

The Manor at Merton Ltd

# Manor House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 1 and 4 May 2018. The first day was unannounced and the second day was announced. Manor House is a 70 bedded 'care home'. People in care homes receive accommodation and nursing or personal care as 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 comprises of two floors, each of which have separate adapted facilities. On the day of our inspection there were 19 people occupying ground floor unit.

This was our first inspection at the service since the current registered provider took this service over in March 2017. The new provider made a decision that the service will only continue to provide accommodation with personal care and they ceased delivery of nursing care in January 2018. When people had nursing needs, such as management of diabetes, these were met by the local district nurses' team.

At this inspection we found the service was Good in all domains and Good overall.

There was a registered manager running the service. 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.

Manor House had a clear management structure supported by a team of committed staff. Following the departure of nursing staff a new senior team including a new deputy manager and team leaders has been recruited. The provider ensured additional support such as medicines training was provided to staff, so the transition to medicines being managed by senior carers was smooth. Feedback from people, families, professionals, and staff reflected the changes at the service had been managed well and did not have any impact on quality of care delivered to people.

People and relatives were encouraged to raise their opinions and they were listened to. The team aimed to provide a good quality of care and the registered provider had systems to monitor the quality of the service provided to review and improve if needed.

People were safe. Staff knew how to report safeguarding concerns and they were confident any concerns would have been promptly escalated by the management. People's care files contained risk assessments surrounding people's well-being and individual conditions. Where people had been identified as at risk, management plans guided staff on how to keep the person safe.

People were supported by sufficient number of suitable skilled staff and received support in an unhurried manner. Staff received good support and complimented the provision of training.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act

2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights to make their own decisions were respected.

People were supported to meet their health and well-being needs. The team worked with external health and social care professionals where required. People were supported to maintain a good diet. People were supported appropriately by trained and competent staff to take their medicines as prescribed.

The service was caring and people's individual needs, including equality and diversity needs were respected. People were provided with a choice of activities, according to their needs, choices and preferences. These included one to one or group activities, outings and maintaining links with the local community.

People received support that met their needs and staff knew people's needs well. The provider identified people's care plans needed improving and we saw the team was in a process of updating these to a new format. There were systems to manage complaints appropriately and people knew how to raise concerns.

## 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.

People received their prescribed medication safely and when needed.

People were safeguarded from abuse and staff knew how to recognise any potential risks.

There were sufficient numbers of staff to meet people's needs and keep them safe.

Risks to people's well-being were assessed, recorded and staff knew how to manage these risks.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received the right training and good support.

People's rights to make own decisions were protected in line with the Mental capacity Act.

People were supported to maintain good diet and access health services when required.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People's dignity, privacy and independence was respected and promoted.

Staff knew people well and had formed meaningful, caring relationships with them.

### Is the service responsive?

Good ●

The service was responsive.

The provider was in a process of further development of people's care plans to make the information easier to access.

Concerns and complaints were acted upon to improve the experience for people.

People had the opportunity to take part in meaningful activities according to their choices and preferences.

### **Is the service well-led?**

The service was well-led.

The provider had effective processes in place to monitor and improve the quality of care provided.

There was a clear vision and the team demonstrated their aim was to provide high quality service to people.

People, relatives and staff were involved in the running of the service.

**Good** ●

# Manor House Nursing Home

## **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 and to look at the overall quality of the service.

This inspection took place on 1 May 2018 and was unannounced. The inspection team consisted of an 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. One inspector returned to the service on 4 May 2018 to complete the inspection and to provide feedback to the registered manager.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Throughout our inspection we spent time observing care at the service and we spoke to five people. We talked with one visiting health professional. We also obtained feedback from two relatives by phoning them. We also spoke with the registered manager, operations manager, the deputy manager, the trainer, one team leader, one care leader, one care assistant, the maintenance man, the activity coordinator and the chef.

We looked at records, which included three people's care records and medication administration records (MAR). We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. Following the inspection we contacted a number of external health and social care professionals and commissioners to obtain their views about the service.

# Is the service safe?

## Our findings

People were safe at the service. People told us that they felt safe. One person said, "I feel quite safe, people around to help". Another person added, "Yes, I am well looked after. Haven't had any concerns". The provider had safeguarding policies in place and staff were aware how to raise any safeguarding concerns. This included how to report outside of the organisation if needed.

