Harris Care Ltd

The Manse

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 carried out an unannounced inspection of The Manse on 16 October 2018. The Manse is a care home which provides care and support for up to 23 predominantly older people. At the time of this inspection there were 23 people living at the service. 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 is on two floors with access to the upper floors via stairs or chair lifts. All rooms have en-suite facilities and there are shared bathrooms, shower facilities and toilets. Shared living areas include two lounges, a conservatory, a dining room with seating areas, garden and patio seating at the side of the service.

There was a registered manager in post who was responsible for the day-to-day running of 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.

The atmosphere in the service on the day of the inspection was relaxed, friendly and calm. Staff responded promptly when people asked for assistance and support was provided at a relaxed pace. Throughout our inspection we observed staff providing support with respect and kindness.
People's risks were being managed effectively to ensure they were safe. Records showed where changes in people's level of risk were. Care plans had been updated so staff knew how to manage those risks.

People received care and support that was responsive to their needs because staff had the information to support them. Staff supported people to access healthcare services. These included, social workers, psychiatrists, GP's and speech and language therapists (SALT).

People who used the service and their representatives were positive about the care they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance. People and their representatives told us they felt safe when receiving care. People were involved in

developing and reviewing their care plans.

Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

The manager used effective systems to record and report on accidents and incidents, acted when required and reflected on incidents to mitigate risks.

Staff were sufficiently skilled to meet people's needs. Necessary pre-employment checks had been completed and there were systems in place to provide new staff with appropriate induction training. Existing staff received regular training, supervision and annual performance appraisals.

There was a system in place for receiving and investigating complaints.

People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

Auditing procedures took account of all areas of operation within the service to ensure systems were effective.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Manse

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.

This unannounced inspection took place on 16 October 2018. The inspection was carried out by one adult social care inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

Prior to this unannounced inspection we reviewed the information we held about The Manse. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. A notification is information about important events which the service is required to send us by law. We checked safeguarding alerts and comments and concerns received about the home.

During the inspection we spoke with the registered manager, deputy manager, six staff members, two visiting professionals and ten people living at the service. We looked around the premises and observed care practices on the day of our visit.

We looked at four records relating to the care of people, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Our findings

We asked people who lived at The Manse if they felt safe living and receiving care there. Comments included, "I feel very safe here. Everyone is so kind and friendly," "The best thing is having other people to talk to. That makes me feel that I am going to be safe and cared for, "I really like it here. I came here after a heavy fall when I badly damaged my face, but I know if I have another fall I won't be alone like the last time" and "I can call for help if I need it. Nine times out of ten there will be someone nearby. You never have to wait more than a few seconds, even at night." Observations made throughout the inspection confirmed people's requests for support were answered quickly and efficiently.

At this inspection we found each person's care file had individual risk assessments in place which identified any risks to the person. Where risk was identified as significant, there were instructions for staff to help manage them. These assessments covered areas such as the level of risk in relation to nutrition, pressure sores, falls and how staff should support people when using equipment. Staff had been suitably trained in safe moving and handling procedures. We observed staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

One person had recently been assessed as being at risk from developing skin damage due to pressure. A pressure relieving mattress had been put in place. The staff were working closely with the district nursing team to ensure the risk of skin damage was reduced by use of the equipment and by regular skin management.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. This was confirmed by speaking with a visiting professional. They told us of a recent event where the service had taken steps to mitigate risks to the person and to support them on a one to one basis to ensure they were safe. Further assessment and reviews were planned to check the actions taken remained appropriate.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately, if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Posters were in place throughout the service so people had the information they needed to independently raise any concerns they may have with the local authority safeguarding team.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. We observed call bells were answered quickly. Staff were visible throughout the service at all times. Where people chose to remain in their rooms, staff were observed to make frequent welfare checks.
The level of support that each person required was assessed and used to determine staffing levels. The staffing rota showed there was a skill mix on each shift so that senior staff worked alongside care and housekeeping staff. A staff member told us, "We work really well together and most of us have worked here a long time." This helped ensure consistency of care. At a provider meeting it had been identified there were gaps at the busiest times. The provider acknowledged this and an additional two shifts were created to ensure an additional member of staff was available at these times.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two staff employed in the last year. These showed that staff had gone through the services recruitment process in line with its policies and procedures.

