

Anchor Hanover Group

# The Manor House Harrogate

## Inspection report

The Manor House  
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Harrogate  
HG1 2NE

Tel: 01423500010

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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 Harrogate is a residential care home providing personal care for up to 87 older people and people who may be living with dementia. Forty-five people were using the service when we inspected.

The service is split into four 'suites' across four floors. Lancaster and Dutchy provided residential care, whilst Chester specialised in supporting people living with dementia. The Ridings was not in use at the time of our inspection.

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

People felt safe with the care and support staff provided. Risk assessments were in place to guide staff on how to safely meet people's needs. Some risk assessments could be developed to include more detailed information about how risks were managed. The registered manager agreed to address this.

Staff were safely recruited and sufficient staff were deployed to safely meet people's needs. The registered manager had systems in place to monitor and make sure enough staff were on duty. Agency staff were used when needed to cover gaps in the rota.

People were supported to stay safe by staff who understood how to identify and address any safeguarding concerns. Staff responded to accidents and incidents to help keep people safe. Management analysed all accidents and incidents to identify any actions that could be taken to stop a similar thing happening again.

People benefited from living in a warm and welcoming environment. Systems were in place to make sure the building was safe, maintained to a high standard and kept clean.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff sought people's consent; systems were in place to make sure decisions made on people's behalf were in their best interest. Applications were made when needed to deprive people of their liberty.

People received attentive support to help make sure they ate and drank enough. We made a recommendation about reviewing how food and fluid charts were used to monitor people at risk. Staff worked closely with healthcare professionals and supported people to receive medical attention when needed.

Staff completed an induction, a range of training and received supervisions to support them in their role.

People received kind and caring support from the polite, courteous and respectful staff. Staff spent time speaking with people, getting to know them and there were friendly and warm interactions throughout our visit.

People were offered choices and routinely supported and encouraged to make decisions. Staff treated people with dignity; they maintained people's privacy and respected their personal space.

Staff provided person-centred support to meet people's needs. They took time to get to know people and understood what was important to them.

People were supported and encouraged to take part in a wide range of activities, which provided meaningful stimulation and helped to reduce the risk of social isolation.

Management were approachable and responsive to feedback. Regular audits, surveys and feedback from people and their relatives was used to monitor the service and identify where improvements could be made. Management had taken proactive steps to build strong community links and were committed to continually improving and developing the service for the benefit of the people who lived there.

For more details, please see the full report which is on the Care Quality Commission's (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 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Manor House Harrogate

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an assistant 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.

#### Service and service type

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

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

#### Notice of inspection

The first day of our inspection was unannounced; we told the provider we would be visiting on the second day.

#### What we did before the inspection

We reviewed information received about the service since it registered. We sought feedback from the local authority, partner agencies and professionals. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with eight people who used the service and nine visitors who were their relatives or friends. We received feedback from two health or social care professionals about their experience of the care provided.

We spoke with 12 members of staff including the registered manager, deputy manager, quality assurance manager, regional manager, senior care workers, care workers, an activities coordinator and chef.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment, induction, training and supervisions. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People thought the service was a safe place to live. Assistive technology, including sensors, call bells and wrist worn pendants were used to help keep people safe and make sure they could call for help in an emergency.
- People received safe support to maximise their independence whilst minimising risks. Risk assessments provided guidance for staff on how to safely support people to meet their needs.
- We spoke with the registered manager about developing some risk assessments to provide more detailed information about how certain risks were managed. For example, where people had diabetes, were prescribed anticoagulants or were at risk of dehydration.
- Health and safety risks were monitored and managed to help make sure the environment was safe and people would be protected if a fire occurred.

### Learning lessons when things go wrong

- People received safe care and support if they had an accident or were involved in an incident. Staff checked people for injuries and supported them to seek medical attention if needed.
- Robust systems were in place to review accident and incidents and analyse them to identify any patterns or trends. This helped to make sure appropriate action was taken to keep people safe and prevent a similar thing happening again.

### Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe by staff who understood how to recognise and respond to any safeguarding concerns.
- The provider had a safeguarding policy and the registered manager worked closely with the local authority safeguarding team to investigate and address any safeguarding issues.

### Staffing and recruitment

- People were supported by safely recruited staff. Appropriate checks helped make sure suitable staff were employed.
- Enough staff were deployed to safely meet people's needs; although people said they sometimes had to wait for support at busy periods. A person explained, "I think there is enough staff, they are always around, but I do think they are under pressure."
- The registered manager continually monitored staffing levels and had robust systems in place to make sure they were safe.
- Agency staff were used when necessary to cover gaps in the rota.

#### Using medicines safely

- People were supported to take their prescribed medicines. Staff had been trained and competency tests were used to check they understood and followed good practice guidance.
- Regular audits were completed to identify and address issues with how medicines were managed and administered.
- We spoke with the registered manager about continuing to audit and address recording issues, including clearly documenting information about when to administer medicines prescribed to be taken only when needed.

#### Preventing and controlling infection

- The environment was very clean, tidy and well-maintained. All areas of the service were regularly and thoroughly cleaned. A visitor told us, "It seems lovely. The rooms are spotlessly clean."
- People were protected against the risk of infection. Staff were trained and used appropriate personal protective equipment, such as gloves and aprons, to reduce the risk of spreading germs.



# 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.

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

- People received attentive and kind support to help make sure they ate and drank enough.
- People were offered choices at mealtimes. The food was served hot, smelt appetising and was well presented. Drinks and snacks were encouraged throughout the day.
- People were encouraged to give feedback about the meals and this was used to continually develop the menu.
- Staff regularly weighed people and this information was analysed to identify people at risk and who might need extra support.
- Staff used food and fluid charts to record and monitor what people ate and drank. These were not always thoroughly completed, totalled each day or linked to people's care plans and risk assessments.

We recommend the provider reviews record keeping in relation to monitoring people's food and fluid intake.

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

- People benefited from a spacious, warm and welcoming environment. A person told us, "This is a lovely place as a building to live in." A relative said, "The home is lovely. The accommodation is like a five star hotel."
- The service had been designed and decorated to a very high standard. There were numerous communal areas, including lounges, a café/bar area as well as outdoor spaces for people to use and enjoy.

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

- People's needs were assessed before they moved into the service. Assessments involved people and their families, and the information was used to develop care plans to guide staff on how their needs should be met.
- Staff worked with health and social care professionals for their advice and guidance about how best to meet people's complex needs.

Staff support: induction, training, skills and experience

- People received effective care and support from staff recruited and trained to meet their needs. A person told us, "They look after people properly. I feel safe."
- New staff had an induction to the service and completed a range of theory and practical training to equip them with the knowledge and skills to provide effective care.
- People praised the permanent staff, but told us there were inconsistencies in the support some agency

staff provided. The registered manager explained recruitment was ongoing and they booked regular agency staff to help make sure people received consistently good care.

- Regular supervisions were used to monitor staff's performance and support their professional development. A member of staff explained, "You can talk about any worries or anything you want to discuss to improve yourself. It is a safe space to communicate."

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

- People were supported to attend appointments or receive emergency medical attention when needed. A person explained, "The staff member in charge will get a doctor if I need one, and they do arrange my hospital visits."

- Staff regularly consulted with people's GPs, made referrals and sought advice and guidance from a wide range of professionals to help make sure they provided effective care. A person said, "The chiroprapist comes, an optician calls and they call the doctor if you need one."

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

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

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

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

- People were involved in decisions about their care; staff sought people's consent before providing support.

- Decisions made on people's behalf respected their human rights and were made in accordance with their wishes, legislation and good practice guidance.

- People were supported in the least restrictive way possible. Appropriate applications were made to deprive people of their liberty.

# 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

- People were supported by polite, kind and caring staff. A person told us, "The staff are very good. They are kind and help me when they can. They are very friendly towards me and my family."
- People were happy and relaxed in staff's company. Interactions were warm and friendly. It was clear people enjoyed spending time with staff and benefited from the friendly conversations they shared.
- People looked clean and well-cared for; staff supported people when needed to meet their personal care needs and dress according to their personal preferences.

