative told us, "I am not aware of any issues relating to staffing, there seems to be plenty when I come and [my relative] never complains about having to wait for attention". Staff felt there were sufficient staff to meet people's needs safely. They told us people who required one to one staff support received this where required and they could access support from nurses when needed. Our observations confirmed what we were told. One staff member said, "I think there is enough staff, there are days when it is busy, but never a time when things do not get done". This meant there were sufficient staff to support people safely.

People received support from safely recruited staff. We found staff provided three references and checks were carried out by the Disclosure and Barring Service (DBS) before staff started their role. The DBS helps

employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People received support to take their prescribed medicines. One person said, "I have to have my medicine at a certain time, which means I have to be woken sometimes, staff have explained why this is important". A relative said, "[My relative] cannot speak now but staff can "read" their face and know when they are in pain". Staff told us they had received training and had their competency assessed, records we looked at supported this. We found there were effective systems for the ordering, storing and disposing of medicines. We found accurate records of medicine administration were completed and there were systems in place to check medicines were administered as prescribed. We found people had individual plans in place for how to administer medicine, including where medicines were to be administered on an as required basis. This meant there was a system in place to safely manage medicines and people received their medicines as prescribed.

## Is the service effective?

### Our findings

At this inspection, we found people continued to have support from skilled staff that could meet their needs effectively, people rights were protected and they received support to maintain their health and meet their dietary needs. The rating continues to be good.

People received support from knowledgeable and skilled staff. One person said, "I think they are well trained not only in practical needs. They notice if I am low in mood and try to boost it and cheer me up". A relative said, "Staff are well trained as far as I can see. I have no worries at all about the care provided or any of the staff here. I will happily go home today, as always, knowing that [my relative] is extremely well looked after. I also know I can go on holiday and won't have cause to worry". The provider told us in the PIR they had a staff development programme in place which ensured staff had the knowledge, qualification, skills, experience, attitude and behaviours to be deemed competent. They said staff were expected to complete an induction which included the completion of the care certificate. Following this induction they told us staff were required to complete at least a level two qualification in health and social care. We spoke to staff and a visitor from the college who confirmed what we were told. Staff told us about training they received and we found staff used the skills they had learned to support people. For example, staff told us about the De-escalation Management Intervention (DMI) training they had received to help them to manage behaviours that challenged. We observed staff using the skills they described to support people that displayed behaviours that challenged. Staff had regular opportunities to meet with registered managers to discuss their roles and receive support or request additional training. The records we saw supported what we were told. This showed the provider ensured staff had the appropriate skills to support people.

People and their relatives told us staff sought consent when offering care and support. One person said, "They always ask before they do anything especially personal care, and explain even though it goes without saying that I will agree". Staff understood the importance of consent and could describe how they sought consent and what to do where people could not give consent. For example, staff told us about one person that could not communicate their consent verbally and how they used items to show the person to seek their consent.

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. We found staff knew of the people who were unable to make decisions for themselves as they lacked the capacity to do so. Staff told us people's capacity was assessed and discussions would take place, involving appropriate individuals to enable decisions to be made in peoples best interests. For example staff told us about one person that did not have capacity to consent to personal care, they described how they carried out personal care for this person in the least restrictive way possible. We found this information was documented in the persons care plan.

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 are called the Deprivation of Liberty Safeguards (DoLS). We found appropriate applications had been made to the local authority for DoLS assessments. We saw where applications had been authorised by the supervisory body the provider had care plans in place to comply with any conditions. People had their rights protected by staff that understood the principles of the MCA.

