

Manor Residential Home (Arnold) Limited

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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 

Overall summary

We inspected the service on 09 and 10 February 2015. This inspection was unannounced. Manor Residential Home (Arnold) Limited is registered to provide accommodation for a maximum of 25 people. On the day of our inspection 23 people were using the service.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

Summary of findings

When we last inspected the service on 06 May 2014 we found people who used the service were not always protected from the risk of abuse because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider sent us an action plan telling us they would make these improvements by 25 July 2014. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

We found systems were in place to protect people from the risk of abuse and staff were aware of their roles and responsibilities in this area.

People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's individual needs and people received care and support when they needed it.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best

interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition and dehydration. Specialist diets were provided when required and referrals were made to health care professionals when guidance was needed.

Whilst people were encouraged to contribute to the development of their care plans and were able to be involved in the planning of their care we found people had little interest in the formal care planning process.

People were treated with dignity and respect. Staff were proactive in promoting people's choice and incorporated a kind and caring attitude when supporting people.

People were encouraged to be involved in decisions about the service and systems were in place to monitor the quality of service provision. People felt they could report any concerns to the management team and felt they would be taken seriously.

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 felt safe and the risk of abuse was minimised as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

People felt there were enough staff to meet their needs and we saw there were sufficient staff to respond to people's needs.

Good



Is the service effective?

The service was effective.

Staff received training to ensure they could achieve to their roles and responsibilities in the service. Staff also attended supervision sessions to ensure they could support people with their assessed needs.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet and fluid intake. Their health was monitored and staff responded when people's health care needs changed.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected. People were treated in a kind and caring manner and were encouraged to make individual choices.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The service was responsive.

People felt comfortable in highlighting any concerns or complaints to the management team.

People were involved in the planning of their care and staff had the necessary up to date information to promote people's well-being.

People were supported to pursue a varied range of social activities.

Good



Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

Good



Summary of findings

There were systems in place to monitor the quality of the service and where issues were identified action was taken to address these.

Manor Residential Home (Arnold) Limited

Detailed findings

Background to this inspection

We carried out this unannounced 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 unannounced inspection took place on 09 and 10 February 2015. The inspection team consisted of one inspector and an 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with eight people who were living at the service and two people who were visiting their relations. We spoke with three members of staff, the registered manager and the provider. We also spoke two external health care providers who visited the service and asked them for their views of the care people received in the service.

We looked at the care records of two people who used the service, two staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager. We also observed interactions between staff and people who used the service.

Is the service safe?

Our findings

When we last inspected the service on 06 May 2014 we found people who used the service were not always protected from the risk of abuse because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider sent us an action plan telling us they would make these improvements by 25 July 2014. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan and people were protected from abuse.

People told us they felt safe and were aware of information about what they could do if they felt unsafe or felt they were not being treated properly. One person told us, "It's lovely to feel safe." People's relatives also told us they felt the service was safe and did not express any concerns.

Staff were able to provide a good description of the different types of abuse and knew about the organisations policies and procedures about reporting suspected abuse to external agencies. One member of staff told us, "If I thought people were not safe I would talk to them and speak to the management team. Any form of abuse would not be tolerated. I would call the safeguarding team if I have any issues of concern."

We saw staff were proactive in promoting people's independence and safety. Whilst staff were aware of what constituted restraint they told us that restraint of any type was not necessary to promote people's safety. Our observations supported this information as throughout our inspection we observed people moving freely about the service without restriction. We saw staff supported people to undertake activities of their choice in a safe manner and people were able to retire to the bedrooms or move to alternative communal areas within the service when they wished.

Assessments were undertaken to identify potential risks which could compromise people's health and wellbeing. The assessments were undertaken to ensure proportionate measures could be put in place to control the risks. Where the risk assessments had identified a concern such as a risk of pressure ulcer formation appropriate pressure relieving equipment had been provided and was in use. Records also showed that where risk assessments had identified concerns in relation to people maintaining an adequate

dietary intake referrals had been made to specialist for advice and guidance. We found the risk assessment process was reviewed at appropriate intervals to ensure people's changing needs could be identified and addressed.

People felt staffing levels were sufficient in meeting their individual needs. One person told us, "They [care staff] can get busy, but they are always there for us." Staff told us systems were in place to ensure staffing levels were amended and maintained at appropriate levels to meet the needs of people. This information was confirmed by the deputy manager who told us, "Staffing levels depends on people's individual needs. We have just increased our numbers in the afternoons because we felt that the additional staff would help."

