

Mr & Mrs N Nauth

The Manor Rest Home

Inspection report

Lower Bullingham Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Manor Rest Home is a residential care home in Hereford providing personal care for up to 23 people in a large adapted building. It specialises in supporting older people with mental health and / or who are living with dementia.

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

People were protected from abuse by staff who received training in, and understood how to, recognise and report any concerns of this nature. Plans were in place to manage any risks to people's health, safety and welfare. Staffing levels meant people's needs could be met safely. The management reviewed reports of accidents and incidents involving people to learn from these. Measures were in place to protect people from the risk of infections.

People's individual needs and preferences were assessed and kept under review. Staff received an initial induction followed by ongoing training to ensure they had the skills and knowledge needed to succeed in their roles. People had enough to eat and drink and any risks associated with their eating or drinking were identified and managed. Staff and management worked with a range of community health and social care professionals to ensure people received coordinated care. 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.

Staff knew people well and provided their care and support with kindness and compassion. People had support to express their views about the care provided. Staff and management understood and protected people's rights to privacy and dignity. They also recognised the need to consider people's protected characteristics.

People's care plans were individualised, kept under review and read by staff. People's personal histories and preferences were explored with them to encourage a person-centred approach. People had support to pursue their interests and participate in a range of social and recreational activities. People knew how to raise any concerns or complaints about the service. People's wishes and choices about their end of life care were explored with them.

The management team promoted an open and inclusive culture within the service. There was a strong sense of motivation and teamwork amongst a staff team who felt well supported and valued by management. The provider had quality assurance systems and processes in place to enable them to identify potential areas for improvement in the service.

Rating at last inspection

The last rating for this service was good (published 2 June 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service is effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Manor Rest Home

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. 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.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We also spoke with nine members of staff, including the registered manager, deputy manager, cook, housekeeper, one senior care worker and four care workers.

We reviewed a range of records. This included four people's care records, complaints records, medication records, staff training records, two staff files in relation to recruitment, and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

After the inspection

We spoke with a community healthcare professional about their experience of care provided.

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 Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report any abuse involving the people who lived at the home. They told us they would immediately alert the management team to any such concerns.
- The provider had procedures in place to ensure any abuse concerns were promptly reported to the relevant external agencies, including the local safeguarding team, so these could be thoroughly investigated.

Assessing risk, safety monitoring and management

- People told us they felt safe and secure living at the home. One person said, "I feel comfortable and there are plenty of people around to help me out if I have any problems. I have a general feeling of wellbeing here."
- The risks to people's health, safety and welfare had been assessed, kept under review and measures put in place to manage these. This included consideration of people's risk of falls, malnutrition and pressure sores.
- Staff explained they read people's risk assessments and followed their care plans to keep people safe. They told us they were kept up to date with any changes in the risks to people through daily handovers between shifts, use of the staff communication book and regular updates from management.

Staffing and recruitment

- People were satisfied with the home's staffing arrangements. They explained staff were quick to respond to their needs and requests for assistance. One person explained, "There's enough staff around. If I want anything, I've only got to ring my bell [staff-call bell] and they will come."
- People and staff commented on the stability of the staff team and relatively low rate of staff turnover. One person said, "There is very little staff turnover. You've got steady staff to teach the new ones."
- The provider adhered to safe recruitment practices to check whether prospective staff were suitable to work with people.

Using medicines safely

- People told us staff gave them the level of support people needed to take their medicines safely. One person said, "I take regular medicines and they [staff] run it very strictly. They make sure my medicines are on time and that I get the right ones."
- The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed. Staff confirmed they had been trained in and were confident following these.
- Staff had been provided with written guidelines on the expected use of people's topical and 'when required' (PRN) medicines. 'Topical medicines' typically refers to creams and ointments applied to people's

skin.

- Staff completed weekly medicines stock checks to confirm people had received their medicines as prescribed.

Preventing and controlling infection

- The provider's domestic staff helped care staff maintain standards of hygiene and cleanliness throughout the home.
- Staff had been provided with and made use of appropriate personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection when carrying out people's personal care.
- Hand-gel dispensers were located at appropriate points throughout the home to support good hand hygiene.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting and recording any accidents or incidents involving the people living at the home. The management team reviewed these reports to identify patterns and trends and take any necessary action to reduce the risk of things happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs were assessed by the management team before they moved into the home, and then reassessed on a regular basis.
- The management team kept themselves up to date with current legislation and best practice guidelines through, for example, participating in further training. This enabled them to ensure people's care and support was being delivered in line with legislation and expected standards.
- The management team understood the need to consider people's protected characteristics and avoid any form of discrimination when making decisions about their care and support.

Staff support: induction, training, skills and experience

- People had confidence in the staff's skills and knowledge. One person described staff as 'very professional' in the way they worked.
- New staff underwent the provider's induction training to enable them to settle into their new roles. This included initial training, time to read people's care plans and a flexible period working alongside more experienced staff.
- Following induction, staff participating in a rolling programme of training to keep their skills and knowledge updated. Staff spoke positively about the standard of training provided. One staff member told us, "The training is brilliant, because we do lots of face-to-face courses in addition to training on the computer."

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

- People confirmed they had enough to eat and drink and were given choices about what they ate and drank on a day-to-day basis. One person told us, "The food is brilliant. If you don't like dinner, you just see the cook and they will cook you something else."
- Mealtimes were relaxed events, during which people were able to socialise with one another and enjoy their meals without feeling rushed.
- With appropriate specialist advice, the management team assessed any risks or complex needs in relation to people's eating and drinking and ensured plans were in place to manage these.

