

Normanton Lodge Limited

Manorfields Residential Care Home

Inspection report

47 Farley Road
Derby DE23 6BW
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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?

Requires improvement 

Overall summary

The inspection took place on 30 September and was unannounced.

Manorfields is registered to provide care for up to 40 older adults. They specialise in dementia care. At the time of our inspection there were 36 people living at the service.

Accommodation is provided over two floors. There is a lift and a stair lift available to the first floor.

There was no registered manager in post. An acting manager was covering this position. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe at the service, and were happy living there. Staff had a good understanding of how to safeguard people and protect them from abuse.

Summary of findings

There were sufficient numbers of suitably trained staff to meet people's needs. We saw risk assessments in place in people's plans of care to promote their safety. Staff were aware of how to respond to emergencies.

We saw that people received their medication in a timely and safe manner, administered by staff who were trained in the administration of medication.

People were offered choices with food and drinks and appropriate support was given when needed.

The manager and care staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before delivering care.

Referrals were made to other healthcare professionals in a timely manner to meet their health needs.

We saw staff positively engaging with people living at the service and staff encouraged people to participate in activities.

Our observations showed that people were treated in a caring manner, and with dignity and respect.

Care plans were individualised, and reflected people's care and support needs. The care plans included information about people's life histories, interests and likes and dislikes which provided staff with sufficient information to enable them to provide care effectively.

People knew how to make complaints, and these were responded to in a timely manner.

There were systems in place to check the quality of the service provided. The manager sought regular feedback from people living at, and visiting the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse because staff had a good awareness of abuse and how to report concerns.

There were sufficient staff available to meet people's assessed needs and ensure their safety.

Risks to people had been appropriately assessed, measures were in place to ensure staff supported people safely.

Medicines were administered safely. People received their medication as prescribed.

Good



Is the service effective?

The service was effective.

Staff received appropriate training to enable them to provide care and support people required. There were appropriate induction procedures in place for new members of staff.

Staff had a good understanding of mental capacity. People's choices were respected and consent to care and treatment was sought.

People's dietary requirements were met, their preferences, needs and risks were all taken into consideration.

Staff had a good understanding of people's health care needs and referred them to health care professionals in a timely manner.

Good



Is the service caring?

The service was caring.

The staff knew people well and there were positive relationships between the staff and people who were living at the service.

People were treated with dignity and respect.

People were encouraged to make decisions and choices for themselves.

Good



Is the service responsive?

The service was responsive.

Care was responsive to people's individual needs and preferences.

A wide variety of activities were available within the service suitable to the individual needs of the people living at the service.

Good



Summary of findings

People were confident that they could raise complaints and these would be responded to in a timely manner.

Is the service well-led?

The service was not consistently well led.

The service did not have a registered manager in post This position was being covered by a manager, who was responsible for the day to day management of the service.

Managers provided staff with appropriate leadership and support, staff were complimentary about the support they received from managers.

There were effective quality assurance systems in place to monitor the quality of care and to drive improvements within the service.

The provider, manager and staff were clear about the aims of the service and people. Relatives and staff had opportunities to put forward their suggestions about the running of the service.

Requires improvement



Manorfields Residential 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 30 September 2015 and was unannounced.

The inspection team comprised of one inspector and an inspection manager.

We contacted the local authority for information about the quality of service provided. They told us that they were

happy with the service provided. We reviewed the information we held about the service. This included notifications. A notification is information about important events which the provider is required to send to us by law.

We spoke with seven people living at the service and three relatives and friends. We spoke with one visiting professional. We spoke with seven staff, the acting manager and a senior manager. We reviewed the records of four people, which included plans of care, risk assessments and medicine plans. We also looked at recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, feedback forms and minutes of meetings.

We used a Short Observational Framework Inspection (SOFI) and made general observations of people during their day. SOFI is a specific way of observing care to help us understand the experience of people who may not always be able to verbally communicate with us effectively.

Is the service safe?

Our findings

One person living at the service told us “I feel very safe here, it’s my home”. Another person told us “of course I feel safe, it’s just lovely”. A relative we spoke with said “Without a shadow of a doubt I know they are safe here”.

