The Manor Care Home Ltd

Manor 1

Inspection report

110-112 Hainault Road
Leytonstone
London
E11 1EH

Tel: 02085392011
Website: www.advinia.co.uk

Date of inspection visit:
22 June 2016
29 June 2016

Date of publication:
13 July 2016

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

Summary of findings

Overall summary

We inspected Manor 1 on 22 and 29 June 2016. This was an unannounced inspection. At the last inspection in July 2013 the service was found to be meeting the regulations we looked at.

Manor 1 is a residential home that provides care for up to 16 older people some of whom may be living with dementia. There were 15 people using the service when we visited.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they did not think there were enough staff. We have made a recommendation about staffing levels for the weekend.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People had mixed views about the food. We saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate. People had opportunities to engage in a range of social events and activities. However people who could not leave their room told us they wanted more stimulation.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

There was a clear management structure in the home. People who lived at the home, relatives and staff felt comfortable about sharing their views and talking to the registered manager if they had any concerns. Staff told us the registered manager was always supportive.

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 and their relatives told us they did not think there were enough staff.

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people that were potentially at risk.

People had choice over what they ate and drank and the service sought support from relevant health care professionals.

Is the service caring?

Good

The service was caring. Care was provided with kindness. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities. However people who could not leave their room told us they wanted more stimulation

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Manor 1

Detailed findings

Background to this inspection

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

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted one inspector and an expert by experience, who had experience with older people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people who lived in the service and two relatives after the inspection. We spoke with the registered manager, one senior care worker, one care worker, the activities co-ordinator, the maintenance person and the chef. We looked at five care files, staff duty rosters, five staff files, a range of audits, minutes for various meetings, medicines records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they did not think there were enough staff. One person told us, "This care home is under staffed. There is not enough people working here." Another person said, "Reasonable staff here, but sometimes not enough." A relative told us, "[Person who used the service] bell doesn't work half the time. Sometimes she waits half an hour." Another relative said, "They [staff] really rush around. Some people need more attention."

Staffing rotas showed there were two care workers and one senior care worker working during the day. This raised some concerns as three people using the service required the support of two care staff to meet their personal care needs. This meant that both care workers would have been occupied when supporting one of these people. The registered manager told us during the week other staff such as the domestic, activities co-ordinator and the chef were also trained to provide support so there were able to cover. However, we asked the registered manager what happened during the weekend and they advised this period did not always have the same support with covering care. The registered manager advised us they were going to speak to their management about getting additional support for the weekend.

People who used the service and relatives we spoke with told us that they felt the service was safe. One person told us, "I always felt safe here." Another person said, "Staff makes me feel safe here. They always look after me and ask questions such as do I feel alright." A third person told us, "Staff make me feel safe here and ask me if I am alright and what I need." A relative said, "Of course [relative] is safe."

The service had safeguarding policies and procedures in place to guide practice Staff understood the importance of keeping people safe in the service and how to respond to an allegation of abuse. Staff told us they would raise any concern firstly with the registered manager and if necessary escalate to the local authority, the police and the Care Quality Commission. Staff understood the whistle blowing policy and they showed they felt confident of raising concerns with the provider or outside agencies if this was needed. One staff member told us, "I would have to report to our manager. If nothing done I would report higher like the CQC." Another staff member said, "I would inform the manager."

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC). This meant the service reported safeguarding concerns appropriately so CQC was able to monitor safeguarding issues effectively.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensured people were protected. In the records that we saw, some of the risks that were considered included mental capacity, communication, mental health, skin integrity, toileting, personal care, nutrition, medicines and mobility. For example, one person had been assessed at risk of falls when walking long distances. The risk assessment gave staff guidance such as "[person who used the service] requires supervision when mobilising around home. Zimmer frame should be in touching distance. Will require a wheelchair for long distances." We saw people and their families had

consented to and participated in these risk assessments wherever possible.

Accidents and incidents were recorded and staff told us they would record any incidents, inform the registered manager and advice staff at handover to keep them informed should extra support be given. We saw records to confirm this.

Medicines were managed safely and staff followed a medicines policy. All medicines were stored securely in a locked room and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Controlled drugs were stored in a separate locked cupboard in line with current legislation. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and associated legislation. We checked the stocks of controlled drugs and other medicines and stock levels tallied.

People's medicines were administered safely. We observed a morning medicines round with a senior care worker as they administered medicines to people. The staff member wore a tabard to indicate that they were administering medicines and should not be disturbed. People were given their medicines and provided with a drink to swallow down any tablets. The staff member waited patiently with people to ensure they took their medicines as needed. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps showing all medicines had been signed for. Any unwanted medicines were disposed of safely. Staff were trained in how to manage medicines safely before being signed off as competent. Medicines audits were carried out on a regular basis.

