Care Quality Commission

Waverley Care Homes Limited

Manor House Residential Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 25 August 2015 and was unannounced.

Manor House Residential home provides accommodation and personal care for up to 31 people.

There was no registered manager was in post. 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. The previous registered manager had left the service and there was an acting manager who had been in post for three weeks.

Summary of findings

People's risks were assessed in a way that kept them safe from the risk of harm. Where possible people's right to be independent was respected.

Safeguarding processes had not always been followed. Referrals had not always been made to local safeguarding bodies where this was indicated. This meant that people may have been placed at further risk of harm.

People who used the service received their medicines as they had been prescribed. However consent had not always been obtained before people were given their as required (PRN) medicines.

The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. This had not been carried out for some people where staff were unsure of people's ability to consent. This meant that some decisions were being made for people without having gained appropriate consent.

We found that there were enough suitably qualified staff available to meet people's care needs. Staff were trained to carry out their role and the provider had plans in place for updates and refresher training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

People's health needs were monitored and referrals to health care professionals made when people's health care needs changed.

People had enough to eat and drink and were supported with their nutritional needs.

Staff were kind and caring. Staff treated people with respect and ensured their privacy and dignity was upheld.

Staff knew people's needs and preferences and care and support was delivered to people in a person centred way.

People had opportunities to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure available for people who used the service and complaints were appropriately managed.

Staff felt able to raise concerns about poor practice knowing that they would be supported to do so.

There was a quality monitoring system in place to monitor the service. Some improvements had been made but some areas for improvement had not been identified.

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 not consistently safe.

Safeguarding processes had not always been followed appropriately and some people may have been placed at risk of further harm.

Individual risks to people were managed effectively and there were enough staff provided to ensure people were kept safe.

Medicines were not always managed safely.

Requires improvement

Is the service effective?
The service was not consistently effective.

Consent to care and treatment had not always been sought in line with the Mental Capacity Act 2005.

Staff were trained and supported to meet the needs of people.

People were supported to have enough to eat and drink and people's health care needs were monitored effectively.

Requires improvement

Is the service caring?
The service was caring.

Staff had developed positive caring relationships with people who used the service.

People were supported to express their views and make decisions about their care.

People's privacy and dignity was respected and promoted.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs.

People were able to pursue personal hobbies and interests.

The service listens to people and learns from complaints and concerns raised.

Good

Is the service well-led?
The service was not consistently well-led.

There was no registered manager in post at the time of our inspection. However people and staff were supported by the home manager and acting manager.

Requires improvement

Summary of findings

People who used the service and staff felt that the management was open and inclusive and that any concerns raised would be addressed.

There was a quality monitoring system in place to bring about improvements but some areas for improvement had not been picked up.

Manor House Residential 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 August 2015 and was unannounced.

The inspection team consisted of two inspectors.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority, commissioners and Healthwatch Staffordshire. We also spoke with a district nurse who was visiting the home.

We spoke with eleven people who used the service and three relatives. We spoke with the acting manager, the quality compliance manager, the company training manager, the operations manager, the home manager, five care staff, a domestic assistant and a kitchen assistant.

We observed the care and support people received in the home. This included looking in detail at four people who used the service and whether the care and support they received matched that contained in their care plans. This is called case tracking. We also looked at these people's daily care records and records of their medication. We spoke with staff about how they met the needs of these people and others.

We looked at records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incident, accident and complaints records and minutes of meetings.

Requires improvement

Is the service safe?

Our findings

We saw that two people had received injuries that could not be explained. Staff had recorded the injuries on body maps but there had been no explanation for the bruising. The provider had not reported the injuries to the local authority safeguarding team to investigate as per the local procedure. Staff knew how to raise concerns about poor practice and/or abuse and confirmed that they had received training for this. The home manager confirmed that they were aware of how and when to make safeguarding referrals to the local authority but did not know why these two incidents had not been referred. The provider informed us that there had recently been a change in management of the home. The acting manager said that this would be investigated and, if required further staff training would be implemented.

People were assisted by staff to take their prescribed medicines in the way and at the times they preferred. Staff who administered medicines had received medication training and told us they felt competent to manage medication. Sometimes staff administered as required (PRN) medicines without first asking the person if they needed and/or required this. This medicine was for relief of pain. This meant that this medicine was given without consent from the person.

We completed stock checks for two medicines. The number of medicines listed on peoples medication administration record (MAR) did not match the number of medicines stored. This showed that effective systems were not in place to ensure that the stock levels were correct. People told us and we saw the service had safe systems in place to store and dispose of medicines.

People told us staff were always available to provide them with support and care. One person told us, “They come quick if I press my buzzer, I never wait long”. Another person said, “Staff stop and speak with me, there’s always one of them about if I need help”. We saw there were sufficient numbers of staff to meet people’s needs. Call bells were answered promptly and people’s needs were met in a timely manner. The manager told us staffing levels were based on the needs of the people.

Staff showed they understood people’s risks and we saw people were supported in accordance with their risk management plans. We observed staff using various items of manual handling equipment in a safe way and in line with people’s risk assessments.

Staff told us and we saw that recruitment checks were in place to ensure people were suitable to work in the service. We saw staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Requires improvement

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people's best interests when they are unable to do this for themselves. We saw that mental capacity assessments had not been completed where there was doubt about people's ability to make decisions. Consent to care and treatment was not always sought in line with legislation. Staff were unaware of who, if anyone had a DoLS in place and we did not see anyone where we felt their liberty was being restricted. The acting manager had recently commenced their post with the service and they explained that they would be completing mental capacity assessments and making DoLS referrals where necessary.

