

Hadrian Healthcare (Whickham) Limited

The Manor House Whickham

Inspection report

The Bank Top
Whickham
Gateshead
Tyne and Wear
NE16 4AT

Tel: 0191 496 0111

Website: www.hadrianhealthcare.co.uk

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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 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection carried out on 11 and 13 August 2014. Prior to this we visited the service in June 2013 and found a breach in regulation 20 (records). We revisited the service in October 2013 and found improvements had been made.

The Manor House Whickham is a nursing home providing care for up to 74 older people, some of whom live with dementia. At the time of our inspection there were 70 people living at the home.

Summary of findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe living at The Manor House Whickham. Staff told us they had all received training in safeguarding and if they had any concerns they would feel comfortable to raise them. Staff we spoke to were able to describe the action they would take.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had completed an assessment tool to assess who would require a DoLS following the recent Supreme Court judgement which redefined the definition of what constituted a deprivation of liberty. She was working with the local authority to process these DoLS applications.

We saw risk assessments were in place for individual identified risks, for example weight loss or supporting people with moving and handling. We noted that plans were detailed and contained information that would help staff support people and manage risks in an effective way.

People told us they felt there were enough staff available to support them. The registered manager told us they tried to recruit 10% over the staffing requirement so they could cover for annual leave and sickness with minimal disruption. Staff told us that if they weren't able to get cover, they could use agency staff where needed.

People told us they enjoyed the meals at the home and they were always offered a choice. We saw the staff were attentive towards individuals at meal times and provided support wherever required. Staff were aware of the individuals who needed special diets. A chef was employed to advise on the nutritional content of the menus to ensure that meals were nutritionally balanced and suited people's needs.

Staff told us they felt supported in their role and received sufficient training. We looked at the training records and noted training was available both electronically and face to face. Staff confirmed they received regular supervision and annual appraisals. Staff told us these sessions were helpful as they could use them as an opportunity to discuss any concerns.

Everyone we spoke to told us they were happy with the care they received. One person said, "I am extremely well looked after. I cannot think of anything I would change, everything is first class."

Staff were able to describe the care and support they provided to people. They described to us ways they could support people and help them maintain their independence.

We saw that activities were arranged and these took into account people's individual preferences and also the varying abilities of people that lived at the home. People and their relatives told us that where possible, the service encouraged people to continue the interests and activities they had prior to moving to the home.

No one we spoke to had raised any concerns or complaints but told us they felt confident that if there was anything they needed to discuss they could raise this and it would be actioned.

The staff were positive about the atmosphere in the home and the management. They all told us they felt supported in their role and the registered manager was always available for them to talk with. People and their relatives also commented on the open atmosphere within the home.

We saw the provider had a robust quality monitoring system in place which covered areas such as meetings, feedback and audits. The registered manager showed us the yearly calendar which identified when each area of the process was due. This helped to ensure that all areas of the service were reviewed regularly.

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. Everyone told us they felt safe living at the home. One relative we spoke to said, "I feel happy knowing they are safe here and they are well looked after."

Staff had all received safeguarding training and were confident on the action they would take should they have any concerns. We saw the registered manager had a clear process for recording and documenting any action taken when concerns were raised.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager had completed an assessment of who required a DoLS application following the Supreme Court judgement.

People and staff told us there were enough staff. They explained that there were busy times, but people's needs were always met.

Good



Is the service effective?

The service was effective. Staff were positive about the training they received and told us they felt supported in their roles. We noted team meetings took place each month and the registered manager varied the times of these to try and engage all staff members.

People told us they were always offered choices at each meal time. We saw that where needed, people received support with their meals, either by staff or with equipment such as adapted cutlery.

Staff told us there was a GP clinic in the home each Tuesday and they could also refer people to the dietitian and the chiropodist if required.

Good



Is the service caring?

The service was caring. People told us they were well looked after and they were given privacy and treated with dignity.

We observed good relationships between staff and people who lived at the home. All relatives we spoke to said they felt confident that people were happy and well supported.

Staff told us that no one currently used an advocate. There were systems in place should the need for an advocate be identified.

Good



Is the service responsive?

The service was responsive. We saw from people's records that time was spent evaluating people's care plans on a regular basis to ensure they were up to date. Staff were responsive when changes were identified.