Members of staff also felt the staffing levels were appropriate, comments included, "Yes there is enough staff. We could sometimes do with an extra one on nights when it gets busy but most nights are quiet. We tend to cover staff sickness ourselves as we don't like to have agency staff as the residents don't know them as well as us. We also have an activities lady in the afternoons."

On the day of our inspection we saw people were being supported by the deputy manager, four care staff, two cleaners, the cook and a handyman. We saw that the staffing levels enabled people to experience unrushed meaningful interventions from the care staff.

People felt the staff employed at the service were suitable. One person said, "They [staff] are all very good at what they do." Records showed people were only supported by staff who had been safely recruited and had undergone a thorough pre-employment screening which included a criminal record check to make sure they were suitable before starting work.

People who used the service told us they received their medicines as they required them.

We found that only senior care staff, who had received training in this area, administered medicines and senior staff were available at all time to administer medicines. Systems were also in place to establish staff competency in this area so the manager could be assured that medicines were administered safely and in accordance with best practice.

Is the service safe?

We observed a member of staff administering medicines and saw they followed safe practices.

We reviewed medicine administration charts of two people which showed they had received their medicines as prescribed.

Is the service effective?

Our findings

People had a high regard for the staff and felt they were sufficiently skilled to meet their individual needs. One person described them as, “Being on the ball,” whilst another person described staff as, “Excellent” and said, “Compared with what you hear about it’s good. They do what they can for you”. Visiting professionals also expressed satisfaction with the quality of the service and felt people’s needs were being met and appropriate referrals were made to them by the management team.

People were cared for by staff who were supported with appropriate training and supervision. On commencing employment at the service staff were required to undertake an induction process which staff said gave them the required information about people’s individual needs. Staff felt the provision of training was appropriate and felt the training opportunities were sufficient to ensure they could achieve their responsibilities at the service. They were also provided with refresher training to keep their skills up to date. We also found staff had received a programme of supervisions and annual appraisals to discuss their individual training and development needs. One member of staff told us, “The training is very good. We have lots of training here. We also have supervision every two months, it’s not that long since I have had my supervision. The manager keeps everything confidential and we discuss our training needs, routines, any staffing issues, changes in people’s medicines and any areas of concern.” Records were available to support this information.

Staff had received training in relation to the Mental Capacity Act 2005. The act ensures people can make independent decisions when able. The management team were also aware that when people lacked capacity an assessment was to be followed to ensure that when a decision was made the decision was in the person’s best interest. Staff understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not restrict their freedom unnecessarily. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way. At the time of our inspection we found that mental capacity assessments had been undertaken but no DoLS in place and people as people had been assessed as having capacity to make informed decisions.

People felt the meals provided were of good quality. Comments included, “The food is magnificent, just like home cooking.” A visitor to the service also described the food as, “very good”. People were involved in an assessment process when they gained residency at the service. Records showed the assessment process provided them with the opportunity to identify their dietary likes and dislikes. Where people needed a special diet due to pre-existing medical conditions, this was provided to them as could meals for people who chose to adopt a meat free diet such as vegetarians and vegans.

We discussed people’s dietary needs with the chef. We found systems were in place to ensure people’s dietary requirements were known to the catering team. We also found the chef had an excellent knowledge of people’s individual needs and preferences and people received food which met their individual needs.

We observed people having their lunch in the communal dining room. The dining room tables were very well presented and people appeared to be enjoying their meals. We saw people were offered a choice of meals which looked very appetising, nutritionally balanced and plentiful. We saw a variety of drinks were available throughout the day and staff were regularly asking people if they would like a drink to ensure people had sufficient to eat and drink. Supportive equipment such as specialist utensils and plate guards were available when needed to promote people’s independence.

People felt the staff provided good support to maintain their health and wellbeing. They told us they attended appointments with health care professionals such as General Practitioners (GP) and felt their health care needs were being addressed. One person said, “If you weren’t well they’d soon spot it. They would phone GP straightaway, who would come”.

Records also showed that staff had also sought advice from external health care professionals to support people with their health care. This information was confirmed by a member of staff who told us, “We pass any concerns onto manager and they talk to the GP who comes out, they can also make referrals to other professionals if needed. I called out the GP this morning. We also have to contact the district nurse if a dressing comes off. Staff are proactive in making referrals and promoting people’s well-being.”

Is the service effective?

We received feedback from health care professionals who were visiting the service. They also told us staff made

referrals to them in a timely manner if they had any concerns relating to people's health needs. They also said staff followed their advice and felt people's health care needs were being met.

Is the service caring?

