

Four Seasons Health Care (England) Limited

Manor View Care 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

Manor View home provides accommodation, personal and nursing care for up to 54 older people. The home has two buildings; Manor View, staffed by nurses to support people who need nursing care and Church View for residential care. There were 27 people living at the home when we inspected.

The home had a registered manager. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. This inspection took place on 26 May 2016 and was unannounced.

On the day of our inspection there was a homely atmosphere. Staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence and to pursue their interests and hobbies. They made choices about their day to day lives which were respected by staff. One person said, "I make my own decisions and staff help me to achieve them."

People who lived in the home described a caring approach by staff. One person said, "The staff are wonderful." Another told us, "They are all very kind and caring." Where possible people were involved in planning and reviewing their own care. Staff respected people's privacy and were aware of issues of confidentiality. Staff ensured people's legal rights were protected.

There were regular reviews of people's health and care needs and staff responded promptly to any changes. People saw health and social care professionals to ensure they received treatment and support for their specific needs. Care records were well kept but some aspects and daily records needed more detail.

People told us staff took the time to talk to them; staff asked them about their life history, their interests, hobbies and preferred routines. There was a varied programme of activities and outings each month in line with people's interests. People had a choice of nutritious, home cooked food.

People said the home was a safe place to live. One person told us, "It's definitely a safe place for me to be." People had developed friendships with others who lived in the home. Friends and relatives could visit at any time.

There was a management structure in the home which provided clear lines of responsibility and accountability. People liked and trusted the manager. All staff worked to provide the best level of care they could to people. The aims of the service were well defined and carried out by the staff team. There were effective quality assurance processes in place to monitor care and safety and plan on-going improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

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.

People were protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe. Staff recruitment was safely managed.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good ●

The service was effective.

People's rights were protected because the correct procedures were followed when people lacked capacity to make decisions for themselves.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care and support they received to help them maintain their independence.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were supported by staff who respected their dignity and maintained their privacy.

Is the service responsive?

Good ●

The service was responsive.

People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred.

There were processes in place to raise any concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team.

The manager had effective systems in place to monitor the quality of the service.

Manor View Care 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 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.

This inspection took place on 26 May 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

During our inspection we spoke with eight people who lived in the home, three nurses, two care staff, the registered manager and the provider's catering contractor. We observed care and support in both buildings and looked at the care plans for nine people. We also looked at records that related to how the home was managed such as staff rotas, staff training records, staff recruitment records, a range of audits and the results of quality assurance surveys.

Before our inspection we reviewed all of the information we held about the home. We looked at notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We looked at the 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.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Manor View and Church View. One person told us, "I don't have to worry about a thing, I am completely safe." Another commented, "It's definitely a safe place for me to be." People said they would be happy to talk with staff if they had any worries or concerns. One person said, "I could speak to any of the staff if I was worried."

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at five staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people.

Staff told us they thought the home was a safe place for people. One staff member said "Yes, I do feel it's a safe place for people to live." Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us, "I would report any concerns I had no matter how small. I am confident they would be listened to." This helped to ensure people were protected from abuse.

People had medicines prescribed by their GP to meet their health needs. Where people were able to they managed their own medicines. We saw there were risk assessments in place to enable this. Care plans included information on why medicines were needed. Medicines were administered by qualified nursing staff or by staff who had received medicines administration training and had a competency check before they were able to give medicines to people. The registered manager and provider completed on-going competency checks on staff to ensure they remained competent to administer medicines. This was confirmed in the staff training records. Medicine administration records were accurate and up to date.

Medicine safety was to be audited every month by the registered manager or a registered nurse, however the last audit recorded for Church View was in February. We identified that the stock levels for one person's 'as and when required' medicines did not balance with the medication administration record (MAR). In response to this the registered manager immediately implemented a daily audit of boxed medication, this involved staff counting and signing to ensure the stock was correct. We checked the medicines stocks for six other medicines which were accurate. Medicines were stored and administered safely. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

People were able to take risks as part of their day to day lives. For example some people who were independently mobile could walk safely in the home and in the grounds. There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information

about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. There were specific risk assessments to support people to promote their independence, such as people who looked after their own medicines or their own money. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

Regular fire drills were held. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The manager or other senior members of the staff team were 'on call' each day so that staff were able to access extra support or advice in an emergency.