We saw staff provided a wide range of engagement opportunities for people, both individually and in groups. People told us the home had encouraged them to keep up their personal interests and activities they used to do before moving to the home.

We noted regular meetings for people and their relatives were organised. People told us they could raise any concerns either in the meetings or as a concern or complaint to a staff member. Although no complaints had been raised, everyone we spoke to told us they had no concerns raising anything.

Good



Summary of findings

Is the service well-led?

The service was well-led. People, relatives and staff were positive about the home and the support available from the management team. Everyone told us the home had an open environment where people felt able to comment.

We saw the provider had a robust quality monitoring system in place which covered areas such as meetings, feedback and audits. The registered manager showed us the yearly calendar which identified when each area of the process was due; this helped to ensure that all areas of the home were reviewed regularly.

We saw that where audits were completed, if action was needed, this was clearly documented. We saw examples whereby individual staff members had received feedback in their supervision based upon the quality auditing system and their involvement.

Good



The Manor House Whickham

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors, a specialist advisor 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.

Before the inspection, we reviewed the information we held about the home and contacted the local authority commissioning and safeguarding teams. The provider completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived at The Manor House Whickham. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke to 26 people who were living at the service, 10 relatives, 10 care staff, the registered manager and the provider's compliance manager. We also spoke to a dietitian who regularly supported the home.

We looked at 12 people's care records, five recruitment files and the training matrix as well as records relating to the management of the service. We checked the premises and spent time in the communal areas.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe living at The Manor House Whickham. One person said, "I feel safe here and the staff are very kind. I don't feel I have to do anything I don't want to." Another person said, "I've got no worries living here, everything is good." One relative we spoke to said, "I feel happy knowing they are safe here and they are well looked after."

We saw there was a safeguarding policy and procedure available for staff to access. Staff were able to describe the action they would take if they suspected abuse. Each staff member confirmed they had received safeguarding training and recognised the importance of reporting any concerns. One staff member said they had never seen any poor practice but would be confident to report it immediately. Another staff member said, "I would have no hesitation in reporting anything I didn't think was right, I would go to safeguarding myself if I thought it was necessary."

We looked at the safeguarding log and saw that seven incidents had been reported since January 2014. We saw all had been logged appropriately with a full record of any investigations completed. We saw where the local authority safeguarding team had been involved; the action they had taken had also been documented. The registered manager told us that when any incidents occurred, they ensured all relevant parties were involved as quickly as possible and immediate action was taken and documented.

The registered manager and senior care workers had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us they were aware of the recent changes in relation to DoLS and they were working with the Local Authority and Best Interests Assessors on the process of submitting applications. A Best Interest Assessor's role is to assess whether someone is deprived of their liberty and if so, whether this is in their best interests.

In the meantime, we saw the registered manager had completed an audit as to the people who may require a DoLS application and was completing applications based upon priority. The registered manager told us the provider

had also recently redrafted their MCA policy to include further guidance on DoLS. We saw this policy had been sent around key members of the organisation for feedback prior to it being finalised.

Risk assessments were in place for identified risks, for example, swallowing difficulties, weight loss, tissue damage and moving and handling. Plans were detailed and contained sufficient information to ensure staff were clear about action to be taken. The provider was using an external company of physiotherapists to carry out assessments and offer advice to people at risk of falls. This was part of a pilot programme and was hoped to reduce the number of falls happening.

Staff told us there were enough staff, although sometimes in the mornings they were very busy. They all said they were able to respond to people promptly in the majority of cases and commented it was only in exceptional circumstances this was not possible. We saw this was the case during the inspection. People we spoke to were generally positive about the number of staff available to support them. One person said, "Sometimes I ring the bell and they come straight away. The staff are brilliant." Another two people we spoke to said, "There are plenty of staff for me" and "Oh yes there are enough staff."

Four of the people we spoke to commented that at times there could be more staff available to help them. One person said, "Some days they are a bit pushed when all the calls come together but they manage wonderfully." Another person said, "They could do with more but we never wait that long."

During our inspection we noted that one staff member on the residential unit which supported people who were living with dementia, had taken a break during the lunch time period which had left limited staff to support people. We noted this left the remaining staff very busy and some people had to wait for support. We spoke to the registered manager about our observations who advised that staff never normally took breaks at this time as they wanted all staff to be available to support people at lunch time. She assured us she would speak to staff members to ensure people's support during meal times was a priority.