There was a whistleblowing policy in place, which was accessible to all staff. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us that they would not hesitate to report any concerns. One member of staff told us “I would not hesitate to report any concerns, we all need to think about if it were our mother or father being cared for”.

Training records confirmed that staff had received safeguarding training, staff we spoke with were confident that the manager would act promptly if they approached them with concerns. This meant that people living at the service could be confident that issues would be addressed and their safety and welfare promoted.

Staff had a good understanding of how to report incidents and accidents. One member of staff told us, “Our first priority is to check the person, then we ring for medical assistance, and then we complete the documentation.” There were accident and incident files with documented evidence that action was taken to prevent a reoccurrence when an accident or incident had occurred.

Care records showed that people’s needs were assessed and their identified risks were monitored and managed, including those related to falls, moving and handling, pressure care and nutrition. We saw staff supervising people when they were mobilising and they explained this was due to their falls risk assessment identifying them as a high risk of falls. There were also risk assessments that were individual to that particular person, for example what type of mobility equipment they used. We saw that these assessments had been reviewed regularly and therefore staff knew what the risks were to the individual and how to manage them safely.

We saw there were sufficient staff to meet people’s needs. One person living at the service told us “There are always staff when I need them.” A member of staff told us “We have enough staff and the nice thing about here is that every-one pulls together and helps each other out”. We found that suitable arrangements were in place to demonstrate how the staffing levels had been determined in relation to people’s dependency needs.

During the inspection call bells were answered promptly which showed that there were sufficient staff and that people living at the service were not waiting long for assistance. This demonstrated that people’s safety was maintained.

We found that staff recruitment procedures operated by the provider were safe and in line with their policy. This showed that suitable arrangements were in place to reduce the risk of unsuitable staff being employed at the service.

There were effective systems in place for the maintenance of the building and we saw records of services for equipment as well as testing of water, heating and gas.

People received their medicines safely, when they needed them. One person living at the service told us “They always give me my medicine at the right time, just like I used to have it at home, and if I have a headache they will give me pain relief straight away”. We saw that people were supported by the staff to take their medicines in a safe way. Medicines were stored securely and safely. All staff who administered medication had received appropriate training, and undergone competency assessments. This ensured people’s health was supported by the safe administration of medicines.

We saw that there were directions written on the Medication Administration Records (MAR) for PRN medication (medication which is to be taken as and when required), this meant that people were given their prescribed medication safely, when they required them.

Is the service effective?

Our findings

One staff member told us “We get a brilliant induction, and brilliant training.” Another member of staff told us “The training is very good, and we are all encouraged to do NVQs (National Vocational Qualification) too”. Another member of staff said “I didn’t know anything when I started but the training is so good, and its on-going”.

Records showed that staff had accessed a range of training that was specific to the needs of the people living at the service. The manager informed us that all staff were trained in all areas so that workers shared the same knowledge and skills in order to provide effective care and support.

Newly recruited staff received a four day company induction and the service had recently introduced the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The manager informed us that staff had supervisions every three months, staff records showed that there were discussions of what training they would like to do, and areas for development within these meetings. Staff confirmed that they received regular supervision and found them useful to discuss areas of concern and development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions.

We found that appropriate MCA assessments had been completed. Staff we spoke with demonstrated a good awareness and understanding of MCA and when these should be applied.

The manager had a good understanding of DoLS legislation. Some people living at the service were assessed as being deprived of their liberty. At the time of the inspection five people had DoLS authorisations that had been approved.

We saw staff gained consent from people living at the service prior to care and support being given. For example we saw one staff member ask a person whose clothing was

soiled if they could take them to their room to assist them to get changed into clean clothes. We also saw staff gain consent for social activities, for example a member of staff who was playing a group ball game was seen to be asking all the people in the room if they would like to join in the game. People who lived at the service were asked regularly throughout the day if they would like the television to be turned on or off.

One person living at the service told us “The food is wonderful” and another person told us “The meals are always very nice and we get a lot of choice”. We saw that people were offered a choice of food at meal times and were able to view the food in order to assist them to make their choices. We saw that people were able to sit where they chose to eat their meals, this included the dining room, lounge area or their bedroom.

We saw that there was an effective system in place at mealtimes, this involved all staff members having a small group of people who they served and supported. This demonstrated that people were served their meal in a timely manner and were appropriately supported by staff as needed.