The service had suitable staff recruitment system. We saw that appropriate checks were carried out before staff began work. References were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. One staff member told us, "They asked for my references and I started after my criminal check." This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

The service had contracts in place for the regular servicing and maintenance of equipment. The service also had a maintenance person employed. We saw records of maintenance and regular health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, emergency lighting, fire equipment, call bells and hoists.

We recommend that the registered provider review staffing numbers and to determine the number of staff required to meet the needs of people within the service during the weekend.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "I get on really well with the staff. They are easy going." Another person told us, "Staff are very good. They do their job well." One relative commented, "The attention the residents get is individual. They all have different needs."

Staff files showed what training had been completed for each member of staff. The registered manager showed us future dates for training to be completed. The training included fire safety, moving and handling, infection control, medicines, first aid, food safety, safeguarding adults, health and safety Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and dementia awareness. The staff files showed that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service. One staff member told us, "The training helps us. This week we have dementia training." The same staff member said, "If we want more training we request it from the manager." Records showed that staff had asked for training on diabetes and this had been provided. Another staff member said, "I have done training such as health and safety and fire safety."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "Supervision is normally every six weeks." Another staff member said, "I like supervision as I can see my improvements and where I can improve." Records of staff supervision showed they included discussions about communication, training, health and safety, and any other concerns and issues. In addition to regular supervision we saw that staff had an annual review of their performance and development needs.

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 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).

The provider had ensured all the staff had received training in MCA and DoLS and understood the legal requirements of the MCA and DoLS. Staff meeting minutes showed that the provider addressed the complexities of MCA and DoLS with the staff to ensure people's rights were protected. The registered manager had a good understanding of the MCA and DoLS and made sure that people were supported to maintain their freedom. The registered manager knew how to make an application for consideration to deprive a person of their liberty. Most staff we spoke with had an understanding of DoLS and how it could apply to people living at the service. However one senior staff member we spoke with did not have a clear understanding of DoLS and who in the service it applied too. We spoke to the registered manager about this and they advised would look at additional support which would include supervision and training for this staff member.

All the people who were unable to consent to their care and treatment had been referred for assessment to the local DoLS team. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant that the CQC were able to monitor that appropriate action had been taken.

Throughout the inspection we saw evidence of staff supporting people to make decisions and seeking consent. Where appropriate care plans contained mental capacity assessments in relation to decisions about people's ability to consent to care. Where it was deemed the person lacked the ability to consent to their care we saw records of best interest decisions. It was evident the person and their representatives had been involved in the decision making process. This meant the home was meeting the requirements relating to consent, MCA and DoLS.

People's nutritional needs were assessed and regularly monitored. For example, people's weights were monitored to ensure that people remained within a healthy range, and when concerns were identified further action was taken to monitor and improve this. People were supported with their nutrition with referrals to dietitians or speech and language therapists when necessary.

There was a menu on display in the communal area setting out the choice of meals for the day. The cook told us that they showed people photographs of the different types of meals available if that helped them to make a choice and we observed this during the inspection. The cook told us that the service had a four week rolling menu which was designed with input from people that used the service. They told us if a person did not want either of the two meal choices on any given day they were able to request something else. During the inspection we observed the cook asking people what they wanted for lunch. However the feedback from people about the food was mixed. One person told us, "The food is so so." Another person said, "Sometimes is alright, sometimes it is not." A third person told us, "I really enjoy the food here, especially today. I had chopped meat with carrots and potatoes and for dessert I had custard and cake."

We saw that people were able to choose to eat their meals either in their bedrooms or communal areas. We observed one person being supported by staff to eat their lunch and the support was provided in a sensitive manner, going at the pace that suited the person. Food served looked appetizing and nutritious. We noted that most people finished all their meals.

People were supported to maintain good health and to access healthcare services when required. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, podiatrists, dentists, chiropodists, opticians and dieticians. One person told us, "If you have an illness the doctor comes immediately." Another person said, "Once in a while I get to see a doctor, but if requested I can see a doctor in five minutes." A relative said, "I see nurses come in." On the second day of our inspection we saw a GP visit the home.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the care and support provided was of a high standard. We saw that people received care and support from staff who were caring and understood their needs. One person told us, "The staff here are very good and caring." Another person said, "Staff are really caring. They do everything for me." A third person told us, "The best thing is the kindness and how we get treated here." A relative told us, "Every carer is caring. The dedication is beautiful." Another relative said, "They [staff] are very caring and polite."

Staff were observed to treat people with kindness and were patient when providing support to people. Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and having conversations with them. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, we overheard a person say to a staff member, "I love you" and the staff member replied, "I love you too." Another example, we observed a staff member helping a person sitting in a chair. The staff member was patient and encouraging whilst saying to the person, "Take your time. No rush." One staff member described working at the service as "like a family."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an important part of their role. One staff member commented, "When doing personal care we have to close the door. Knock on their door before we enter." One person said, "It's like being at home. I really enjoy it." Another person told us, "They respect my privacy and dignity."