The registered manager told us the home attempted to employ 10% more staff than the required levels to cover for annual leave and sickness. Staff members we spoke to told us if there was any unplanned staff absence they could

Is the service safe?

speaking to staff in the other units and if there was no availability they had a regular agency they used. One person we spoke to said, "If someone is off ill they sometimes have to get agency staff but they do what they can and it all works out. I have no grumbles really."

Is the service effective?

Our findings

People told us they enjoyed the food. One person said, “We get a choice and you can ask for something else if you do not like what is available. The food is always hot when we get it. I don’t need any help with my meals, but other people get help when they need it.”

We saw staff were attentive to people’s individual needs and preferences when they served the lunch. We noted that where required, equipment was available to support people to be independent during meal times, such as plate guards and adapted cutlery. One person we spoke to said, “They always ask if I need help.” Another person said, “They cut up my food for me if I need it.”

We saw the portion size varied to suit people’s individual needs. One person said, “The portions are the right size, they know my needs.” Everyone we spoke to was positive about the meals, they said they were satisfied with everything they received, the quality was good and the portions were the right size.

We saw the seating arrangements at meal times were organised to meet people’s preferences. For example, for one person enjoyed the view and told us they preferred to be on a table on their own so they had been given an individual window next to the window. We noted that each dining room had tea/coffee making facilities so visitors and people living at the home could make their own drinks which were freely available. One relative told us they had eaten at the home with their relative. They said, “I had Sunday lunch one day, I thought it would be nice to eat together, it was really good.”

One staff member told us they had a good system in place to ensure people who needed their food and fluids monitored were given the support they needed. They advised a daily food and fluid chart was completed by staff and prior to the end of each shift, the senior reviewed this for any changes or concerns. One senior staff member said, “We check the food and fluid each day before we handover to nights, just in case people haven’t had enough.” They continued to say, “Sometimes it’s a first sign that people are becoming unwell. The manager does spot checks on them each day too.”

Specialist diets were available and these included diabetic, soft and fortified meals. Staff were aware of people who had special diets and were able to describe the type of

food they had. A chef was employed to advise on the nutritional content of the menus to ensure that meals were nutritionally balanced and suited people’s needs. We saw the menus provided a varied selection of food and a choice was available at each meal time. The kitchen staff told us they had received appropriate training for their role, this included food hygiene and malnutrition care.

We spoke to a dietitian who had worked with people at the home. They told us the staff communicated well with them and updated them regularly if there was any changes in people’s abilities or health that effected their eating.

Staff said they received plenty of training opportunities and these included on line and face to face training from an external provider. Examples given included diabetes; end of life care; medicines management; safeguarding; infection control and moving and handling.

Staff confirmed they had regular supervision and annual appraisals. They said these were helpful and they could raise issues and these would be taken seriously. Staff said they felt communication was good in the home. One staff member said, “I feel really supported, the communication is really good but if we want to know something we just ask.”

Staff told us there were monthly staff meetings and they felt able to contribute to these. We were told the meetings alternated between 2:30pm and 6:30pm each month. The registered manager told us they had picked the 6:30pm time to try and engage night time staff so they could attend the staff meeting before their shift.

We spoke to three staff members who had recently started working at the home; they told us they had completed induction training. One staff member said, “It really prepared me with the skills I needed.” Staff told us that as part of the induction period, they also shadowed experienced staff members for three days. They told us they were given an induction checklist and workbook to make sure everything was covered.

One staff member told us the local GP had a clinic at the home every Tuesday so if a person had an ailment that was not urgent, they could always see the GP and discuss it on a Tuesday.

We saw from people’s care records that where needed, external professionals were involved in people’s care. One

Is the service effective?

staff member told us they could refer people individually to the dietitian or the chiropodist but if they thought someone needed physiotherapy or an assessment due to their risk of falls then this was done with support from the GP.

Is the service caring?

Our findings

People told us they felt well looked after by the staff at the home. Each visitor we spoke to told us they were happy with the care their relative received. One person said, "I am extremely well looked after. I cannot think of anything I would change, everything is first class." Another person said, "I am very happy here and I am definitely treated so well, I have not a bad word to say about them." One relative said, "The care I have seen is very good. The girls do anything – nothing is too much for them."

