

South West Care Homes Limited

Manor House

Inspection report

135 Looseleigh Lane
Derriford
Plymouth
Devon
PL6 5JE

Date of inspection visit:
30 October 2020

Date of publication:
24 November 2020

Tel: 01752777572

Website: www.southwestcarehomes.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manor House is a residential care home providing personal and nursing care to 15 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

Manor House is in a residential area and is an adapted older style two floor detached building with a garden. There is lift access for people who may struggle with stairs.

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

Prior to our last inspection the nominated individual had identified there were concerns in the service and raised a safeguarding alert. When we inspected in November 2019 some action had been taken to make people safer but there were still several concerns. At this inspection we found there were no longer breaches in regulation and recommendations have been met. The service had gradually improved over the twelve months between inspections.

People looked happy, healthy and responded positively when staff approached them or spoke with them. The atmosphere was friendly and peaceful.

Improvements to the environment were clear, renovations had taken place in several rooms, and improvements had been made to the laundry, bedrooms, fire systems and dining area.

Risks were assessed and monitored, and guidance given to staff on how to mitigate them. Risks that people faced and care needs were regularly reviewed. Learning from accidents and incidents was shared and clear systems were in place for safeguarding concerns.

Medicines were managed safely. Improvements to infection control processes had been made. Staff wore personal protective equipment (PPE) and clear guidance was in place regarding keeping people safe from the risks associated with the coronavirus pandemic. Staff were recruited safely and there were enough of them to meet people's needs.

Quality systems were robust and staffing structure and accountabilities were clear. Relatives gave us positive feedback about the manager and care staff.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 December 2019). At this inspection we

found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We had previously carried out an unannounced comprehensive inspection of this service on 4 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manor House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Manor House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector who visited the service, one assistant inspector who contacted staff and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Manor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager who was in post saw to the day to day running of the service and had started the process for applying to register.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure the manager would be available.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection

We received feedback from four people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, manager, clinical lead manager, quality manager and a team leader. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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. This included various aspects of three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, risk assessing relating to COVID-19 and accident and incident processes were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at further records we requested to be sent to us. We spoke with three professionals who work with or regularly visit the service. We contacted care staff for feedback, but no care or domestic staff chose to feed back to us.

Is the service safe?

Our findings

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people and infection control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Identified risks were assessed and action taken to mitigate these risks where possible. For example, we checked pressure equipment was in place for every person that was assessed as requiring it. Equipment was in place, well maintained and pressure relieving mattresses were at the correct setting for each person.
- Individual risks that people faced were reviewed regularly by the management team.
- People were supported with their mobility safely. We saw staff supporting people to move with the use of a hoist and provide encouragement for a person using a walking aid.
- Environmental risks were improved from the last inspection. Checks were regularly made for fire safety, water temperature, window restrictions and for general wear and tear in people's rooms. Further work on the environment was in progress and planned to improve the living space for people in the service.

Using medicines safely

At our last inspection we recommended the provider consider current guidance for medicines management. The provider had made improvements in this area.

- Medicines were administered as prescribed. Medicine Administration Records (MAR) were complete with no unexplained gaps. We observed a team leader administering medicines. They were patient and waited for the person to swallow the medicine and checked they were feeling well before recording it as administered.
- Medicines storage was secure including controlled drugs. Stocks of medicines matched recorded stock amounts. Some medicines were stored in a medicines' fridge. Temperatures were taken regularly to check the temperature was stable and would not affect the efficacy of the medicines.
- Protocols were in place for PRN or 'as and when required' medicines. We discussed with the manager and nominated individual these could be amended to include clearer guidance for staff on what to try before administering PRN sedative medicines. For the two people prescribed these medicines the adjustment was made promptly, by the end of the inspection.

Staffing and recruitment

At our last inspection we recommended the number of care staff available should be kept under review. The provider had made improvements in this area.