People received appropriate support to eat and drink. People told us they could choose what they wanted to eat and they had support with their dietary needs. One person said, "Very tasty and lots of vegetables which I like. Food is usually good and there is always plenty". Another person told us, "The food is good. There is always a choice and we can have breakfast when we want it". A relative told us, "[My relative] is on pureed food and supplements and the staff arranged for a Speech and Language Therapy Team (SALT) assessment recently so they now have thickeners as well because of swallowing difficulties". Staff could tell us about people's dietary needs and preferences. For example, they could describe how to support people living with diabetes and could tell us about people's food and drink preferences. The provider told us in the PIR they provided fortified snacks to support people at risk of malnutrition and this had resulted in people maintaining and gaining weight. We saw fortified snacks were on offer to people and staff encouraged people to eat them. We saw people were supported to eat their meals in an appropriate setting and people were observed to be engaging in conversation and enjoying the dining experience. We found people had records in their care plans which gave guidance to staff on how to manage risks associated with their diet, for example low sugar diets for people living with diabetes. This showed the provider had systems in place to ensure people's nutritional needs were met.

People were supported to maintain their health and wellbeing. One person said, "If you say you are not well, the nurse comes and looks you over. If necessary they get the GP in straight away. It's never a problem". Relatives confirmed advice was sought from health care professionals where required. One relative said, "The staff let me know if [my relative] is not well and what they are going to do and also update me about other things like Chiropody or hospital appointments that come through". Staff could describe people's health needs and the support they required to maintain and monitor their health. Staff were following guidance from healthcare professionals and we saw this information was incorporated into people's care plans. We spoke with a visiting health professional and they told us, any actions that are requested or updates to care plans are completed promptly. This meant people received support to maintain their health and wellbeing.

## Is the service caring?

### Our findings

At this inspection people remained complimentary about the support they received from staff and described having good relationships. Staff continued to protect people's privacy and dignity. The rating continues to be good.

People told us they received support from kind caring staff and had developed good relationships with them. People and relatives described staff as being caring and approachable. They used also said they were friendly, understanding and patient. One person said, "I feel that all the staff here are very caring and this includes the managers as well. They also look after me as well if I am having a bad day, they are brilliant". Another person told us, "The staff are very caring and understanding. I got a bit upset the other day and they spent time with me to talk through things and make sure that I was alright". A relative told us, "The carers here are great. Could not ask for better. It is so obvious that they put the residents first and they always make us so welcome and ask how we are coping". Relatives told us they were welcomed by staff and could visit at any time. One relative said, "We are always made to feel welcome whenever you come and staff take an interest in us and how we are feeling as well". Staff told us they had good relationships with people and felt they were able to get to know people well. We saw people talking with staff and we found staff knew people well and could engage in conversations about things that were important to them. For example, one person was engaged with staff doing some chair exercises; they were laughing and smiling with staff throughout. We saw people were smiling at staff and greeting them positively. This meant people felt cared for and staff took the time to get to know people and build a relationship.

People were supported to maintain their independence and make choices about their care. One person told us, "With regards to personal care they explain what they are going to do, encourage me to do what I can independently". The provider told us in the PIR, they looked to employ carers that showed compassion, enabled individual choice and protected people's human rights to deliver person centred care. Staff told us choice and independence was an important part of maintaining people's dignity. Staff told us they encouraged people to be as independent as possible and make choices where they were able. One staff member said, "[Persons name] is encouraged to do some of their own personal care, this maintains dignity". People were making choices for themselves during the inspection; we found people were able to choose what to eat, drink and where to spend their day. Staff encouraged people to make choices and decisions at their own pace. For example, one person could not make their mind up whether they wanted to do an activity or just sit in the lounge area. Staff gave the person time to think about this and come to their own decision. We found people were given appropriate equipment to enable them to eat and drink independently and were encouraged by staff to be independent where appropriate. Care plans showed how people could be supported to make choices and described what people could do for themselves to maintain their independence. This showed people were able to make choices and were supported to maintain their independence.