There were enough staff to keep people safe. On the day of our inspection we observed people were assisted promptly and in unhurried manner. People told us that was the norm. Comments included, "Plenty [of staff]. Never rushed" and "I don't have to wait for anything, one staff member takes me out for walks, another carer took me to have my feet done, very good". People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Risks to people's personal safety and well-being had been assessed and staff were aware of these. People's care files contained plans on how to manage any risks. This included swallowing, skin integrity, mobility and falls. For example, one person had been assessed as at risk of compromised swallowing. They had been prescribed a fluid thickener to be used in their drinks. We observed staff ensured the person had the thickener in their drinks to the required consistency.

People told us staff supported them with taking their medicines. Comments from people included, "They take care of my medicines. They ask if I need pain killers and bring them if needed" and "They take care of all my medication, same time every day". People received their medicines safely and as prescribed and medicine records were completed accurately. Medicines were stored in a designated, secure room and as per manufacturers' guidance. Where people had been prescribed 'as required' (PRN) medicines, protocols were in place to direct staff. We observed staff administering the medicines and we saw staff followed good practice in relation to storing, recording and administering, this included correct hand hygiene. Staff told us they underwent rigorous competencies checks to ensure they were suitably skilled and confident to administer medicines. One staff member told us they had been observed throughout, "Ten different medicines round to be signed off as competent".

People were protected from risk of infections as staff adhered to infection control procedures. Comments from people included, "They [staff] are always washing their hands" and "The rooms, bathrooms are kept very clean". We saw staff followed good hygiene practice and used protective equipment such as gloves.

People were also protected from risks surrounding environmental concerns as the provider had a system to monitoring the safety of the equipment including fire and water safety. The records confirmed a number of checks such as fire drills, water flushing and temperatures were carried out regularly. The provider had systems to record accidents and appropriate action had been taken where necessary. For example, additional observations implemented and professionals' support sought.

The registered manager ensured near misses were used as a learning opportunity and to review and improve the service. For example, following a recent delay in medicine order they were looking at changing

the system. They planned a meeting with the pharmacist to consider suitable alternative options. One staff member told us, "One person nearly slipped off [their armchair] because of the pressure relieving cushion, we now make sure the person has got shoes on rather than socks so when they move they're less likely to slip off, it's about preventing rather than being reactive".



# Is the service effective?

## Our findings

People were assessed prior to admission to the service to ensure staff were able to meet their needs. The assessment included people's physical and emotional needs. Information from pre-admission assessments together with, if applicable assessments received from commissioners was used to put people's care plans in place. People were supported by skilled and knowledgeable staff. People and relatives complimented staff and the support received. Comments included, "They do know what they're doing, yes" and "The staff are very capable, yes, they seem to know all of the residents".

Staff told us and the records confirmed that staff received training relevant to their roles. Training modules met the Care Certificate's criteria. The Care Certificate is a nationally recognized set of standards that health and social care workers adhere to in their daily working life. Staff praised the training received. Comments included, "Training is amazing, we've got own training officer" and "Quite good training, I can request additional training".

Staff told us they were well supported and they did not need to wait for their scheduled supervision (one to one meeting with the line manager) to raise any concerns or discuss development needs. One staff member told us, "Really supportive. Can go to any of senior team if needed".

People's rights to make their own decisions were respected. One person said, "I make all my own decisions, they always listen to me". Another person said, "I am asked before they do anything, [staff] will come and ask me if I want to join in the singing".

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager ensured applications to the local authority when people were assessed as being deprived of their liberty had been made.

Staff were aware of the MCA and they used the principles of the Act in their day to day work. One staff member told us, "Make sure people are given choices [for example in relation to] food, clothes, activity".

People were supported to meet their nutritional needs and complimented the food provided. One person said, "Yes, always plenty, the choices are ok". Another person told us, "Breakfast was good this morning, full English. Food is alright". We observed lunchtime meal service and most people were enjoying their meal in the main dining room. We observed people were shown the option of meals available to help them to make a choice. Staff assisted people appropriately, for example, one person became anxious and said they wanted to go home. The member of staff managed the situation very well and referred to distraction

techniques. We observed the person relaxed, sat and ate their lunch. Another person said they didn't want what was on offer, requested and were offered a sandwich. Kitchen staff had information about people's dietary requirements, likes, dislikes and allergies.

People were supported to access health professionals when needed. People told us about support they had in accessing health services. Comments included, "I've been in hospital three times, if there is a problem they sort it very quickly. Doctor comes in and district nurse", "I'm on list to see chiropodist next week". External professionals were very complimentary about the service. One professional said, "They have been supporting patients to visit surgery for blood tests and elsewhere for appointments such as podiatry".

