

Anchor Hanover Group

# The Manor House Knaresborough

## Inspection report

1 Hambleton Grove  
Knaresborough  
North Yorkshire  
HG5 0DB

Tel: 01423797555

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Manor House Knaresborough is a residential care home providing accommodation for people who require nursing or personal care. The service can support up to 75 people. The service supports adults over the age of 65 and people living with dementia. At the time of our inspection there were 69 people using the service. The Manor House Knaresborough is a purpose-built building split over three floors, with one floor specialising in supporting people living with dementia.

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

Systems were in place to protect people from the risk of harm or abuse. People were safe because robust individual risk assessments were in place as well as safety checks of the environment. Medication was stored and administered safely with a focus on people's preferences and routines. Infection prevention and control practices were in place and visiting was facilitated in line with guidelines. There were enough staff to meet people's needs and lessons were learnt if something went wrong.

People were at the centre of their care and decision making demonstrated in both interactions with staff and also within plans of care. Staff felt they had the skills and training to provide high quality, safe care. Staff worked closely with other agencies to ensure people lived a healthy life with positive outcomes. People consented to their care and people who were unable to consent had the correct mental capacity assessments and best interest decisions in place.

People received compassionate, caring and dignified care. Complaints were responded to, and staff had a good understanding of what good end of life care was.

People received high quality activities and events which reduced social isolation and had positive outcomes for people. People living with dementia had social events with a strong focus on improved nutritional outcomes and intergenerational care.

The service was well-led with clear oversight and quality checks completed. The staff team reported they were supported and kept informed by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 22 July 2019. We completed an infection prevention and control

inspection in January 2021, but this did not provide a rating. This is the first inspection which will provide a rating.

#### Why we inspected

We inspected this service as we have not rated the service since it first registered with CQC.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Manor House Knaresborough

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by two inspectors 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.

#### Service and service type

The Manor House Knaresborough is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Manor House Knaresborough is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection, we spoke with the area manager, registered manager, deputy manager, three senior carers, three carers, one activity coordinator, one maintenance person, the chef and one member of domestic staff. We spoke with 15 people living at the service. We reviewed 10 medication administration records (MAR) and five care plans. We reviewed evidence following the inspection including training records and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- There were systems and processes in place, such as staff training and discussions in staff meetings, to ensure staff had a good understanding of safeguarding.
- The provider had a safeguarding policy detailing what action to take to keep people safe from the risk of abuse or neglect.
- People felt safe living at The Manor House Knaresborough. One person told us, "I feel very safe here." Another person told us, "I am very safe. I am well looked after."

Assessing risk, safety monitoring and management

- Systems were in place to monitor and assess risks to people.
- Environmental safety checks, such as gas and electrical safety, were all completed routinely by a designated person.
- Where people were at risk such as being at risk of falls, these were fully assessed to minimise the risk of harm.
- Staff had a good understanding of people's risks and how to manage these. One staff member told us, "We know people really well. The senior carers complete the care plans and assessments on the day of admission. We like to make people feel welcome and special."

Staffing and recruitment

- Staff were recruited safely.
- The provider completed all mandatory checks to ensure staff were suitable to work in social care.
- There were enough staff to meet people's care needs, but people felt there were not enough staff. There was regular use of agency staff due to a challenge in recruiting permanent staff. One person told us, "They could do with more staff. They always seem short staffed." While another person told us, "There are not enough staff for the number of residents."
- The provider had a clear and robust plan to drive recruitment. Most agency staff used were used regularly to provide a level of consistency to people being supported. The provider plans to meet with people to discuss safe staffing levels.

Using medicines safely

- Medicines were managed safely.
- People were given medicine on time and as prescribed.
- Medication was stored securely and at the correct temperature to make sure it remained safe for use.

- People who received "as and when required" medication had clear plans for this so staff knew when to offer this. One member of staff told us, "I know [Person] doesn't like their medication before 9am, so I will give [another Person] their medication now instead."

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives were able to visit The Manor House Knaresborough in line with government guidelines.

#### Learning lessons when things go wrong

- There was a culture of learning lessons.
- The registered manager completed lesson learnt reviews where there was an adverse incident, such as a fall or missed medication. The registered manager analysed and understood how the incident occurred and shared learning with staff to minimise recurrence.
- Staff felt the registered manager supported them in their role. One member of staff told us, "The manager is great. They will work shifts if needed and they have an 'open door policy'. Nothing is ever too much trouble."



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs; Supporting people to eat and drink enough to maintain a balanced diet

- People benefitted from a high standard of decoration and design where people felt relaxed and comfortable in their surroundings.
- People received support to monitor and maintain their weight. For example, staff would weigh people on a weekly basis if they were at risk of weight loss and seek medical help, if needed.
- Kitchen staff met with people to ensure they were happy with the quality of food and made changes, where necessary.

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

- People benefitted from support where care needs were fully assessed and understood.
- People's care plans were very detailed and focused on the persons choices, wishes and life history. Staff understood people's routines and preferences well. One staff member told us, "We always respect people's individual choices and wishes."
- People felt staff had a very good understanding of their care needs and routines. One person told us, "I can do what I like. Sometimes I sit with the men, other times I play games with the ladies." Another person told us, "Sometimes I like to eat in my room or have a shower very early in the morning. It's never a problem as it's my choice."