We saw that people were asked if they would like more food when they had finished. We also saw people being offered a choice of drinks to have with their meal.

The team leader informed us that they plan the menus, with assistance from people living at the service. Catering staff were aware of any special dietary requirements, for example one person living at the service had a soft diet, whilst another person had a diabetic diet. We saw that these were documented in plans of care and also in the kitchen.

Information in people’s plans of care showed that referrals were made to healthcare professionals in a prompt and timely manner. It was apparent in the plans of care that advice and actions were followed by the staff in accordance with directions from the health professionals. For example there had been involvement from the community mental health team for a person who was displaying behaviour that was difficult to manage. The service had followed the advice given and liaised with the team on a regular basis and there had been a significant improvement in the persons well being.

Is the service caring?

Our findings

One person living at the service told us “The staff are all so nice, they will always help me” and another said “The staff are nice, they look after me well, I’m happy”. A relative told us “Mum is happy here, they look after her so well”. A staff member told us “The staff are very caring towards the residents, they all have a caring nature and all care very much about the residents”.

Our observations showed staff sitting and talking with people. Staff spoke with them in a kind and reassuring manner. We saw staff being caring and affectionate towards people such as holding their hands.

We observed one member of staff walk through the lounge area and greet each individual person by name and asked how they were that day. We observed another member of staff approach a person who earlier in the day had complained of a headache. They discreetly asked them how they were feeling and asked if they would like assistance to move to a quieter area in the service where they be more comfortable.

We saw staff of all disciplines to be sat talking with relatives and people living at the service, this showed that all staff had developed relationships with people, and not just the care staff.

Staff were aware of people’s life histories, and they were observed to be making conversation with people about their past experiences, for example where they used to go on holiday.

We observed a person become distressed at times during the day; we saw that staff responded to them in a calm and reassuring manner and remained with the person until they were settled. We saw in the same persons plan of care that it identified what triggers may cause them to become distressed and what staff could do to minimise this. This showed that staff were able to respond appropriately to people in a positive and caring way, whilst also reducing people’s distress.

It was evident from people’s plans of care that people living at the service as well as relatives were involved in the planning, and also the reviewing of care. There was evidence of discussions that had taken place and also a communication sheet to inform relatives of appointments and visits from healthcare professionals.

We observed staff treating people with dignity and respect. One person told us “Oh yes they speak to me with respect and are always very polite”. We observed staff asking people if they wanted their bedroom doors to be left open or closed behind them, and we also observed staff to be checking toilet doors were shut in order to ensure people’s privacy and dignity. We saw staff act promptly when a person came out of the toilet in a dishevelled state and encouraged them to return with themselves so they could support with the person’s personal care.

Is the service responsive?

Our findings

One person living at the service told us “Me and my daughter sat with the staff when I first came here and they asked all about my life and what I like to do”.

Peoples plans of care were individual to their care and support needs, they included information about people’s preferences in relation to how their care was delivered. There was evidence that there had been family involvement in developing the plans of care, with their views and decisions documented . There were plans to reflect change in health needs, including end of life care support and decisions which were individual to the person. This showed that people living at the service had an individualised plan of care and identified the support that they needed.

Plans of care were regularly reviewed with involvement from the person living at the service and/or their family member and then updated in order to reflect people’s change in needs. These changes were communicated daily during staff handovers, and also documented in the communication book that was used by all staff.

Staff had a good background knowledge of the people living at the service and were able to evidence this in discussion during our inspection. We saw in peoples plans of care how to identify if the person was having a good day or a bad day and what staff could do to help with this.

Staff had a good understanding of different cultures including religious beliefs. The manager informed us that all staff had learnt basic words of a different language so that they could communicate effectively with people whose first language was not English.

Activities and interests were evident to meet the individual’s needs. One person told us “I get to go outside, I can do what I want, I like to dance when I’m well”. Another person told us “The staff will come and ask me if I want to go out, I like to go into town”.

During our inspection we observed people participating in crafts, jigsaws, board games and ball games, there were also magazines for people to look at. We observed a

member of staff take an activity to the bedroom of a person who was unable to come to the lounge, this meant that the staff were responding to individual needs by engaging in one to one activities.