The environment was clean, tidy and maintained. There was work being carried out to replace the heating system. The registered manager told us this was would ensure a more constant temperature was maintained throughout the service. Water temperatures were being monitored to ensure they were safe and met with current guidance. A recent provider inspection had identified the water temperature in a person's room was above national guidelines. This was addressed to ensure the water temperature was safe to use.

There were infection control procedures in place. We found all areas of the service were clean and hygienic. There were designated staff responsible for the cleaning of the premises. Protective equipment and hand gels were available to staff at various points throughout the service. Soiled laundry was washed at the required temperature to ensure it was clean and hygienic. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices to reduce the possibility of cross infection. All rooms were airy and 'fresh' with no evidence of damp or unpleasant smells.

Each person had information held at the service which identified the action to be taken for them in the event of an emergency evacuation of the premises. The services fire systems had been regularly checked to confirm they were working effectively. Records were available confirming appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment to support people's movement was regularly serviced in accordance with health and safety requirements.

People were receiving their medicines on time and as prescribed. Peoples medicines were stored and dispensed from individual locked wall mounted medicine cabinets in their own room. A staff member responsible for administering medicines told us they liked the system because it was personal and they felt it could be managed more easily than using a combined medicines trolley. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

Where prescribed creams were required there were specific instructions for creams to be applied. Body maps were in place so staff understood where the cream should be applied.

Where people were prescribed PRN medicines [medicines to be administered when required] staff understood what this meant. For example, some people were prescribed pain relief on a PRN basis. Staff asked if they were in pain and if they required the medicine. Records showed PRN medicines were not

automatically administered unless there was a need. Staff responsible for administering medicines were aware of the protocols in place when people required PRN medication.

Staff responsible for administering medicines had their training updated as required. Records showed training updates had been held and the date of the next update was in place. This meant staff kept up to date with current good practice.

Good

Our findings

Through observations it was clear staff knew the people they were caring for well. Staff told us about people's individual needs. For example, a staff member told us about a person whose health was declining. With the support of health professionals they had helped them to support the person to retain a significant level of independence.

Staff on duty demonstrated a good understanding of people's needs. For example, they were aware of the needs of people in respect of dementia care, pressure care and individual nutritional needs. Staff had worked with specialist health professionals where necessary to develop care plans, for example community mental health nurses, physiotherapists and speech and language therapists. Visiting professionals on the day of the inspection told us they had confidence in the staff team and felt they listened to, and acted on, advice to deliver effective care.

Staff were effective in their roles because they were experienced and supported to develop their skills by accessing courses available to them. Comments included, "We [staff] are supported and encouraged to do a good range of training" and "Absolutely supported with training courses. I have just completed a safeguarding update" Training records showed staff had access to a wide range of training suitable to meet the needs of people living at The Manse.

Staff received regular support from the registered manager and deputy manager through supervision and appraisal sessions. The sessions were a two-way discussion between the staff member and line manager. Documentation showed staff were receiving supervision with the management team. One staff member said, "I feel the supervision we get is very good and if we need support at any other time it's always there for us [staff]."

New staff completed an induction which included familiarising themselves with the service's policies and procedures and working practices. The induction also consisted of a period of working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Staff new to care also completed the Care Certificate which is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Some people lacked the mental capacity to recognise the decline in their physical capabilities, which potentially put them at risk of harm, such as sustaining injuries from falls. These people were subject to restrictive practices or continuous supervision to protect them from the risk of harm and keep them safe. DoLS applications had been made to the local authority to seek the legally required authorisation to have these restrictions in place.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

There was no evidence that people were subjected to discrimination, for example on the grounds of their gender, race, sexuality or age.

People's healthcare needs were monitored and discussed with the person or relatives as part of the care planning process. Care records showed health professionals including GP's and a range of other health professionals were involved with people when necessary. This included social workers and dieticians amongst others. Comments from two visiting professionals were positive. They said, "The staff listen and act on advice we give" and "We have a good relationship with the managers and staff. They work well as a team and don't hesitate to ask for guidance if they feel they need it."