People were treated with dignity and respect. People told us their privacy and dignity was protected by staff that were respectful. One person said, "The staff protect my dignity and privacy. They always knock even though the door is usually open. They will make sure that towels are in place to preserve my dignity. They

are cheerful and we have a bit of banter which has helped to dispel any embarrassment I might feel". The provider told us in the PIR one staff member had become a trustee of national dignity council and many other staff members had become dignity champions. Staff confirmed what we were told. They understood the importance of protecting people's dignity and could give examples of how they did this. One staff member said, "You have to talk to people, help them understand what is happening, this promotes dignity". We saw staff spoke to residents in an appropriate manner; and their confidentiality was maintained. For example, when asking if people needed the toilet staff did this discreetly. This meant people were treated with respect and their privacy and dignity was maintained.

## Is the service responsive?

### Our findings

At the last inspection we found improvements were required in the availability of activities and support for peoples to follow their interests. At this inspection we found the provider had made the required improvements. Staff understood people's needs and preferences and concerns and were as responsive to people as they were during the previous inspection.

People received personalised care and support to meet their needs and preferences. People and relatives where appropriate had been involved in their care plan. One person said, "Someone came to see me in hospital and asked me all sorts of questions about what help I needed and what I liked for my care plan". A relative told us, "I have always been fully involved in care plans and reviews. [My relative] can't contribute verbally but staff can tell if they are unhappy or distressed with any aspect of their care. It's a question of acting in their best interests". People told us staff understood their needs and had spent time getting to know their preferences. One person told us, "Staff know I am not fussy about getting up in the morning and so they leave me till later which suits me fine". One relative told us, "Very good here they listen and act its simple things like day staff leaving a note for night staff to ask them to leave tissues on the bed as [person's name] gets upset if they are moved". Staff understood peoples preferences and could tell us what was important to people. For example, one staff member told us about a person that became anxious who found engaging in tasks such as washing up helped them with their anxieties. Another staff member told us about a person that used to be a nurse and how they liked talking about medicines with nursing staff. We saw care records which supported what we were told. The provider told us in the PIR they involved people and their advocates where appropriate in the assessment and planning of care process. They said everyone had a person centred care plan to ensure they received the care they needed in a way which they preferred. This was supported by what people told us and the care plans we saw. This meant staff were able to meet people's needs in a person centred way which took account of their preferences.

At our last inspection people were not always supported to do things they enjoyed. However at this inspection people told us they spent time doing things they enjoyed and taking part in meaningful activities. One person said, "We do all sorts really. Go out in the bus to places like Trentham or into Stafford for the coffee shop". Another person said, "I usually enjoy the activities we tend to have a laugh. One of them always comes to tell me what they are going to do and ask me if I want to join in". A relative told us, "They have a really active entertainments team they are always doing something on a one to one basis and as a group. [My relative] cannot take part so they will spend time sitting with them talking, massaging their hands, doing nails and that sort of thing". Staff providing activities were enthusiastic and engaged with people positively throughout the inspection. We found people taking part in craft sessions, horse racing games, and making decorations for a forthcoming event. People told us there were many themed events which took place which they found were enjoyable. We observed staff spending time with people on a one to one basis where they could not participate in activities. We found peoples care records gave details about the things they enjoyed doing. This meant people were supported to follow their individual interests and take part in activities of their choice.

People and their relatives knew how to make a complaint and told us they were confident any concerns

would be addressed. One relative told us, "If I had any complaints I would go to the registered manager they will listen". Another relative told us they had previously had some concerns and felt these were investigated and they had received an appropriate response. We looked at the provider's complaint records and found complaints had been investigated and a response issued. We could see the provider used complaints to learn from and improve the quality of the service. For example, changes had been made to portion size control following a complaint about the food. This showed the provider had a system in place to respond to concerns and complaints.

## Is the service well-led?

### Our findings

At this inspection we found the service was as well led as at the previous inspection. The rating remains good.

There were three registered managers in post at the time of the inspection. A registered manager is a person who has registered 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 2008 and associated Regulations about how the service is run.' The registered managers worked different shifts to make sure one of them was on duty every day. Each of the registered managers understood their role and had shared responsibilities for aspects of the service including notifying us of certain events such as incidents and deaths. We found statutory notifications which we had received notified us of relevant events and incidents in a timely manner.

