

Active Care Homes Limited

# Manor House

## Inspection report

Old Hexthorpe  
Doncaster  
South Yorkshire  
DN4 0HY

Tel: 01302856616

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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:

Manor House is situated in Hexthorpe, a suburb of Doncaster. The service provides accommodation and personal care for up to ten people who have learning disabilities. At the time of the inspection eight people were using the service. This included one person who was living in a flat that is an annex to the main building.

### People's experience of using this service:

The service was developed and designed before the guidance, Registering the Right Support came into being. However, the registered provider worked to make sure the service was run in line with the values that underpin this and other best practice guidance. These values include choice, promotion of independence and inclusion. The service adhered to the principle that people with learning disabilities and autism should be able to live as ordinary a life as any citizen.

People received support which was tailored to their needs, delivered by staff who treated them with respect and understood their goals and aspirations. Staff treated people with warmth and empathy, and exhibited a passion for their roles.

The management team had fostered a culture of openness and improvement. There was effective communication between staff and managers, underpinned by team meetings, staff supervision and appraisal. Staff received training and support to make sure they had the skills and knowledge to carry out their role effectively.

People had access to healthcare services as required. 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 were protected against the risk of abuse. Staff had received training in relation to safeguarding, and records showed the provider had taken appropriate steps when people were suspected to be at risk of abuse.

People received support in an environment that was safe. The premises were regularly audited to make sure they were safe and fit for purpose, although there was room to improve the décor in the shared areas. Staff had received appropriate training in relation to health and safety. People's feedback was regularly sought, so that they could contribute to improvements within the service.

### Rating at last inspection:

The service was last inspected on 1 February 2018, where it was rated requires improvement. At inspection we found the registered provider had taken action to address the shortfalls we found at that time, and the rating had improved to good.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

## 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.

# Manor House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

#### Inspection team:

The inspection was carried out by one 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:

Manor House is a care home without nursing. People in care homes receive accommodation and nursing or personal care. 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 Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced, meaning the staff and management did not know that the inspection was going to take place.

#### What we did:

Before the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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 spoke at length with four people using the service to gather their views and experiences and one visiting relative. We spent time observing staff interacting with people.

We spoke with two staff members, the registered manager and one of the company directors. We looked at documentation relating to three people who were using the service, one staff file and information relating to the management of the service.

After the inspection we spoke with a representative of the local authority commissioning and contracts team who fund most people's placements at the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Preventing and controlling infection

- At the last inspection in February 2018 we identified a need to improve the cleanliness of the home and the monitoring of temperatures of the fridges and freezers. At this inspection the registered provider had taken action to address the shortfalls, so there were improvements in this area.
- We found the home to be clean.
- Staff had received training in infection control and hand towels and personal protective equipment (PPE), such as gloves and aprons were made available to staff.
- Two staff members were infection control 'champions' and were supporting the team with improvements in this aspect of the service.
- The registered provider's audit visit was undertaken regularly and included cleanliness of the premises.

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

- People who used the service were safeguarded from the risk of abuse.
- People told us they felt very safe and the relative we spoke with told us they had no concerns in respect of their family member's safety. One person said, "Yes I feel safe. Staff know me and I trust them."
- Staff had received training and had a good understanding of safeguarding processes.
- Records showed when incidents of suspected abuse had occurred the provider had reported these appropriately to the local authority safeguarding team and to CQC.

### Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and plans were in place to help manage the risks.
- Each person had comprehensive risk assessments. These identified any risk relevant to their needs and lifestyles and showed the measures in place to manage these.
- Staff and managers were aware of how to manage risk within the service and risks were discussed during handovers and team meetings so all team members remained up to date with any changes.

### Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and meet people's needs.
- People told us they felt there were enough staff.
- Staff felt there were enough staff working with them to support people effectively.
- A suitable recruitment and selection process was in place. These systems helped to make sure staff were of suitable character for the role.
- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

#### Using medicines safely

- People's medicines were managed safely.
- People told us they were happy with the way staff supported them with their medicines. One person said, "The staff look after my tablets and give them to me every day." The person was clear what tablets they were prescribed and at what times.
- Medicines were administered, recorded, stored, managed and disposed of in line with the provider's procedures.
- Staff were trained and assessed as competent to manage people's medicines.
- Clear guidance was in place to help staff to know when and how they should administer medicines on an 'as and when' required basis (known as PRN medicines).
- Medicines audits were undertaken regularly and any issues identified were appropriately addressed.

#### Learning lessons when things go wrong

- Staff reported and maintained records of incidents.
- The registered manager monitored and reviewed accidents and incidents to identify any trends, and described the actions they had taken to reduce reoccurrences
- Staff had sufficient guidance to reduce the risk of a repeat of accidents. Debriefs and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within good practice guidelines.
- At the last inspection in February 2018 we found a breach of regulations in relation to documentation of consent to care and of best interest decisions. At this inspection we found the registered provider had taken action to address the shortfalls, so there were improvements in documentation.
- One person told us, "I have no problem talking to staff about anything, they will help me. They always ask permission."
- Most people had the capacity to consent to their care and had signed to indicate their consent to their care plans.
- Mental capacity assessments we saw were decision specific and, where needed, best interests decisions had been recorded, when made on a person's behalf.
- Support staff told us they had received training in the MCA and DoLS and this helped them understand how to protect people's rights.