Mealtimes were occasions when people could get together in an environment which stimulated conversation. The registered manager told us they wanted the dining experience to be positive and had designed the main dining room to reflect this. It had been decorated to resemble a seaside café, including a white/light blue colour scheme, printed menus in folders on the tables and appropriate signage and decorations on the walls, etc. This seemed very helpful to those living with dementia, and it gave the room a light and welcoming appearance. Most people seemed to prefer to eat in this dining room. There was a wall mounted screen which had selective screens including a fish tank or a woodland view taking in wild life. This could either be used without sound or with. One person particularly enjoyed this and found it therapeutic. They liked to use this room at other times as well as when meals were served. Some people chose to eat in a smaller first-floor lounge with dining facilities. Other people chose to eat in their own rooms and this was respected. Where people required support with meals it was carried out in a sensitive and dignified way. One person required a plate guard to support them to eat independently and this was provided.

Overall people were satisfied with the meals. The service used a centralised company to provide the main meals. They were delivered and heated on the premises. There was choice available each day and fresh vegetables were used. People were satisfied with the meals and said, "I have been a vegetarian all of my life. That's not a problem. I'm never made to feel that I'm 'odd', as I have been before in my life," "I love the food. They make excellent meals. I can't complain on that score" and "I look forward to mealtimes. Although sometimes I eat in my room because it's easier for me, I do try to have at least one meal a day with everyone else because we have a good laugh."

The design, layout and decoration of the service met people's individual needs. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating

around the premises. Carpets in some high footfall areas were faded and worn, but no tears/rips were observed. These were to be replaced once the new heating system had been installed.

Good

Our findings

People spoke positively about staff and their caring attitude. People and their relatives said that staff treated them with kindness and compassion. We observed that staff knew people well and responded to them in a caring and respectful manner. Comments included, "The staff protect my privacy when I'm going to the shower room or bathroom, and always knock before coming into my room," "I rely on the staff. They are so good with me and know as well as I do how I'm feeling on a particular day. They're all really caring people," "I need time to understand things and I know I repeat myself when I'm confused or forget things, but the staff don't mind. They are just so patient with me" and "My grandchildren and great-grandchildren come to see me sometimes. The carers love to see them too, and they don't mind if there is a bit of noise. Everyone loves it that children, even toddlers, can have fun here."

Throughout the inspection we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who lived at The Manse received care that was meeting their individual needs. We found many examples of staff being kind and sensitive towards people in their care. One staff member told us, "We are encouraged to spend time with residents. They are all different in respect of what they need from us. We are all passionate about what we do." People told us, "If I tell the staff if I'm unwell, or if they can see it, they tell [my son]," "[The staff] can't do enough for me. They're just lovely people. All of them" and "We get to know the staff and they know us. They find out what we like and don't like, and they care about us. They respect us, so I have nothing to worry about."

Staff communicated with people in accessible ways, which considered any sensory impairment that affected their communication. There was information in people's care plans about any specific communication needs they had and support they needed from staff. Examples included details of how hearing loss affected some people's communication and how some people had limited verbal communication. In these instances, staff were observed to give people time to communicate and respond to non-verbal communication. For example, one staff member supported a person to listen to the radio station by raising the volume for them. They said, [Person's name] I know you like listening to this let me turn it up for you."

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had regular meetings with staff to review how their care was going and whether any changes were needed. Details of the meetings and any actions were recorded in people's care plans. People's privacy and dignity were respected. Staff called people by their preferred names. One person did not wish to have their name or number of their bedroom door and only wanted a

'Private' notice on. Staff respected this by waiting for the person to answer the door if they wanted to discuss something with them.

Staff demonstrated they knew and understood people's life history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience. The service was introducing 'life books' which helped staff to understand the person they were caring for and some of the significant events in the person's life.Staff told us the information was a great help to them. One staff member said, "Everybody here has had a long and interesting life. It's really good when we can get more information because it gives us a talking point." People could choose what personal history was recorded, there was no expectation people should share anything other than they felt comfortable with.

People could make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they could get up in the morning and go to bed at night when they wanted to. People could choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We observed staff asking people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help them feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

The registered manager, deputy manager and staff had a good understanding of protecting and respecting people's human rights. For example, there were lounges and private spaces in which families could sit with their relatives for a private discussion as an alternative to bedrooms. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each person as an individual.

Good

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at The Manse. Staff spoke knowledgeably about how people liked to be supported and what was important to them. One staff member said, "We have a good system for getting the information we need. It means we get to know residents needs very quickly and if they change then we get the support the resident needs." A person using the service told us, "I think staff have their jobs to do and they know what residents need, so there's no need for meetings. If we need anything we just need to ask. Everything is fine, anyway, so … no need."