The provider told us in the PIR that the registered managers have an "open door" policy and staff are free to discuss both work and personal issues at any time without an appointment. It also stated that people who used the service were also able to have unrestricted access to the management team. People, relatives and staff gave positive feedback about the registered managers and told us they could approach them with any concerns. One person said, "I have not been here long but the registered manager came and introduced themselves. They are very pleasant and approachable and very much in touch with the business they are managing. I felt confident in their ability and that they would listen if any issues do arise". Another person said, "The registered manager is lovely. So approachable. They listen to you and were wonderful with me when I had bereavement, talking to me and cheering me up". One relative said, "Very approachable management here always pleasant and home seems to be well run as far as I can see. The staff seem happy which says a lot". Staff told us they felt comfortable raising issues with the management team and said they felt supported by the nurses and the registered managers. For example, one staff member said, "We can suggest changes to the nurses, such as how best to support someone, or when someone needs one to one care". We found the registered managers were accessible to people, relatives and staff throughout the inspection. This showed the registered managers approachable and accessible to people, relatives and staff.

The provider told us in the PIR, supervision and appraisals were used to develop and motivate staff and review their practice or behaviours. The staff confirmed supervisions and appraisals took place and were effective in offering them support. One staff member said, "There is good support, we have regular meetings, supervisions and the seniors do appraisals with us". Another staff member said, "We have supervision every three months and we talk about what support we need and training". We saw staff seeking support and guidance from nurses and the registered managers throughout the inspection. The records we viewed also supported what we were told. This showed staff were supported in their role.

The provider told us in the PIR they sought involvement in schemes which were designed to improve the quality of care people received. For example the service was involved in a pilot scheme to introduce a nutrition champion to the home; this required additional training to equip staff with the skills to ensure

people at risk of malnutrition received appetising and nutritious food. We found this had resulted in fortified snacks being introduced. A further pilot was the development of a Dementia Champion scheme. The scheme enabled one staff member to achieve a level 3 Qualification in dementia care. The staff member was also a trustee on the board of the National Dignity Council, shaping future policies with regard to dignity in care and ensuring dignity is promoted within the service. In another example, the provider had become an accredited training centre with their own instructors for DMI training for staff. Staff understood about the work associated with these pilots and we found the skills staff had learned were used to offer people effective care and support. This showed us the provider actively sought opportunities to enhance the level of knowledge and skills for staff which meant people received good quality care and support.

The provider had systems in place to assess the quality of the service people received. In the PIR the provider told us medicines were audited both internally and by the pharmacy. We found these audits were in place and effective in identifying areas for improvement. For example, one medicines audit had identified the need to secure a repair to a faulty cupboard lock, which had been completed. The provider also told us about equipment audits for hoists, bedrails and pressure relieving equipment, We also found these were in place during the inspection. Other audits undertaken included, infection control, nutrition and care plan audits which were effective in identifying areas for improvement. For example, one care plan audit had identified the need to update a person's photograph on their care record, which had been completed. This showed the registered manager had systems in place to monitor the quality of the service and make improvements.

People and their relatives told us they had opportunities to share their views about the service. One relative said, "I think we had a questionnaire some time ago but it's not something we are asked about as a regular thing. I just go and say if I have anything to raise as management are very approachable and I feel that the home keeps me well informed". The provider told us in the PIR, they used satisfaction surveys to obtain feedback on how effective the service provided was from people and their relatives. We saw these satisfaction surveys were available in communal areas for completion. We saw feedback received which included positive comments. For example, one person had commented, "The senior nurses are always ready to listen". A relative said, "I never leave feeling worried or stressed, because I know my relative is being looked after". This showed the provider had systems in place to check if people and their relatives were satisfied with the quality of care people received.