Our findings

People felt happy living at the service and felt the staff were caring and compassionate. One person told us, "I can't fault them," and, "They are cheerful all the time." People's relatives also felt satisfied with the quality of service provision. One relative told us, "They [care staff] keep my wife happy."

People felt they were supported to make decisions about their care and support. They felt staff were respectful of their individual decisions in relation to how they spend their time at the service. They also told us they could plan their days to suit themselves. One person said, "I like to do my jigsaws which I really enjoy, but I please myself what I do." Another person told us they preferred to spend their time away from the main communal areas and said the staff had always respected their wishes. This information was confirmed by a member of staff who told us, "If people want to go out it's up to them, relatives take people out as well. We have no restrictions on when people go to bed or when they decide to get up, it's their choice. Some people don't like coming out of their bedrooms and we respect that."

Our observations supported what people had told us. We saw staff interacted with people in relaxed, friendly manner and staff responded in a timely way when they felt people needed support. For example when one person asked to go to their bathroom. A member of staff quickly responded to the request and assisted the person in an unrushed and considerate way. We saw another person had asked for their fingernails to be manicured. Once again the request was responded to immediately and the interaction between the person and the member of staff was relaxed and demonstrated genuine warmth and affection. We saw people laughing and chatting freely with the staff and it was evident they had forged friendships not only with the staff but also with other people residing at the service.

Members of staff knew, through the provision of training events, about the importance of providing a caring and supportive environment which promoted people's privacy and dignity. One member of staff told us, "We have a dignity champion, I also went on a dignity course with the manager and I had a certificate following the training. It was useful." (The role of a dignity champion is to stand up and challenge disrespectful behavior and act as a good role model by treating other people with respect,

particularly those who were less able to stand up for themselves). Throughout our inspection we saw staff to be very caring and attentive to people's individual needs. All interactions were calm and respectful and staff showed a genuine warmth and compassion.

We found systems were in place to monitor staff to ensure they provided a caring and respectful service to people. The deputy manager told us, "I make sure the staff have a good knowledge of people needs. I also observe our staff to see if they are interacting well with people, and they are treating people with respect and dignity. Any issues of concern would be discussed straight away. We would also supply additional training if needed. I don't have any concerns at the moment about any of our staff."

People felt they were encouraged to express their views and felt their opinions were valued and respected. We saw there were systems in place to involve people in the planning of their care package. A visitor to the service also told us they had discussed their relative's needs on admission to the service.

Throughout our inspection we observed staff interacting with people. The interactions were positive and empowering, staff actively involved people in making decisions about what activities they would prefer to take part in, and where people preferred to sit. We also noted that staff respected people's views if they did not wish to participate in the planned activities. One person told us, "There is usually something happening, I get involved when I want to."

People felt their privacy and dignity was maintained at all times. One person told us, "All the staff are very good here, privacy means a lot to them." A member of staff felt that people's privacy was maintained at all times. They said, "We always promote people's privacy here, that's our job." We saw that when staff assisted people with their personal needs the interactions were undertaken in a caring and patient way. We also observed staff speaking to people in a discreet manner about any issues of a personal nature and provided people with the time to respond.

The management team told us that people's relations and friends were always welcome and were actively encouraged to visit the service. This information was confirmed by a person's relative, they told us that they visited almost every day and they were always made very welcome by the staff. We saw the design and layout of the

Is the service caring?

service provided a variety of communal areas throughout the service where people could spend their time with other people or with their family if they wished to have a confidential conversation.

Is the service responsive?

Our findings

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. We saw one person sitting alone in a communal area. A member of staff told us this was the person's preference and we established this was the case through conversations with the person. We also noted that when drinks were being supplied throughout the day, staff were not only aware of people's individual preferences but also those of their visitors.

Whilst people were encouraged to contribute to the development of their care plans and were able to be involved in the planning of their care we found people had little interest in the formal care planning process. People's care plans contained sufficient information to assist staff to deliver a service which was responsive to people's individual needs. The care plans were individualised and described how people were to be supported. They also contained risk assessments which were reviewed on a regular basis to ensure people's changing needs could be identified and responded to in a timely manner.

Staff valued the information in people's care plans and felt they were an integral part of the care provision. One member of staff told us, "The deputy manager keeps all the care plans up to date. We are having a new system and the plans are going on line. We are having training for that so we can all access the new system. We don't always have time to read all the care plans but they are there for reference and available for us to look at when needed. We discuss any changes at hand overs but the care plans are important."