We saw that people had their own reminiscence photograph albums. Staff informed us that domestic staff would use equipment that was familiar to the people living at the service, which would bring back memories for people and encourage them to engage in work like activities. For example the housekeeper used an old fashioned vacuum cleaner that people were able to recognise from their past.

We saw that the manager was responsive to people’s individual preferences. One person living at the service liked everything sparkly, and so the manager had located wallpaper with glitter to decorate the person’s bedroom.

In the plans of care we saw details of regular activities, for example weekly massage, dominoes, shopping, quizzes, chair based exercises, a beach party and singers and entertainers coming to the home. The local church also came to the home once a month to play music and sing songs.

The manager informed us that people go out on trips regularly and examples of these included a trip to the circus, a tour of the football stadium and visits to the garden centre. The manager also informed us that staff will regularly take people for a walk to the local pub or the local shops.

People we spoke with said they felt confident to raise a concern or complaint if needed. One person living at the service told us “If I’m not happy then I will tell them”. One relative told us “I would have no problem speaking to the manager or senior manager if I had a complaint, I know they would listen to me”.

There was a complaints policy which was on display for people to access. We saw there was a complaints file with all concerns and complaints recorded. Records showed that complaints were responded to appropriately and action taken as required. This included carrying out internal investigations where necessary, and an audit showed us that all complaints had been dealt with in a timely manner.

Is the service well-led?

Our findings

The provider encouraged people to be involved in developing the service. The provider and manager worked alongside staff to ensure that the service people received was reflective of the provider's visions and values for respecting people and promoting respect and equality for all.

There was no registered manager in post. However there was a manager who was in charge of the day to day management of the service and provided leadership to the rest of the staff team. The manager had been in post for over a year and had not submitted an application for registration with CQC. There was a condition of the service's registration to have a registered manager in post. The manager told us that they were in the process of applying. The manager was present during the inspection and we found they had a good understanding of people's care and support needs as well as providing leadership and support to the staff.

Staff informed us they were happy in their role, one staff member told us "It's a great atmosphere here, I'm happy working here, I don't think I can ever see myself leaving". Another member of staff said "It's so nice to work in an atmosphere like this one, the management are amazing, I can talk to them about anything". Other comments from staff members included "The management are very approachable" and "I can go to the management about anything at all, they are so supportive".

We saw that healthcare professionals had a good relationship with the manager and the service, one healthcare professional reported in her feedback "I feel I have a really good relationship with staff and they are responsive when I implement care interventions. I enjoy visiting my patients at Manorfields as I find all the staff so pleasant and helpful"

The entrance foyer contained a 'welcome board' which displayed photographs, names and the roles of people working at Manorfields. It also explained the different colours of uniform, and what role went with what colour.

People told us they were actively encouraged to share their views about the service, in meetings and by the use of

questionnaires. Feedback was sought from people living at the service as well as visitors and health professionals. The outcome of the feedback was discussed in team meetings and was also reflected in the managers monthly audit. Examples included feedback from a relative with concerns about the cleanliness of an area within the service. This had been discussed with the domestic staff and the issue was resolved. Another suggestion from staff feedback had been to redecorate and it was apparent this was in the process of being completed.

The manager informed us that there had also been feedback from the staff that they do not feel supported at the weekends, the rota had been rearranged so that there would always be a team leader or manager in the service on a Saturday and/or Sunday so that support was available.

The provider had systems in place to regularly assess and monitor the quality of the service. The manager notified us of significant events that affected people's safety and wellbeing including any allegations of harm and abuse.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that these were recorded in detail, describing what had happened and what action had been taken to prevent reoccurrence.

Quality monitoring audits were completed on a regular basis, these included checks on catering, medication, health and safety, infection control and the maintenance of the building and equipment.

There was detailed action plans and evidence that actions were taken as a result of the audits. For example it was identified one month that the required standard had not been met for adequate food stock levels available in case of emergencies. The following month it identified that this had been acted upon and now met the required standard.

As a result of the audits the manager compiled a list entitled 'our to do list' which stated the tasks to be completed and the person responsible for the task. This was then used to make improvements and improve the quality of the service and reviewed to ensure the tasks had been completed.