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

- Staff understood people's diversity, values and beliefs and these aspects of their care and support were planned in partnership with them.
- People's needs were assessed and reviewed regularly to ensure their care and support was delivered appropriately.
- One person said, "We have meetings about my care regularly. If something needs changing we just have a chat about it."
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.
- People told us they had felt they were treated fairly and were felt able to discuss any needs that were associated with their beliefs, gender or sexuality.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively.
- People spoke very positively about the skills and knowledge of the staff. One person said, "Yes, I feel involved with my care. The staff know what they're doing."
- Staff spoke positively about the range of training opportunities available to them. They said they felt supported by the management team and worked well as a team.
- The registered manager kept a record of training undertaken to make sure it was up to date. The record showed staff had received a range of training in areas appropriate to the needs of people using the service.
- Records showed staff received regular supervision and appraisal to monitor their performance and support them in their role.

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

- People received a balanced diet which took in to consideration their preferences and dietary requirements.
- People shopped for and prepared their own meals with support and guidance from staff relating to healthy eating and meal preparation.
- We received positive feedback about the quality of food available. One person said, "I do shopping with staff for my food. I can choose my own, what I like to eat. We do have a menu and we do contribute ideas to this every week."
- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed.

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

- We saw the staff worked well with professionals to achieve people's goals.
- Records we checked showed that the provider worked in an integrated way with external healthcare providers to make sure people received person centred care and support.
- External healthcare providers' information and assessments had been incorporated into people's care plans.
- Staff provided guidance in relation to making healthier choices and improving mental and physical health. One person told us they had been successful in losing weight and were attempting to give up smoking because staff were good at supporting them with this. They added that staff advised and supported them in a respectful way. Another person told us they attended a local gym regularly.

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

- Although the premises were homely, the decor in some areas was a little 'tired'. The company director's regular audit visits had identified the need to redecorate some areas. They explained they were planning this carefully, to minimise disruption to the people living in the home.
- The design and decoration of people's bedrooms reflected their interests and choices and people gave positive feedback about the premises. One person said, "I see this as my home."

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The provider recognised people's diversity; they had policies which highlighted the importance of treating everyone as individuals.
- Staff had received training in equality and diversity, and care records showed that people's rights were considered when their care was being planned.
- Staff consistently spoke to people with warmth and respect, and were supportive, kind and caring.
- Feedback from people was all positive. One person told us staff were, "Lovely and kind, especially [staff name] who is a friend to me, more than a carer." Another person said: "The staff care for me. They are kind and they care. I keep them busy. If I'm worried about anything I just talk to my key worker or the managers."
- The relative we spoke with said, "The staff here really care for [family member], all the staff. [Family member] is definitely happy here."

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

- People we spoke with told us they were involved in decision making in relation to their care and support.
- Care records showed that people's views were central to how their care was planned, and delivered.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was respected and their care records were kept securely.
- Discussion and records showed staff upheld people's dignity, privacy and confidentiality.
- People were encouraged and enabled to be independent. For instance, one person told us, "I like making my own decisions, and I do it."

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and person centred. They included information that enabled staff to promote people's independence and to provide care and support in a way people preferred.
- People were encouraged to be involved in their care planning, setting goals and checking their progress in relation to achieving their goals.
- People spent a lot of time out and about in their local community, either independently, or with staff support where needed.
- People told us about their hobbies and interests. They were varied and diverse. People described lots of activities, college courses, celebrations, outings and holidays they had engaged in, and many others that they had planned.
- It was clear staff supported people to maintain positive relationships with their family members, friends and partners.

Improving care quality in response to complaints or concerns

- The provider had an easy read complaints policy with pictures, which was given to people when they moved in and was displayed in the home.
- People told us they would complain to staff or managers if they needed to, and trusted them to listen and sort things out.
- The registered manager told us no complaints had been received. The registered manager and the company director told us they were keen to make sure any future complaints would be thoroughly investigated and used to improve the service.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in place. 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 registered manager was supported in their role by a service manager.
- Staff spoke positively about the registered manager and the company directors. They told us the culture the managers promoted placed a lot of emphasis on openness and honesty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection in February 2018 we identified a need to improve the quality assurance processes in the home. At this inspection the registered provider had taken action to address the shortfalls, so there was a more effective quality and safety audits in place. Where areas for improvement were identified, action plans were developed and followed up.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display within the home.
- Audits were carried out regularly by the company directors to assess the overall quality of the service and to make sure the registered manager was undertaking their role effectively and working in line with regulatory requirements. This contributed to a culture of continuous improvement within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and incorporated into the way the service was run where appropriate.
- The person's relative we spoke with told us they were particularly impressed with the way they were involved and consulted by the managers and staff in the service.
- Staff told us they felt listened to and supported by the management team.

Continuous learning and improving care

- All managers and staff we spoke with showed a passion for providing people with the best, most person-centred service that could be achieved.

- There was effective communication between staff and managers, underpinned by regular team meetings and a culture of learning from incidents and feedback.

#### Working in partnership with others

- People experienced care which was person centred, from services who understood their needs.
- Discussion and records showed the provider endeavoured to work in partnerships with other providers, including NHS services and community providers.