

Active Care Homes Limited

Manor House

Inspection report

Old Hexthorpe,
Doncaster,
South Yorkshire
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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

This inspection took place on 24 September 2015 and was unannounced.

When we visited the home in January 2015 we found it was in breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We found that the provider had designed a programme of improvement and changes had been implemented which had a positive impact on those people who used the service.

Manor House provides accommodation and personal care for up to ten people with learning disabilities and autistic spectrum disorders. On the day of the inspection five people were living at the home. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At this inspection we found that people who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person who used the service told us, "It really is very nice here."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes were implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

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.

Manor House had appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse. The provider had a policy for whistleblowing which staff knew how to use.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes. The service was not always safe.

Management of medication was always safe and in line with the services policies and procedures.

Records showed that risks were reviewed regularly and updated when people's needs changed.

Good



Is the service effective?

The service was effective.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good



Is the service caring?

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was responsive.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

Good



Summary of findings

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Is the service well-led?

The service was well-led.

There was a manager employed who was registered with the CQC.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The registered manager had formal quality assurance process systems in place to monitor the quality of the service provided. People who used the service and their families were asked for their views of the service and their comments were acted on. Their views were actively sought and people told us they felt listened to.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

Good



Manor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection on 24 September 2015 and it was unannounced. The inspection was carried out by an adult social care inspector.

We spoke with four care staff, the registered manager and a director. We asked people for their views and experiences of the service and the staff who supported them.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for five people and also looked at records that related to how the service was managed.

Before our inspection we reviewed the information we held about the service and spoke to the Local Authority.

Is the service safe?

Our findings

People who used the service we spoke with told us that they felt they were kept safe. One person said, “Yes I am very safe here.” Another person told us, “Safety is good.”

The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with four staff about their understanding of keeping people safe and how they would act if they had any concerns that someone might be being abused. All the staff we spoke with were aware of different types of abuse and the signs that could indicate that abuse had occurred.

Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. One staff member told us, “I know I could raise any concerns with the registered manager or others within the organisation. I also know that I could go to the local authority.” Staff were confident that the provider would take any action needed to make sure people were safe. The provider had a policy for whistleblowing. All four staff we spoke told us they were aware of the policy and how to whistleblow, should the need arise. One staff member told us, “We have a policy and there is always information for staff.”

Discussions with staff and a check of records confirmed that staff were trained in safeguarding vulnerable adults. The registered manager was aware of the procedure for acting on potential safeguarding incidents.

We looked at the arrangements in place for the administration and management of medicines and found that these were appropriate. Our previous inspection had identified that medicines were not always appropriately recorded. During this inspection we saw that the manager and provider had worked to ensure this aspect of care had improved. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR).

We looked at five care records which confirmed that the provider had risk management systems in place. These were individualised, taking into account each person’s needs and wishes. Each person who used the service had an individualised personal emergency evacuation plan in case of fire. This described how to best assist that person to evacuate the building in the safest manner, taking into account individual needs, for example if they had restricted mobility.

Policies and procedures to keep people safe were in place to ensure staff provided care in a consistent way that did not compromise people’s rights. Records showed that all care plans and risk assessments were reviewed regularly and updated for specific needs or activities, for example, home visits.

The provider regularly undertook an environmental risk assessment which highlighted any risks the person may be exposed to by the physical environment. One member of staff told us, “It’s really quite quick to get things fixed. If we noticed anything that was broken or needed repair we would inform the manager and it would be fixed immediately.”

Staff ensured that all household and cleaning products which could be harmful, for example toilet disinfectants, were safely locked away when not in use.

The provider confirmed that the recruitment and selection process in place had improved and information not found at our previous inspection had now been obtained. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check.

We found staffing levels to be appropriate to those recommended in people’s care plans to support their needs. The registered manager and staff we spoke with told us about the arrangements for staff sickness. This was covered by the existing staff pool agreeing to take on additional shifts. This ensured that staffing levels were always appropriate.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act's provisions and how it affected the people they provided a service to. They were aware of, and care plans documented, people's mental capacity to make day to day decisions about their lifestyle.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know people's needs before providing care and support on their own. Five training and supervision records showed staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively as they had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication.

Documents also showed that staff had completed training including first aid, nutrition, mental health and dementia. The manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

Staff files showed that staff received regular supervision and annual appraisal. The provider's policy identified that supervision should be carried out bi monthly. We found this guidance was being followed. We saw supervisions covered training needs, individual professional targets for

the staff member and any concerns regarding working practices or individuals using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs. One member of staff told us, "I really value my supervision, it's an opportunity to discuss all aspects of the service and how I can develop professionally."

We checked records in relation to food, and talked to people using the service. We saw that people were given information and choices in relation to the food offered to them, and the staff took time to understand people's preferences. One member of staff told us, "We discuss meals with people and then make an activity of doing the shopping for it. We always ensure that individual preferences and choices are met." Fresh fruit was also available and people could access snacks and drinks throughout the day.

One person who used the service told us, "The food here is lovely, and there is always plenty if you want more." Each care plan we checked contained detailed information about people's food and drink preferences, as well as details about how they should be supported at mealtimes.

Where food allergies or specific dietary requirements were identified, these were consistently recorded so that people did not receive unsuitable food. Care staff we spoke to were aware of those requiring specific diets such as people with diabetes.