A record was kept of accidents and incidents. Staff completed an accident or incident form for each event which had occurred. These records were reviewed by the registered manager each month to look for any trends or changes which may be needed to people's care. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People told us there were enough staff available to meet their needs. One person said, "If I need the staff they normally come quickly." Staff told us they thought there were enough staff available to meet people's needs and keep people safe. One staff member told us, "I don't see agency staff at all, cover for shifts tends to come from our own staff." Another commented, "We are always busy but I think there is enough of us." During our inspection we observed there were enough staff available to respond to people's needs and call bells were answered promptly. We looked at the staff records and discussed staffing levels with the registered manager. They told us that staffing levels were based on people's individual needs. They showed us a tool they used to determine the support level of each person and their staffing levels were based around this. The provider confirmed their minimum staffing levels with us. We looked at the staff rota for the previous four weeks and saw the levels were regularly running at the required levels. The registered manager worked in the home and could provide additional support if this was needed. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty.

Is the service effective?

Our findings

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs. One person told us, "The care here is good and the carers have the knowledge to look after us properly." New staff completed an induction when they commenced employment; the registered manager told us they had linked their induction to the Care Certificate. The Care Certificate standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. They told us all of the staff were going to complete the Care Certificate to ensure they had up to date skills and knowledge of their role.

All staff received basic training such as first aid, fire safety, health and safety, manual handling and food safety. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity and caring for people living with dementia. We looked at the providers training matrix which identified training completed and when updates were required. We saw that training was up to date or booked for all staff

Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member said, "The induction was informative, enjoyable and prepared me for the role." Another commented, "The process was really good and suited my needs. It gave me confidence."

People said staff responded promptly when they needed care or assistance. People understood there were particularly busy times, such as when people were getting up in the morning. They had a call bell to use if they needed staff support. One person said, "When I ring my bell the staff are quick to come." During the inspection we saw that people were responded to promptly by staff. The manager monitored call bell response times. We saw this showed they were usually answered promptly; any unreasonable delay was followed up by the manager and discussed with staff.

Staff had regular formal supervision (a meeting with the registered manager to discuss their work) and annual appraisals to support them in their professional development. They told us this gave them an opportunity to discuss their performance and identify any further training they required. One staff member told us, "It's very positive, we get constructive feedback about areas we may need to improve and any support if needed." Other comments included, "Supervisions are positive, I get feedback and the opportunity to give my views and opinions" and "I find it really helpful."

The management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). They knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One staff member told us, "We always assume people have capacity to make decisions." Another commented, "We assume capacity until proven otherwise."

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 checked whether the service was working within the principles of the MCA and found that they were.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed the service recorded whether people had the capacity to make decisions about their care.

Meals were provided by the provider's external contractor. People told us they were happy about the food provided. One person told us, "The food is good." Another commented, "It's very nice indeed." There were two meal options on offer and we saw staff spoke to people to ask them what they would like from the options available. They said if people did not like what they had on the menu the catering staff would cook alternative options. One person confirmed this commenting, "The food is good, and I enjoy it but if not I can ask for an alternative which they will cook for me." People's nutritional needs were identified and monitored as part of the care planning process. The kitchen staff held a list of people's likes, dislikes, preferences, allergies and dietary needs. They told us this was documented when people moved to the home. The registered manager told us how they met on a regular basis with a representative of the catering staff in order to review the nutritional and hydration needs of the people living at the home. We saw records of the nutritional audit and the registered manager had identified where people required monitoring or additional support. For example, one person was identified as needing encouragement to drink fluids.

We observed the lunchtime meal in the dining room. The atmosphere was calm, relaxed and a sociable experience with people chatting to each other. Staff offered people assistance where required and people had condiments available on the table if they wanted them. We also observed one person being supported by staff to eat their meal in their room. The staff member explained to the person what the meal was and checked they were happy with this. The staff member supported the person in an unrushed and relaxed manner.

People told us their health care was well supported by staff and by other health professionals. People saw their GP, dentist and optician when they needed to and nurses were always on duty in the home. People saw other health care professionals to meet their specific needs, such as a chiropodist, a district nurse or speech and language therapist.

Is the service caring?

Our findings

People we spoke with said staff were very kind and were happy with the way staff cared for them. Their comments included; "We do have some really nice staff here" and "I feel like I have everything I need and the staff are very nice."

Staff had built trusting relationships with people. Throughout our inspection staff interacted with people who lived at the home in a caring way. For example, we saw one person discussing with a member of staff the details of a trip to the hairdressers. There was a good rapport between people; some chatted happily between themselves and with staff. We heard laughter and friendly conversations taking place with staff and with other people who lived at Manor View and Church View. Staff talked positively about people and were able to explain what was important to them such as their family members, visitors and maintaining their independence.