The registered manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans contained information on a range of aspects of people's needs including mobility, communication, nutrition and hydration and health. These records were complete and contained details of people's current needs and wishes. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff were aware of everyone's care plan, and told us care plans were informative and gave them the guidance they needed to care for people. Some of the information was duplicated. For example, risk information was duplicated in safeguarding records for one person. This might not be evident to staff supporting that person. We shared this with the registered manager who acknowledged the potential for this and gave assurance this would be acted upon immediately.

The registered manager had reviewed the needs of people who required additional support to manage their skin integrity and developed guidance to support staff to manage this. A visiting health professional told us the registered manager, deputy manager and care staff work closely with them and respond to any advice or requests from the district nursing service. A visiting GP also confirmed this. Monitoring records were completed appropriately. This meant staff could monitor and respond to people's health effectively.

Daily handovers provided staff with clear information about people's needs and kept staff informed as those needs changed. Daily records maintained by staff on duty detailed the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the

information they needed to provide the right care for people.

Activities were taking place on a flexible basis. An activity diary and entertainment record was on view at the entrance to the service. Staff were responsible for delivering most activities which included group games and exercises. Care staff also spent time focusing on small group or individual support. Where staff provided one to one support this focused on the person and their mood determined if they would do something active or relaxing such as reading or hand massage.

There was transport available to support people in wheelchairs to access community facilities. Some people still attended church services and were supported by families, staff and sometimes church volunteers to attend. Where people could no longer attend church, clergy visited the service to meet people's religious needs.

The service responded to people's needs as they were entering the final stages of their life. Supporting people and their families through end of life was an essential and continuing part of care by the service. In conjunction with health professional's advice the service had arranged for medicines to be used if necessary to keep people comfortable. The registered manager and staff gathered as much information during the assessment and review process to record information that would support the person and their family when entering the final stage of their life. For example, information about preferred funeral arrangements.

People and their families were given information about how raise issues to or to make a complaint. Details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so.

Good

Our findings

There were clear lines of accountability and responsibility both within the service and at provider level. The management team consisted of a registered manager and deputy manager. The roles and responsibilities were clear. For example, responsibility for audits of medicines and care planning systems were shared. The provider regularly visited the service unannounced and produced reports to show areas which had been reviewed. For example, people's views of the services meal system had been reflected on and were positive, a new fire system had been put in place. The provider used these visits to check on audits, staff training and recruitment. An additional shift had been added following comments about staff needing additional resources at specific times of the day. Staff told us this had helped them to meet the needs of people more effectively. Staff told us they felt supported by the management team and had the resources they needed to carry out their roles. Comments included, "We work as a team and that is from the top down" and "Knowing the support is there makes all the difference."

There were systems in place to support all staff. There was on call out of hours support for the staff at the service. There was constant daily communication between the registered manager, deputy manager and staff as well as staff meetings which were held every three months. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

There was a positive culture within the staff team and it was clear they all worked well together. They told us they enjoyed working at the service. Comments included; "Love working here" and "We all work really well together and support each other." Staff were motivated and keen to ensure the care needs of people they were supporting were met. One member of staff commented, "I get a lot of satisfaction working here."

The service promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. Systems were in place to ensure staff were protected from discrimination at work. There were policies and procedures to support the management team in this.

The registered manager and deputy manager worked in the service every day supporting staff; this meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of each person at the service and encouraged two-way communications between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of everyone. It was clear from our observations and talking with staff they

had high standards for their own personal behaviour and how they interacted with people.

Care files and information related to people who used the service were stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People's views were considered through annual surveys. The most recent survey showed people were satisfied with the care and support they received. The information was analysed to identify any themes or trends and act on them. However, there were no specific issues found during the most recent survey.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and to ensure the people in their care were safe. These included working collaboratively with social services and healthcare professionals including general practitioners and district nurses.

There was regular engagement between all stakeholders of the service. For example, visitors told us staff always took the time to ask if they were satisfied with everything. Staff told us they had the opportunity to share any issues informally and through formal meetings. Senior managers met regularly to discuss the business and its operations. This meant the service was open and transparent in the way it operated.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it.