People's files contained clear information about whether people were able to consent to their care. This had been considered in relation to all types of care and support provided and there were comprehensive records showing where people could give consent to some care tasks but not others. This meant that people's capacity to consent had been assessed in a personalised and thorough manner.

Communication amongst staff was good. Staff told us that they received an effective and informative handover at the beginning of every shift which brought them up to date with any changes to people's support and care needs. Care plans contained written correspondence and entries from visiting professionals such as social workers.

Is the service caring?

Our findings

We saw staff interacted well with people. People were given choices and staff were aware of people's likes and dislikes. We observed staff caring for people and supporting them around the home. We saw that whenever staff interacted with people they ensured they discussed with people first what was going to happen. For example, we saw some staff preparing to go shopping with one person who lived at the home. The staff doing this told the person what they were going to do, and why they needed to do it, for example appropriate clothing for the activity and a discussion about the importance road safety. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

We observed staff relationships with people living at Manor House were supportive and caring. One member of staff told us, "The people here are great, I love working here." People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, "Staff are lovely, I have to say that I have no complaints."

Staff had completed training in equality and diversity in relation to treating people of different faiths, culture and beliefs fairly and equally. Care records evidenced that people had told staff what was important to them and how staff could support them, such as attending church.

We spoke with staff about how they preserve people's dignity. One member of staff told us, "Encouraging people to be as independent as possible in everything they do is vital." Another member of staff said, "We can't forget that we are working in someone's home so knocking on doors for example is important."

The five care plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences and identified people that were important to them. It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

People said they could express their views and were involved in making decisions about their care and treatment. They told us they talked to staff about their care and their wishes. We saw people's bedrooms and saw they were personalised with items they had brought from home. One person we spoke with told us, "It's nice to have my things around me."

Is the service responsive?

Our findings

Care plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. Where possible people had signed to say they agreed to their plans. Care plans described how people should be supported with their likes and dislikes. We saw staff supporting people in accordance with the assessed needs described in care records. Care plans were kept under regular review or as people's needs changed and reviews involved the person, relatives and other healthcare professionals.

We spoke with one person about how they were able to access activities. They said, "I like to go out. We go shopping, swimming, cinema and have trips. There is always something on but sometimes I don't join in." In addition to formal activities staff supported people in maintaining relationships with family members. All the care plans we saw detailed the support to be given to the person who used the service to maintain social networks.

During the lunchtime meal we saw staff responding quickly to people's requests. For example one person requested condiments to accompany their meal. A staff member ensured that the request was met without fuss or delay.

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One person said, "If I was unhappy about something I would tell (manager) and I know something would change." Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow.

Both formal and informal meetings were held with people who used the service and relatives. We saw one person who used the service go to the managers office just to sit down and chat. The manager listened, talked and took this as an opportunity to gauge the person's experience of living at Manor House.

Since our last inspection a residents' forum had begun. This was a meeting to discuss any aspect of the service. The agenda was set by residents and topics of discussion included activities, food and cleaning. One person told us, "We can talk about these things at anytime but these meetings are official."

Is the service well-led?

Our findings

At our previous inspection we found that whilst there was a system of audits they were not carried out with sufficient robustness and issues highlighted were not always addressed quickly. This inspection found that the provider had made improvements in response to the breaches previously identified. The provider had a quality assurance system in place, where the manager, director and senior staff carried out regular monitoring and checks on the quality of service people experienced. These checks were conducted to a high level of detail. We found audits covering care records, health and safety, food safety, medication, finance and the environment amongst other areas. This meant that the quality of service provision was regularly monitored. We saw that any issues highlighted in the audit received a plan of action. Therefore any issues were addressed quickly.

Observations of interactions between the manager and staff showed they were inclusive and positive. All staff we spoke with were aware of the values of the home and their role in upholding them. Staff also told us that the manager was supportive and approachable. One person told us, "The manager makes time for all of us." Another member of staff said, "We have a good and close knit team." We spoke to a member of staff who was pregnant, they told us that together with the registered manager they had checked the workplace risk assessment to see if any new risks had arisen.

Staff attended regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Handovers were also used at the beginning of each shift to ensure that all staff were aware

any changing needs or risks and to pass on any other important information about the people who lived at the home. Staff told us that it was essential to discuss and pass on information to each other.

We saw staff were effectively deployed to deliver a high quality service. The lunch time experience for people appeared positive, with conversation and humour. People received support when required and there was always a staff presence in the kitchen. This meant that staff were available when required to deliver the care expected.

We reviewed staffing rotas and saw that there were an adequate number of staff on duty.

Staff told us how the handover system worked well and ensured that the staff coming on shift were aware of any particular concerns from the staff going off duty.

People told us they were happy with the service, and that they found the manager and staff helpful. For example one person who used the service told us, "Oh yes, the staff are lovely." When we asked people if they knew who the manager was and whether they could easily approach the manager and staff, they told us they could.

We saw numerous examples of the manager and staff chatting to people in a relaxed manner.

People responded to the manager with a smile or acknowledging them. Staff we spoke to told us that the registered manager would listen and that they could raise issues to them. Staff told us that they could either approach the manager directly or they could raise issues with their immediate line manager and were satisfied that issues would be followed through. Staff were also aware of the director and felt they could raise issues with them also.