People benefitted from a well-maintained environment and could personalise their rooms. There was an enclosed garden area accessible to people and a choice of communal areas. There was a separate building used for activities, people were able to use the area to hold a party for their families and friends. The management told us with the further expansion of residential and dementia care they were going to look into the environment being more dementia friendly.

## Is the service caring?

### Our findings

Feedback from people and their relatives showed staff were kind and supportive and people were able to build meaningful relationships with staff. Comments included, "They [staff] are like family", "Care is very good, sometimes when I go in I can hear [person] laughing with the staff", "Got to be thankful for small mercies. They treat me like I'm family". One external professional said, "All staff, from housekeeping to care [staff] have been caring".

This reflected the provider's aim to 'strive to make the lives of older people better by offering a wide range of opportunities, support and assistance and delivered with kindness by caring and well trained staff' was demonstrated in practice. People benefitted from a designated team that wanted to provide a high quality service to people. Feedback from staff reflected staff had a sense of pride working at the service. Comments from staff included, "You should always reflect on what you do, and choices you have – our residents are a mirror image of our lives and should be able to live their lives as they want" and "Everybody has own personality that is caring and kind and we complement each other well". The registered manager told us the recent challenges and changes at the service 'brought the team closer together'.

Staff were caring, patient and knew how to support people in a way that met their emotional needs. One person told us, "They are very kind, they know I like to sing". Staff knew what was important to people. We observed a member of staff came to do one person's nails. The member of staff asked if the person wanted glitter and kept asking if the person was happy with the colour. It was an example of a very patient, caring and friendly interaction.

Staff encouraged people to do as much as possible for themselves so their independence was promoted. For example staff told us having access to a secure, enclosed garden contributed to people's having a sense of independence, as people were able to enjoy fresh air with only discreet supervision from the team.

People told us their privacy and dignity was respected. Comments included, "Yes they [staff] will knock before coming in", "I don't have any problem with them helping me; always respectful" and "They always close doors and curtains before helping with personal care, very polite". We observed staff knocking at people's door, referring to people with respect and ensuring conversations about people's needs were not held in communal areas. One external professional said, "They seem respectful and caring of the patients that they are looking after".

The provider promoted equality and diversity and had policies surrounding these. Staff knew how to ensure people's diverse needs were met. Staff told us about one person whose first language was not English and needed extra support. The member of staff said, "[Person] may use both languages, we got few staff who speak these we'd try to get these staff to work with [person]. We used to have one person that was vegetarian and we respected that". People's care plan reflected people's diverse needs around religion or spirituality. One person's care plan read, "Enjoys prayer meeting, going to church reading bible".

The team ensured people's needs in terms of providing accessible information were met. People's care

plans reflected people's communication needs and people told us staff knew these. One person said, "Very, very good. They understand, they know what I like - I am going blind and one staff member gets me books with large print from the library".

People's confidential information was protected. We found people's files were kept securely and only designated staff had access to them.

## Is the service responsive?

### Our findings

Since the provider ceased the delivery of nursing care, they identified that care plans previously written by the nursing staff needed to be updated so these were leaner and more user friendly for staff. The provider was in a process of rewriting people's care plans to the new format. We saw an example of the new format which was detailed, easy to use with clear sections surrounding different aspects of care and risk assessments easily available. People and where appropriate their relatives were involved in care planning. One person said, "If there is a change they will explain to me". One relative said, "They keep us informed and up to date on [person's] care".

People and relatives told us that the care delivered by the team at The Manor met people's needs. Comments included, "Care staff are brilliant, they understand their residents and do a great job. I come away confident that [person] is being looked after" and "It's excellent care. They go above and beyond to ensure [person] is content". When we spoke with the staff it was apparent they knew people's needs, their background, life history, likes and dislikes well.

People had opportunities to participate in various activities that met their choices and preferences. There was a designated activities co-ordinator who had a programme of activities and they were very knowledgeable about people's preferences in relation to how they preferred to spend their time. As well as the in-house activities there were external entertainers such as a choir that come in. Staff ensured various events such as Christmas, Easter had been celebrated. They also showed us they had planned a full programme for upcoming events, such as the Royal Wedding and the FA Cup (football championships). For people that chose to stay in their bedroom there were one to one sessions, such as hand therapy or reading. The activity co-ordinator was very enthusiastic about their role and told us they were constantly looking for new activities to engage the people. They also made sure they found out about people's wishes, such as they were in a process of arranging for a horse to be brought in for one person as they identified it was something the person particularly enjoyed.