During our time at the home we noted staff were patient with people and engaged with them at any opportunity. We saw people were responded to appropriately by staff and everyone looked comfortable, clean and well looked after. One person said, "They are all patient, they always listen to me." Another person said, "I wouldn't change anything, they couldn't be kinder." We saw that all staff appeared to know people well and when speaking to them they always addressed them by name.

We spoke to staff about how they ensured people's privacy and dignity was maintained. One staff member stated each person had their own room and bathroom and if they wanted to lock their doors when they were out of their room this was their personal choice. We spoke to one person living at the home who had a key. They told us they locked their room whenever they were not in and staff respected their privacy. They said, "I arrange with the cleaners when I want them to clean, I book in a time with them. No one goes in my room unless I say it's okay. I would not mind in an emergency obviously but other times they always ask me."

One staff member explained to us how they respected people's privacy. They said, "The curtains should be closed

and the door closed if we are supporting people with personal care." They continued to say, "I talk to people as well, it's important. I tell them what I'm going to do. If possible, when people are getting washed or changed, I always make sure I do things in steps so it preserves their dignity and they aren't sitting naked unnecessarily." Another staff member we spoke to said, "I always make sure I give people the time to do things themselves if they want to. I never want to rush people. I always just listen to them and support them. It's important."

Staff were aware of how to support people to maintain their independence. For example, someone was encouraged to shave themselves, be responsible for their personal care and to walk short distances with a staff member. We noted staff ensured that a wheelchair was available nearby in case they became tired.

All staff we spoke to were knowledgeable about people's needs. They all told us people's life histories were recorded in their care plan but through day to day interactions they had got to know people well. One staff member said, "I know a lot about the background of the residents. I think I know them well – we are a little family."

The registered manager told us that no one at the service was currently accessing advocacy services. We noted there were arrangements in place to facilitate this should the need for an advocate be identified. Staff we spoke to were confident they that if someone required an advocate there were services available to support them. One member of care staff said they would go to the senior or the registered manager if anyone needed an advocate, whilst another said there was information and leaflets available around the home to advise people of the support available.

Is the service responsive?

Our findings

People told us the care they received was individual to their needs. One person said, “Sometimes I’m still tired in the morning and I stay in bed so they bring breakfast up to me.” Another person said, “My care is excellent, it’s whatever I want it to be. I have been very satisfied with the support I get.”

Staff were able to describe the care and support needs of people who lived at the home. They were aware of people’s assessed needs and could describe the current care plans for individuals. We noted the care plans were evaluated regularly and attention had been paid to ensure the evaluation included a descriptor of what had specifically been evaluated. We saw that where changes had been identified appropriate action had been taken. For example, where one person had gradually lost weight over a number of months, this was identified and they had been referred to a dietitian. We noted that another person had fallen on a number of occasions. Staff had sought advice from the falls team and bed rails had been provided to reduce the risk of them falling out of bed.

We saw the risk of falls was regularly assessed and any changes were updated in the care plans. We noted that where required, people had profiling beds in place and people at risk of skin damage had pressure relieving mattresses. These are special beds which can be adjusted to change the shape (profile) of the bed. We saw the setting of the mattress was recorded in each individual’s care plan.

Activities were organised and those provided included exercise classes, cream teas, entertainers, music, videos, one to one trips out for shopping or meals and theatre visits. Some people we spoke to told us they had been out to visit a local garden centre. One person told us they had been to the coast for fish and chips. Staff told us the hairdresser visited once a week and people could have manicures if they wanted. People told us they were happy with the activities programme.

We saw that where possible staff encouraged people to participate in activities that they had liked doing prior to moving to the home. For example, one person used to do a lot of hill walking and therefore was supported by staff to complete a charity walk. One person told us their son had a disability and was in a care home. They told us how the staff worked with their son’s care staff to arrange visits and

helped coordinate transport. Also how they visited their son and their son visited them and that everyone had helped to make sure the visits took place as planned where possible.

One staff member told us a questionnaire had been given to everyone in the home which asked about the activities they would like to see, this included group and one to one activities. They told us this helped staff get to know what people would like. We saw that where people could not complete this form personally, the staff spoke to their friends and family to gain information on what activities they would like. One staff member said, “There are some really good external activities. People like going out. They get to go for coffee and cake. We do internal things too like clothes parties and raffles.” During our inspection we noted an advertisement within the home for upcoming events including a clothes party.