Throughout the inspection we saw staff spending time with people and they received care that was centred on them and responsive to their needs. For example when people needed assistance with mobilisation the staff undertook the procedure in accordance with the instructions in the persons care plan. This showed that the documentation was being adhered to and the communication within the home was effective.

In addition to the care planning process staff told us additional effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of

staff told us, "We always have a handover and we can discuss people needs then. All the information we need is in people's care plans, but we know people's needs really well here and we know what interests people."

People felt happy with the range of social activities provided for them and told us there was always 'lots of things to do'. These included art and crafts sessions and interactive entertainment such as bingo and dominoes. Guest entertainers also visited the service on a regular basis which people said they particularly enjoyed. We also found people had access to a small library and could order daily newspapers if they wished. One person told us they had always had an interest in doing jigsaws and told us they were actively encouraged to pursue their interest. Other people told us they were looking forward to being in the garden as soon as the better weather arrives. On the day of our inspection we saw people enjoy having manicures and hand massages.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, "I would chose a member of staff if I had a 'niggle' and I feel I would be listened to." Another person said, "I would go to the manager, they are a good organiser and any problems would be sorted". A visitor to the service also had confidence that any concerns would be addressed and said, "I would go to the manager, she'd listen."

People residing at the service and their visitors were aware of their right to complain if anything was not to their liking and were aware a complaints procedure was on display in the foyer. The contact details of the service were also available via a web site which provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have in relation to the quality of the service. We also found that a comments and suggestion box was made available in the foyer of the service which people could utilized to provide their feedback on the quality of the service.

The registered manager told us that whilst no complaints had been received since our last inspection was performed, policies and procedures were in place to ensure concerns would be listened to and addressed effectively. We also found that part of the manager's ongoing responsibilities included the provision of regular meetings between people residing at the service, and their representatives. The

Is the service responsive?

meetings provided a forum where comments and suggestions could be discussed. Systems were also in place to ensure the management team could initiate discussions regarding any complaints to help identify reoccurring or underlying problems, and potential improvements.

Is the service well-led?

Our findings

People felt they could discuss their care with members of the management team and felt their opinions would be valued and respected. Staff described the management team as approachable. They felt the team was effective and gave good guidance and support to develop an open culture where their contributions to the running of the service were valued.

Staff told us they enjoyed working at the service and felt the atmosphere within the service contributed to the low staff turnover. They said the stability of the staff benefited people as it promoted continuity of care. Throughout our inspection we observed staff working well together and they promoted an inclusive environment where friendly chit chat was being undertaken between staff and people who used the service. We saw staff were supporting each other and it was evident that an effective team spirit had been developed.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures without fear of recrimination. We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC).

Our records showed we had been notified of one allegation of abuse since we last inspected in January 2014 and the issue had been managed effectively. We also contacted external agencies such as those that commission the care at the service and was informed they had not received any concerns about people residing at the service.

There was a registered manager in post at the home for several years. People felt the manager was a significant presence in the service and was in day to day control and was available when required. Comments included, "She [the manager] is all over the place, and approachable."

We observed the manager interacting with people residing at the service and their visitors in a professional and friendly manner. We also saw the manager accompanying visiting professionals when they were attending the service to perform assessments. The interventions were undertaken in a professional and competent manner and it was evident that the manager took an active role in

monitoring the service. We also observed the provider was present and was asking staff about where to mount some wall furniture. People said they were aware of the provider's roles and staff said the provider attended the service on regular basis.

Staff were provided with the opportunity to discuss their roles and responsibilities with the management team to ensure they were fully aware of what was expected of them. Staff felt the meetings aided the efficient running of the service and helped the manager to develop an open inclusive culture within the service. One member of staff told us, "I feel supported by the manager and I know I can go to them with anything when I am not sure of anything."

People could contribute to developments within the service. We found systems were in place to glean information from people residing at the service, their relatives and visiting professionals as annual satisfaction surveys were performed. The purpose of the surveys was to gain information which could be analysed to ensure people's views and experiences were included in the organisation's future business development plans. We found that as a result of the survey the provider was planning to have a passenger lift installed. The provider was also in the process of upgrading people's bedrooms so they all had an en-suite facility.

People were also supported to attend resident meetings and records showed that topics of conversation included the type of meals to be provided and the provision of social activities. We found that where people had requested alternative meals at the meetings these had been actioned in a timely manner.

People's safety was promoted as systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. Auditing systems were in place that monitored aspects of service provision such as people's care plans to ensure they were up to date and pertinent to people's individual needs. Medication management was also audited as was the environment to ensure any shortfalls could be identified and actions implemented to maintain the quality of the service. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.