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

- People were offered choices in all aspects of their daily routines. This included about where they wanted to go, what they wanted to do or what to eat and drink.
- Staff understood the importance of offering people choices and routinely supported and encouraged people to be involved in day to day decisions as well as important decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. People told us staff were considerate when assisting with any personal care and understood how to maintain their dignity. A person explained, "The staff are good. They know to cover me up and close the curtains when they are helping me."
- Staff respected people's privacy and personal space; they knocked on bedroom doors before entering people's room.
- People were treated with respect; staff were polite and attentive in all interactions and addressed people by their names or preferred names. A person told us, "They respect us as residents, are courteous and polite."
- Staff understood the importance of maintaining confidentiality at all times. Records were securely stored with access restricted to those who needed it.

# 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.

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

- People received person-centred support from attentive and respectful staff. Staff showed a good understanding of people's needs and preferences for their care and support.
- Care plans contained person-centred information about people's needs, as well as details about their life history. This supported staff to get to know people and understand what was important to them.

Meeting people's communication needs

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

- People's needs were assessed to help identify and support staff to meet any specific communication needs they had.
- Accessible information was provided where needed to help people understand and make decisions.

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

- People enjoyed taking part in a wide range of regular and meaningful activities within the service and staff also arranged trips out locally. A person told us, "I go to any activities available, I enjoy the interaction."
- Staff spent time with people on a one to one basis; they showed an interest in people, what was important to them and engaged them in conversation to help stop people becoming socially isolated.
- People were supported to maintain regular contact with family and friends who were important to them. Relatives and visitors were welcomed to the home and people enjoyed spending time with their friends and family in private and in the café/bar area.

Improving care quality in response to complaints or concerns

- People felt able to speak with staff or management if they were unhappy about the service or needed to complain. A person explained, "I would speak to the head of the department. I am aware there is a complaints procedure."
- The provider had a complaints procedure and recorded and responded to complaints, making changes when needed to improve the service.
- A 'resident's committee' provided an opportunity for people to discuss any issues or concerns they had and to raise these with the registered manager. A person explained, "You put forward your point. They do listen, and some things change."

#### End of life care and support

- People's care plans recorded information about their end of life wishes including whether they had decided to refuse resuscitation if the need arose.
- Staff had a good understanding of the importance of providing compassionate and attentive support for people at the end of their life. The provider had a policy and procedure and staff received training on good practice when supporting people with end of life care.
- The provider had introduced 'comfort boxes' for families and encouraged them to stay at the service and be with their relatives at the end of life.

# 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

- People benefited from living in a warm and welcoming environment, and from the person-centred support staff provided.
- Management promoted a person-centred culture and supported staff to provide good care to meet people's needs and improve their quality of life.
- Staff and management involved people and their relatives in discussions about their care and looked to respond to feedback to make improvements.

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 understood their responsibility to be open, honest and apologise to people if things went wrong.

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

- There was good teamwork; daily meetings and regular team meetings were used to share information and to organise and coordinate the running of the service.
- Information was effectively managed and analysed to help identify any issues or concerns, for example, in relation to accidents or incidents, to monitor people's weights and check staffing levels within the service.
- Regular audits helped to continually improve the quality and safety of the service. Action plans were put in place and checked and signed off regularly as identified improvements were made.
- Systems were in place, including surveys, resident's committee and relative's meetings, to continually gather feedback and look at ways the service could be improved.

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

- Management were approachable and supportive, and worked closely with staff. A member of staff explained, "They are very pragmatic. They are approachable, and I don't feel worried about walking in to ask for help. They listen and want to offer solutions. If you've got a problem with anything, they are open to fresh ideas."
- The provider organised regular events and activities for members of the public to build strong community links. For example, they arranged a 'blue lights breakfast' welcoming members of the emergency service to

share breakfast with people using the service. Children from a local nursery and schools had also visited the service to take part in activities.