We noted that where people’s involvement was limited due to medical conditions or mobility staff provided a number of alternative activities that catered for different groups of people. We noted that this helped to ensure that everyone at the home had opportunities to get involved over the course of a week.

The registered manager told us they held regular meetings for people to try and get their views and opinions. We asked people whether they were aware of the meetings and whether they had attended. One person said, “Oh yes I go. I say – hold your horses we want an explanation and they listen.” Another person said, “I have been recently, if anyone raises anything they listen.” Most people told us they were regularly invited to the meetings and knew when and where they took place but chose not to go. One person said, “I just don’t feel the need, they speak to me individually and I’m happy with everything so I don’t really want to go. I know I could turn up any time though.”

One relative said that regular relatives’ meetings were advertised in the home. All relatives we spoke to told us they did not attend personally, because if they had anything to discuss, they could speak to any staff member but they knew the meetings still went ahead. One staff member told us the relatives’ meetings were not very well attended but they still tried to use the opportunity to engage with anyone who came and get their views on ways the service could improve.

Is the service responsive?

None of the people we spoke to or their visitors had any complaints however they all said they would feel comfortable raising any issues, whether that be with a care worker, a senior staff member or the registered manager. One person we spoke to said, "There are no problems, I cannot fault them. If I do point anything out, no matter how

small, it's seen to straight away." Another person said, "I have no complaints but if necessary I would go straight to the top." We saw there was a complaints procedure in place and any complaints that had historically been received had been dealt with and recorded appropriately.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. They had been in post since 2011. We saw there was a clear staffing structure which included the registered manager, who was supported by a regional manager and a compliance manager. The home also employed a number of senior care workers.

All the visitors we spoke to told us the staff and registered manager were approachable and they could talk to the registered manager about anything regarding their relatives' care or the home. Staff also told us they felt the management team were open to feedback. Staff told us they felt supported. One staff member said, "I really enjoy working here, the manager is very approachable." Another staff member said, "We normally have support on a weekend from the deputy manager or the principle senior but if they aren't on shift we are always given numbers of people we can contact at any time."

We spoke to one staff member who had only been at the home for a number of months. They told us the atmosphere was very conducive to learning and since day one they had felt supported by the other staff as well as the management. They said, "There is always someone to ask." Another staff member said, "We really do provide good quality care to the residents, I believe that. The manager runs a tight ship but she is very approachable and will do anything to help."

The home had a system in place to assess the quality and service provision called QARMS (Quality Assurance Risk Management System). We noted the system covered everything from meetings, stake holder feedback and regular audits. We saw the system indicated each item that needed to be covered and the frequency. For example, questionnaires looking at overall feedback of the home were completed annually whereas meetings for people were held monthly.

We saw ten different audits were identified by the provider as being essential quality checks for the home. Each audit was completed quarterly, and the number of audits completed each month were planned on a yearly calendar. We noted the overall audits included areas such as the environment, health and safety, moving and handling and infection control. In addition to the audits, the regional manager completed regular compliance visits and scored the home. We saw the compliance visits looked at all areas of the home including care plan evaluations and whether the meetings for people and their relatives were arranged and advertised. We saw that where the score was not 100% there was clear information as to what needed to be improved. For example, in August 2014 it was identified that further training courses needed to be scheduled for health and safety training and this had been actioned.

We saw that as part of the quality auditing procedure, the registered manager and senior staff reviewed all areas of the service, including contracts with external professionals. For example, in July 2014 the registered manager had met with the pharmacy supplier to review the system and look at what areas were working and not working well. We saw that ordering medicines mid cycle was discussed and a procedure was agreed and documented.

The registered manager told us that as part of their role they completed unannounced inspections to check on all areas of the home. We noted that in July 2014, the registered manager had visited the home at 5am and completed a report of their findings. We saw that any areas for improvement were documented and in some cases individual staff members received feedback during their supervision.

The provider had a monthly newsletter, named "Life at the Manor." We viewed the newsletter for May, June, July and August 2014 and saw it included items such as welcoming people who had recently moved in, upcoming birthdays and the date and time of the next meeting for people and their relatives, as well as pictures of the most recent activities.