There was an emphasis on involvement with the local community. For example, on the day of our inspection we saw a number of people were taken to the local village's May Day celebrations. Staff told us a huge Easter egg hunting event for the local community was organised using the service's extensive grounds. The most recent addition were two guinea pigs that had proven to be a very popular with people. Staff told us how having pets had a positive impact on people, "[Person] says, oh I need to get up in the morning to make sure they have water".

People and their relatives knew how to make a complaint and the provider's complaints policy was available to people. Comments from people included, "I would speak to the manager, no had no complaints so far" and "Haven't had any cause to complain". When people raise concerns these were addressed to people's satisfaction. One person told us, "I complained about having porridge for breakfast, now I get bacon and eggs".

On the day of our inspection no people received end of life support. If needed people were supported to

have a comfortable, dignified and pain free death. People's care records contained information about people's preferences about how they wanted their end of life care to be provided. This included information about DNAR (Do Not Attempt Resuscitation) status. The team would involve the relevant professionals such as the GP and local hospice when required to obtain appropriate medicines to ensure people remained pain free. Staff told us about one person who passed away recently and staff went out of their way to make sure the person was surrounded by their favourite flowers. One external professional said, referring to end of life care delivered to a person that recently passed away: "Absolutely gold standards, one of staff would sit with the person, they looked after [person] beautifully".

## Is the service well-led?

### Our findings

People and relatives complimented the service and how it was run. Comments included, "Everyone is very happy, I am very happy living here", "Everyone works well together, all runs quite smoothly" and "Brilliant, well run". One professional said, "The current management have recently taken over running of the home. I have found them to be engaged and very patient focused". The provider had further development plans for the service and they made the decision to keep the occupancy levels low in the meantime to enable the team to embed the new ways of working.

The service was well-led and it was apparent that the change of the provider and the departure of the nursing staff did not impacted on people's care and well-being. One person said, "Nurses have left but it hasn't caused a problem". Staff appreciated the fact that being non-clinical they had opportunities to take on extra responsibilities such as leading on medicines management. One member of staff said, "I think it is better that we're residential so staff can develop extra skills". Another member of staff said, "Staff really embraced the change very well".

The provider's mission statement was to 'provide a superior quality home that clients want to choose to live in, relatives recommend to families and friends and social services seek for their clients and employees are proud of'. The statement went on to say 'customers will never love a company until the employees love it first'. We found there was a positive atmosphere encouraged by the team that promoted open and transparent approach. The senior team were visible and all departments worked well as one team.

Staff were well supported and praised the registered manager and senior team. Comments included, "Manager is miles better, she is excellent and the best one we had in the last couple of years", "She is amazing manager" and "Regular support from manager and deputy, can open up to them and raise any concerns". Staff had opportunity to attend various team meetings, this included Monday's 'frame the week meetings' and Friday's 'wrap up meetings'. Staff were valued and recognised. For example, staff told us they were 'thanked' for their work and the minutes we saw reflected positive feedback from people and relatives was passed on to the team.

The provider had good systems of audits and checks to monitor all aspects of the service. The audits included in-house medicines, care planning and records audits. Additionally there were a number of audits carried out by the head office staff. When an area for improvement had been identified there was a clear action in place to address it. The registered manager had an ongoing service improvement plan that specified a number of areas around documentation, equipment and environment where further developments were being made.

People were able to give their views about the service in various ways. The registered manager's office was situated next to the main entrance and people were encouraged to approach them, attend meetings and provide feedback on ongoing basis. There were a number of meetings and communication with relatives due to the changes at the service and families were involved and informed well. One relative told us, "There is an open door policy and we have always been told that if we have any concerns just to call in or

telephone. I would certainly recommend, without doubt". One person told us how their feedback was acted on, "Staff are very good, I have suggested they have music instead of TV and they have listened". The registered manager told us how they recently converted a small area into a TV lounge for relatives and visitors following a request. The provider planned to run a satisfaction survey soon.

The registered manager worked in partnership with other organisations and professionals to make sure they were following current practice. The feedback received from external professionals was very positive and included comments such as, "I have been visiting Manor House for good few years and has built good relationships with most of the staff. Staff are always friendly and will seek help if there are any concerns" and "We're lucky to have them locally".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission of notifiable incidents.