People told us that staff were helpful and supportive and knew how to meet their needs. A person said, "The staff are very good, they know what they are doing". New staff went through an induction process which included working alongside an experienced member of staff. A staff member told us that they thought their induction was 'good' and had prepared them to meet people's needs. Staff thought that the training they received was good and provided them with the skills to offer care and support to people.

People were supported to have enough to eat and drink. We saw jugs of juice and glasses provided for people and regular hot drinks and snacks offered. Where people required their fluid intake monitoring, this was done and staff were seen helping people to drink.

We observed that people had choices about what they wanted to eat and drink. The staff member who brought the morning drinks trolley around said to a person, "Would you like some fruit [person's name] as well as a biscuit, you can have both if you want". The person chose to have both. There was a choice of the lunchtime meal also people could request other foods which were not on the menu if they asked for this. Special diets were catered for and we saw a person receive a diabetic diet. Staff assisted people to eat and drink where required. People's nutritional needs were monitored and, where required, people were referred to the GP and/or dietician. We saw people being helped by staff to take nutritional supplement drinks prescribed for them by the GP.

People were supported to maintain good health. We saw that people's health care needs were assessed and monitored. We saw that when people's needs changed staff noted this and made referrals to relevant health care professionals. Examples of this were referrals made to the District Nurse where people had sustained skin damage. The District Nurse was visiting several people and told us that staff at the home were 'very good' at making timely referrals. Staff told us that links with health care professionals were 'excellent.'

Good

Is the service caring?

Our findings

People who used the service felt that staff were caring and treated them with respect. A person told us, “Oh yes all of the staff are lovely you couldn’t ask for more caring staff.” We saw many examples of good staff interactions with people. For example we observed how staff supported a person whist they were moving them using a lifting aid. They spoke to the person through the whole process and reassured them in a caring manner.

People were supported to express their views. An example was how a person was having difficulty expressing what they wanted and a staff member took time to listen carefully and then said, “Oh that’s right [person's name] it is your bath day today, yes you are having a bath don’t worry.” We later saw the staff member helping the person to walk to the bathroom.

We observed staff taking time with people and asking people how they wanted their care delivered. We also saw how well staff were aware of each person’s needs. A staff member was giving out drinks and said to a person who used the service, “Now I know what biscuit you would like [person’s name]. It’s your favourite isn’t it? A relative said, “You cannot fault the staff here they are all very caring.”

People received personal care in the privacy of their own bedroom and/or bathroom. We observed staff promoted dignity and privacy addressing people by their preferred name. Care plans contained instructions for staff on how each person preferred their care to be delivered and how to promote privacy, respect and dignity. People told us they had a care plan and they could be involved if they wanted to. However it was more important to them that staff knew how to meet their needs in the way they wanted it. A person said, “It’s like one big family here, they know me so well.”

Good

Is the service responsive?

Our findings

People told us they were involved with the assessment and reviewing of their care. One person said, “I had a meeting about it and my daughter came, they wrote down what we said and things changed”. Another person said, “I have a file I can look at if I want to, it’s all in there I am happy what they have put”. Care records confirmed people and their families were involved with reviewing their care. Information about peoples likes, dislikes and preferences were contained in care files. One person told us, “They know me, I don’t need to tell them anymore they just do it how I like now”.

People told us they participated in activities of their choice. One person said, “I like to spend time in my room, I do like the bingo so I go down for that.” Another person said, “There is always something going on I like”. One person told us they liked reading. The person said the mobile library visited so they had books to read. We saw this person had books from the library that were large print available to them. People told us and we saw that ‘relative and residents’ meetings were held to discuss people’s wishes. One person told us, “It’s the cheese and wine night, everyone gets together and we come up with things”.

People told us they knew how to complain. One person told us, “I would just tell the staff if there was a problem, I know they would sort it out”. Another person said, “I have nothing to complain about but I would tell one of them [staff] if I did”. We saw the complaints policy was displayed and that complaints had been managed in accordance with this. Relatives told us that the home manager was very approachable and that they acted to ensure concerns were addressed.

Requires improvement

Is the service well-led?

Our findings

There was no registered manager in post as the provider had informed us they had left the service three weeks previously. However there was good visible leadership. We met with the acting manager who was a Registered Mental Nurse (RMN) and had experience of managing other homes. They were supported by the Company's quality and training managers whom we met with. We also met with the operations manager who was visiting at the time. Day to day management of the home was overseen by the home manager.

There was a quality monitoring system in place which had helped to drive some improvements. We saw where improvements had been made to care plan documentation and staff training. The acting manager met regularly with the home manager to carry out quality monitoring and implement improvements. However other areas for improvement had not been picked up for example the need to ensure appropriate safeguarding referrals are made and errors with medication.

The acting manager had held a meeting with relatives to introduce themselves and was planning to hold another meeting. Relatives told us that the home manager was very approachable and supportive. A relative said they were impressed with how open and honest the provider had been in the past and gave an example of this.

All of the people we spoke with felt that they could approach the home manager about anything. A person said, "Here is the manager [name], you can talk to them about anything and if you have any problems they will sort them out." We saw the home manager walking around the home and speaking with people who used the service. The home manager clearly knew everyone and their families by name.

Staff felt supported by the home manager and knew that they would be supported to raise concerns about poor practice. A staff member told us that the home manager had made it clear that staff could go to them with any concerns they had. It was clear by how people who used the service responded to the home manager that they knew who they were and felt comfortable in their presence. A relative commented, "The manager is very approachable and helpful, you can go to them about anything".