Staff provided the right support when people were distressed or agitated in situations they did not fully understand and used distraction techniques to calm situations. We observed that staff consistently maintained people's dignity and always knocked on people's doors before entering their rooms. One member of staff told us, "I like working here; it is a great team with a common goal."

People were offered alternatives drinks or snacks if they were unable to voice a preference. We saw genial conversations and exchanges between people and staff. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them. One person told us, "They [the staff] look out for me." Another told us, "They are wonderful."

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person's dignity and we regularly observed staff discreetly and sensitively asking people if they wished to use the toilet.

Staff had a good understanding of confidentiality. Staff had read and had on-going access to the provider's policies on protecting personal information. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

Is the service responsive?

Our findings

People told us they were happy with the standard of care they received and it met their individual needs. One person said, "It's good here, I get what I want when I want it]." People told us that they thought the service responded to their needs. One person who used the service said, "I never have to wait too long if I need something." And "If I'm feeling unwell they get the doctor in."

Care plans were developed from initial assessments and recorded information about the person's likes, dislikes and their care needs. We looked at nine care plans and found that most were detailed enough for reader to understand fully how to deliver care to people in a way that met their needs. However we found some sections had conflicting information or a lack of detail. For example; one person's file held a diet notification form which stated, "dislikes meat." yet the nutrition plan and food questionnaire on file stated, "Hasn't said she dislikes any foods." and "unable to communicate." respectively. We did not find that bathing or showering activity had been recorded with any regularity. We discussed this with the registered manager. The registered manager accepted our findings however we saw that this had been discussed as an area for improvement at three previous staff meetings. The manager committed to address this directly through staff supervision.

Care plans also covered outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in. Such as people choosing their own clothes and maintaining personal care when they could and information about people's life history. Care staff that we spoke to demonstrated a good knowledge of significant people and events in people's lives and an understanding of people's current needs, likes and daily routines.

Staff were encouraged to support people with activities that reflected their interests and pastimes, the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned group activity. Social outings to the local pub and meals out had taken place for small groups and individuals. Entertainers came to the service regularly and people were supported to maintain their religion if they wanted to. One person told us, "There is plenty to do if I wish to do it. I will be joining in the preparations for the Queens birthday."

People said they would feel comfortable about raising a concern if they needed to. People told us they would speak to staff and were given a copy of the complaints procedure when they moved in to the home and were confident if they did raise any concerns they would be dealt with by the registered manager or provider. One person told us, "If I was worried or upset, there is always someone to speak to." Another commented, "You can talk to the manager about anything at anytime."

There had been one complaint received by the service in the past year and it was responded to in line with the provider's policy and resolved.

People were asked for feedback on the service provided. Residents meetings were held quarterly to discuss topics relating to the home and for people to give their feedback. We saw records of these meetings and

they covered items such as feedback on meals, availability of managers, activities, laundry and staff. The provider also produced a monthly newsletter they distributed to share information relating to the home.

Surveys were undertaken to receive feedback from people using the service and their relatives annually. The survey included people and their relative's views on areas such as feeling safe, the standard of the care and service of the home, the staff, being involved in decisions about care and the management. Feedback could also be left anonymously in the reception area.

Is the service well-led?

Our findings

The service was well led. People said the home was well managed. There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home and they were supported by nurses and senior carers. The provider's regional manager also supported the manager and staff at the home. They provided advice, guidance and helped to assess the quality of the service.

The registered manager, nurses and senior care staff worked in the home throughout the inspection. We observed that all took an active role in the running of the home and had a good knowledge of people and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting and laughing with people. Staff told us, and duty rotas seen confirmed, there were always nurses and senior carers on each shift. Staff said there was always a more senior person available for advice and support. One staff member said "There is always someone to go to for advice if needed."

The manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us "If you need to raise anything they do listen." Staff were very positive about the manager. One staff member said the manager was, "Supportive and encouraging." The registered manager was also described as having high standards and "not afraid to roll her sleeves up."

There were systems in place to share information and seek people's views about the home. Staff spoke with people informally every day. Regular resident's meetings were held. People told us they could discuss things important to them such as the meals served in the home or activities provided. Records we looked at showed people were kept informed of developments, such as staff recruitment or the introduction of the newsletter. Where people had made suggestions their views were acted upon.

The service had quality assurance systems in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included medicines, records, training, infection control and complaints. The audits identified shortfalls in the service and the action required to remedy these. All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. Action points were recorded as an outcome and we saw evidence of these being completed. The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.