Staff support: induction, training, skills and experience

- Staff felt supported in their role to provide safe high-quality care.
- Staff told us they had a mixture of online and classroom-based training. Staff also felt the induction was of a high quality and equipped them to feel confident in their role.
- Staff felt they worked well as a team. One member of staff told us, "We all work together to make sure people are safe. I always make sure I give a full handover to the next senior before I finish my shift."

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

- Staff had a good working relationship with partner organisations to ensure people live healthier fulfilling lives.
- The local GP and District Nurses have good working relationships with The Manor House Knaresborough and visit, when required.
- Staff understood people's health conditions to provide person centred care. One person told us, "The

doctor comes in every Thursday and has a list of people they need to see."

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had mental capacity assessments to ensure staff and involved professionals could make decisions on people's behalf, where needed.
- Staff had a good understanding of the Mental Capacity Act and how and when to apply this.
- Where decisions were made on behalf of a person in their best interest, for example, giving medication covertly, the necessary assessments, care plans and consultations were in place to ensure this was done safely.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff knew people's life history, routine and preferences to provide high-quality person-centred care.
- People were treated with dignity and respect to live active and meaningful lives. One person told us, "The staff are very caring. If anyone needs help, the staff are here to help." While another person told us, "What I would say about them is they are caring. One of the carers came in on their day off to do my hair. I felt wanted and cared for."

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

- People were actively involved in decisions about their care.
- People felt included in their care. One person told us, "I am treated with respect and the carers always see to my arrangements." Another person told us, "I can feel a bit embarrassed having a shower, but the carers are so kind. We always have a laugh."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- There was a culture of reducing social isolation.
- People felt confident staff would organise meaningful activities which improved their emotional wellbeing. One person told us, "There are two very good coordinators and a good variety and lots of activities. We went on a canal boat the other week and we have someone come in to sing music."
- The activity coordinators researched how to improve the life of people living with dementia and explored intergenerational care. The staff organised a monthly baby and toddler group with people living with dementia. The local school also attended for ice cream where people helped serve and look after the children. This has helped people feel connected with their local community and had enhanced people's mental health. One member of staff told us, "[Person] is normally quiet and reserved but when they held a baby recently at the baby and toddler group, they came alive and had a big smile on their face. It was amazing to see."
- The activity coordinators worked with care staff and kitchen staff to combine food with activities, particularly for people living with dementia to reduce the risk of weight loss. This included chocolate, vintage sweets and ice cream tasting. One member of staff told us, "I researched the risk to people living with dementia and realised malnutrition is a high risk. We worked with the kitchen to make sure we combined high calorie food and drink with activities for people living with dementia."

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

- People were supported to have choice and control over their daily lives.
- People were fully involved in the creation and review of their care plan. People and their relatives were consulted about decisions with menu choices, activities, and social events. One person told us, "The staff write up in the blue book. People can look in their book and see what the state of play is."
- People felt staff knew them well and included them in decisions. One person told us, "All I need to do is press my button and the carers come. They are only too happy to help."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in various formats to allow it to be accessible to people.
- Staff knew people's communication styles to ensure people were included in activities and decision

making.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately.
- The provider had a complaints procedure in place. The registered manager responded appropriately to complaints. One person told us, "I can worry sometimes, so I talk to the carers about it. Whatever it is, they help me sort it out." Another person told us, "If I ever have a complaint, the carers listen to my report and they sort it out."

End of life care and support

- There were systems and established processes in place to make sure people receive a dignified, comfortable and pain free death.
- At the time of inspection, people did not require end of life care, but staff had a good understanding of how to provide pain free and dignified end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a supportive culture which encouraged the delivery of high quality, person-centred, inclusive care. One person told us, "It is very well organised. The manager works hard under very difficult circumstances, but she remains very approachable."
- Staff felt supported in their role and felt they were able to offer people high quality care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Established systems were in place to monitor the quality of care provided.
- The registered manager completed routine audits, spot checks, supervisions and team meetings to monitor the quality of care provided. Where improvement is needed, a plan is created, and the registered manager ensures this is completed. One member of staff told us, "The manager is excellent. They really support the staff and we can always go to them if we need help."
- The registered manager had a good understanding of regulatory requirements and set high goals for the service to ensure people benefitted with good outcomes.

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

- People were fully engaged in the development of the service.
- People and their relatives were fully consulted with any proposed changes, such as a change of menu or décor. One member of staff told us, "When there is a change to the menu, from summer to autumn, we prepare samples of food for people to try and give their feedback."
- Staff had a clear understanding of people's protected characteristics and the importance of treating everyone as an individual.
- Staff had a good working relationship with visiting professionals to ensure people maintained a healthy life and had access to the services they required.

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

- The registered manager acted within their duty of candour.
- The registered manager worked with people, their relatives and health and social care professionals to ensure the right care was provided.