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

- People confirmed staff helped them to seek medical advice and treatment if they were unwell. One person told us, "If I didn't feel well, they [staff] would go and phone the doctor who would come out."
- People received support from staff and management to arrange and attend medical appointments, where

they required this.

- People's care files included information about their health needs, and staff showed good insight into these.
- Staff and management worked with a range of community health and social care professionals to ensure people received coordinated care and support that achieved positive outcomes for them.
- Hospital transfer forms had been completed to provide medical staff with key information about each individual in the event of a hospital admission.

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

- We saw the design of the premises ensured people had appropriate space to socialise with others, receive visitors, eat in comfort or spend time alone.
- The home had an enclosed garden with covered seating areas, and we saw people enjoying use of this.
- The management team discussed plans to further adapt the environment to the needs of people living with dementia.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff and management understood people's rights under the MCA, and we saw staff supported and respected people's decision-making.
- Formal mental capacity assessments and best-interests decision-making had been carried out, where appropriate, in relation to significant decisions about people's care and support. This included decisions about medical treatment and the support people received with their nutrition and medicines.
- The management team had applied for DoLS authorisations based upon an individual assessment of people's capacity and their care arrangements. Where DoLS authorisations were granted, they reviewed any related conditions to comply with these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them well. One person said, "They [staff] are such lovely and caring people." Another person told us, "I think they [staff] are nice people; they treat me well."
- The staff we spoke with knew the people they supported well, and talked to us about their needs and preferences with respect and empathy.
- Staff were attentive to people's needs and requests, and showed concern for their wellbeing. For example, staff were quick to respond when one person suffered a fall. In addition, a number of fans were in use to keep people cool in the hot weather.

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

- We saw people were at ease in the presence of staff and management, who they felt engaged in conversation and approached for assistance.
- People told us they felt able to speak openly to staff and management, and that they were listened to.
- The management team understood where to direct people for independent support and advice on their care, such as advocacy services, and helped them to contact these as necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to meet people's intimate care needs in a way that protected their privacy and dignity. They gave us further examples of how they promoted people's privacy and dignity. One staff member explained, "It's about remembering they are a person, letting them do as much as they can for themselves and listening to them."
- Staff spoke to people in a friendly and respectful manner.
- People told us staff respected their need for independence. One person described how they enjoyed travelling to a local shop on their own, on a regular basis, to purchase personal items.
- The provider had procedures in place to protect the confidentiality of people's personal information and staff followed these.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the personalised care and support provided took into account their individual needs and wishes. One person explained, "They [staff and management] don't treat you as a mass, they treat you as an individual ... Whenever possible, they will bend to fulfil our needs."
- People had individualised care plans that supported a person-centred approach. Along with clear guidance on how to meet people's individual needs, people's care files included information about their personal histories and what was important to them.
- Staff told us people's care plans were easily accessible to them, and that they read and followed these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication had been assessed and recorded, and staff were provided with guidance on how to promote effective communication.
- We saw examples of information having been given to people in a way they more easily understood. This included the use of a visual menu to help people choose amongst the available meal options.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had support to participate in social and recreational activities that reflected their known preferences and interests. One person told us, "There's usually something going on that I like on a fairly regular basis." Another person described the enjoyment they had gained from visiting a particular museum with the help of staff. They said, "It had been on TV and they knew I really wanted to go, so they took me."

Improving care quality in response to complaints or concerns

- People told us they would raise any complaints or concerns directly with staff and management.
- The provider's had a complaints procedure in place, aimed at ensuring all complaints were recorded and responded to in a fair and consistent manner.
- We looked at the most recent complaint received by the service and found this had been investigated and responded to by the management team.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- People's preferences and choices regarding their end of life care had been explored with them in order that they could be addressed at the appropriate time.

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 Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team promoted an open and inclusive culture in which people, their relatives, staff and community professionals were able to express their views about the care and support provided.
- People felt able to approach the management team with confidence they would be listened to.
- Staff spoke with clear enthusiasm about their work at the home and people's care and support. They highlighted the positive atmosphere, good staff morale and strong sense of teamwork they experienced when coming to work. One staff member told us, "I love my job. I love the atmosphere and knowing I am making a difference for the residents. There's also good teamwork here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy. The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided.

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

- Staff and management told us were clear what was expected of their respective roles at the service.
- The management team worked closely with staff to maintain a shared understanding of, and address, any quality issues or new risks at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People spoke positively about the overall service provided and their relationship with the management team. One person told us, "It's as near as you can get to being at home and they [staff and management] do try very hard to please, which goes a long way." Another person said, "They [management team] are very good and very understanding ... It's a very, very good place."
- Staff spoke highly of the support they received from the management team. They felt their work was appreciated by management who were always prepared to listen to and act on any issues or concerns. One staff member told us, "Management do a good job. They are easy to approach and are always there for us. That's why I've been here so long!" Another staff member said, "They [management] are fabulous ... I have never come across two more lovely people in management. They are kind, caring and compassionate and they support you."

- The management team met on a regular basis with the people who lived at the home and, separately, with staff to encourage their involvement in the service. They also distributed regular feedback surveys to invite feedback from people and staff on the service, analysing any comments received.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place to enable them to identify and address areas for improvement in the service provided. This included the ongoing monitoring of accidents (including falls), incidents, complaints, and people's pressure care. The management team also completed audits and checks on, amongst other things, the standard of care planning and the safety and suitability of the premises.