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. During the inspection we saw people were offered choices about what they wanted to eat and drink and most people were able to choose where they wanted to spend their time. One staff member told us, "They [people who used the service] still have choices." Another staff member said, "They are human beings. They still have choices." People were able to personalise their rooms in line with their tastes and needs which gave bedrooms an individual homely feel.

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. Also arrangements had been made to provide food that reflected people's culture.

Relatives told us they could visit their family member at anytime. This was confirmed as we saw people's relatives and friends visiting without prior notice or appointment. Relatives told us the staff were kind and caring and they always felt welcome to visit. We saw in the communal area information on display that relatives could video chat to people using the service. A relative we spoke with confirmed they would be

doing this as they do not live near the service.

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care that was responsive to their needs. One person told us, "They [staff] are here all the time for me." Another person said, "They [staff] are always concerned about my wellbeing."

People had their needs assessed by the registered manager before they moved into the service to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that an understanding of the people's needs was provided.

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, communication, mobility and falls, skin care and pressure area care, personal care, nutrition, medicines, emotional support, sleeping, activities, and end of life. The care plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated "To bring [person] comfort [person] likes to have her two soft dogs near her." We observed on both days of the inspection this person had two soft dog toys by her at all times. Care files also included a section which had details of the person's previous home and family life, hobbies and interests and how they liked to be communicated with.

Records showed care plans had been reviewed regularly or as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. Care plans were reviewed monthly and there was information and assessments on all aspects of daily living. Daily records were completed by staff and provided detailed information on people and how they had spent their day and what kind of mood they were in. These daily records were referred to as staff handed over to other staff between shifts.

Most people had access to planned activities. There was a weekly calendar of activities on display which included baking, bowling, watching films, iPad sessions, newspaper reading, manicures, Sunday service, bingo and games. The home employed an activities co-ordinator. The feedback we received regarding activities was mixed. People who could not leave their room told us they wanted more stimulation. Comments from people who could not leave their room included, "Not much to do here. I sit on my bed all day long. I would like to go out for fresh air" and "I don't have enough things to do here. I cannot be active for the activities they do here. I feel bored in here, not enough going on." However one person who joined the group activities told us, "There are a few activities taking place every day. Just depends if you want to do them or not. I am happy with it." A relative said, "On the Queen's birthday we had an entertainer. Everyone was clapping along."

On the first day of our inspection a group of people were sitting with the activities co-ordinator and were having a lively discussion regarding current newspaper articles and in the afternoon people were getting manicures. On the second day of the inspection people were playing a ball game with staff. Other people in the lounge area were watching television, reading newspapers and novels and doing word puzzles.

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on activities, food menu, home decorations and any other concerns and feedback

There was a complaints process available and this was on display in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. The registered manager told us there had been no formal complaints raised since our last inspection.

People we spoke with told us they knew how to make a complaint. They told us they would talk to the registered manager or a senior member of staff. One person told us, "If I was not happy for any reason I would speak to [senior staff member]." Another person said, "I would complain to a senior person but never had to make a complaint."

Good

Is the service well-led?

Our findings

Relatives told us they thought the service was well managed and they spoke positively about the registered manager. One relative said, "She [registered manager] is very nice, down to earth and a beautiful girl. What you see is what you get. She is very helpful." Another person said, "She's [registered manager] been very obliging and good to me. We have good communication."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "She [registered manager] is nice. Will help if you need it. Always willing to help and very friendly." Another staff member said, "She [registered manager] always supports us. If you have got a problem she will always sort it out for us." A third staff member told us, "She [registered manager] is flexible, friendly, hardworking and approachable. I am supported here. It feels like home."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on care plans, Deprivation of Liberty Safeguards (DoLS), updates on people who used the service, infection control, whistleblowing, accident and incidents, training, activities, medicines and maintaining people's independence.

Systems were in place to monitor and improve the quality of the service. Records showed that the registered manager carried out regular audits to assess whether the service was running as it should be. The audits looked at the care plans, medicines, nutrition and dining experience, and monthly weights. These audits were evaluated and, where required, action plans were in place to drive improvements. The registered manager also did themed audits every month which looked if the service was safe, effective, caring, responsive and well led. For example, an audit was completed on 22 March 2016 for responsive. The responsive audit looked at if policies and procedures were up to date, if care plans were person centred, risk assessments, and training.

The registered manager told us and records showed that operations manager for the service would regularly visit to complete a quality assurance visit. The last quality assurance report for 17 May 2016 looked at care plans, weight records, accidents and incidents, health and safety, medicines, training and meeting minutes. Where required action plans were put into place.

Satisfaction surveys were undertaken annually for people who used the service. The last survey for people using the service was conducted October 2015. The survey covered home decoration, health and wellbeing, daily life, food menus, complaints, privacy, security and any other concerns. Overall the results were positive.