- There were enough staff to meet the needs of people. One relative said, "Staff respond quickly – much improved" and another said, "The phone is answered quickly, or they will call me back. The response at weekends is good."
- Staff were visible and spent time in communal areas sitting with people when they could. A professional told us staff were always available to accompany them to see a person when they visited.
- Recruitment processes were robust and included stages for application, interview, references, DBS (police) checks and a probation and review period. This ensured the relevant checks were in place so the service could assure themselves new staff were safe to work with people who might be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- People all fed back they felt safe. Relatives all said they had no safety concerns. One professional said, "No safety concerns at all" and explained how health issues were communicated to them promptly and their advice sought where required.
- Systems to assess, monitor and report safeguarding concerns were robust.
- Staff had attended safeguarding training. Safeguarding was discussed at team meetings, in supervisions and contact details for the local authority safeguarding team were displayed around the service.
- The manager had a good understanding of what constituted abuse and where and how to report any issues. Records showed any concerns raised were investigated and action taken where needed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- Improvements had been made in this area since the last inspection. The laundry had been relocated to a different room with easy clean floors and a more robust system of separating dirty and clean linens and storing dirty linens. The whole service was odour free and looked clean and tidy.

Learning lessons when things go wrong

- The manager and nominated individual were keen to show us where improvements had been made and were reflective about what had been going wrong when we last visited.
- The manager gave us examples of where there had been a safety or safeguarding concern and how the service had learned from this and then shared that with staff.
- The manager explained they intended to talk about lessons learned at the next team meeting and record the more informal staff conversations they had about improving practise through lessons learned.

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 now 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 robustly assess, monitor mitigate the risks relating to the health safety and welfare of people and records were not always accurate, complete or contemporaneous. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since we last inspected robust quality assurance systems had been introduced with several layers of checking to ensure documents were complete, accurate and contemporaneous. Aspects of day to day care were spot checked and the management team monitored key areas of service delivery to ensure they were in keeping with regulatory requirements.
- A condition of the registration of the service is that a registered manager is in post. However, the manager had started their application for registration and intended to stay in the service and continue with the improvements they had started.
- There was a clear staffing structure and hierarchy in the service and across the provider group. Shifts were planned with care staff allocated to certain people to meet their needs.
- The manager and nominated individual had lots of experience between them and had a good understanding of the regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People fed back, saying, "Staff listen, if they don't know the answer, they will find it", "I'm very happy" and "If I need help, they are happy to help." The interactions we observed between staff and people were considerate and kind. There was fun banter between staff and people, the atmosphere was positive, and people were smiling.
- We discussed with the manager some of the challenges of making changes in an established staff team. Some staff had struggled to accept change and some staff had left the service since the last inspection. The manager and nominated individual had ideas about how to encourage a more consistent positive staffing

culture.

- Relatives told us of positive health outcomes being achieved. One person was supported to shower when they moved to the service after not showering for several years. Another person had put on weight and another had started socialising with other people and smiling again.
- A professional told us staff took very good care of people's skin and there were no pressure area concerns in the service due to their diligence.
- The equality characteristics of people and staff were considered. For example, the risk assessments prepared for staff and people took into consideration key factors such as age, ethnicity, and health conditions or disabilities that might affect their vulnerability to coronavirus.

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 nominated individual explained their understanding of the duty of candour.
- Relatives told us they were kept up to date on their loved one's wellbeing and when things went wrong. They said, "Manager has been brilliant – anything happens, and she is straight on the phone. She listens – knows exactly where I am coming from" and, "Video calls work well. The home will tell me how she is, if she has any falls etc."

Continuous learning and improving care; Working in partnership with others

- There were clear improvements in the service around records, safe care delivery, quality assurance, infection control and the environment. Further improvements were either planned or had been started.
- Partnerships with health professionals had improved and professionals told us communication was good.
- The manager was reflective and identified where the areas of strength in the service were and where they would like to develop. They said of the staff, "They have worked tirelessly, and I am so proud of them." The manager was realistic about time frames and showed how they had learned much since managing this service.