

SSB Carehomes Limited

The Manor Nursing 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 August 2016 and was unannounced. The Manor provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 26 people who require personal and nursing care in two units, the main house and the cottage. At the time of our inspection there were 22 people living at the home.

There was a registered manager 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.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe. Medicines were administered safely but the provider did not follow their policy for covert medicines. Medication administration sheets (MARS) were completed fully however information sheets did not include people's allergies.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

Risk assessments were not consistently completed. We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the GP and also specialist professionals. People had their nutritional needs assessed and were supported to eat enough to keep them healthy. People had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision. We saw that staff obtained people's consent before providing care to them. People were provided with access to activities and leisure pursuits.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Audits were carried out but action plans were not always in place to address any issues which were identified. Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in

the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risk assessments were not completed consistently.

Medicines were stored and administered safely. The provider did not act in accordance with their medicine's policy regarding medicines which were given in food.

There were sufficient staff. Staff were aware of how to keep people safe.

People felt safe living at the home.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People had access to a range of healthcare but this was not always timely.

Staff received regular supervision and training.

People had their nutritional needs met.

The provider acted in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity. People did not always have their privacy protected.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People had limited access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Is the service well-led?

The service was not consistently well led.

There were not effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an open culture.

Requires Improvement



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

This inspection took place on 18 August 2016 and was unannounced. The inspection was completed by 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.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, the 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 what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation and information that had been sent to us by other agencies. Notifications are events which have happened in the service that the provider is required to tell us about.

During our inspection we observed care in the home and spoke with the registered manager, four people who lived at the home, one relative, a nurse, a volunteer and two care staff. We also looked at four people's care plans and records of staff training, audits and medicines. We also spoke with one relative by telephone during our inspection.

Is the service safe?

Our findings

Individual risk assessments were not consistently completed for example a record stated that a person did not have any issues regarding their skin care, however the relevant risk assessment had not been completed in order to verify this. Another person administered their medicine themselves under the supervision of staff. However a risk assessment had not been completed and the care plan was not clear about the support that the person required. The person was at risk of receiving their medicines inappropriately. Risk assessments were in place where equipment was used such as bed rails. Additionally risk assessments were in place where people regularly declined care and support.

Where people required their medicines to be given in their meals (covert medicines) this was documented and discussions had taken place with the GP. However we did not see a record of discussions with the pharmacist to ensure that the medicine effect was not affected by being given in food. We checked the provider's medicine policy and saw that it stated that the pharmacist should be consulted. The provider was not following their policy and people were at risk of medicines being given in an inappropriate manner

Identification sheets in the medicine documentation did not include allergies which meant that staff could not easily check that people were not allergic to prescribed medicines. A person told us, "I get my meds on time and the nurse always checks that I take them." We observed the medicine round and saw that medicines were administered and handled safely. Staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. People were asked if they required their as required medicines such as painkillers.

Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance.

People who used the service told us they felt safe living at the home and had confidence in the staff. A person who had recently suffered a period of illness told us, "Oh yes, I am okay here. The staff come in every so often and check up on us'. When I was in bed I felt a gentle hand go across my forehead and down my cheek and a voice saying 'sorry if I woke you, I was just checking that you were alright.'" A volunteer whose family member had been a resident at the home said, "I think the residents here are safe and the staff are lovely." Two relatives we spoke with told us that they felt their family member was safe. One relative expressed concerns about some issues with their relative's care. We spoke with the registered manager and looked at the care records and found that appropriate care was being provided. The registered manager spoke with the family during our inspection.

People and staff told us that there was usually enough staff to provide safe care to people. One person told us, "Well they sometimes struggle a bit, and there has been one or two staff who have been unable to cope, but overall I think there are enough." We observed staff responded to people promptly. The registered manager told us that they used agency nurses occasionally but tried to use the same staff in order to ensure

continuity of care. For example, on the day of our inspection an agency nurse was covering for annual leave and had been contracted for a three week period. They said they had a stable team of carers which ensured that people received safe and appropriate care. One relative told us that they worried about agency staff and whether or not they had the appropriate knowledge to care for people. We saw that the provider had a process in place for carrying out checks on the suitability of agency staff.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns within the organisation however they were unsure about the process for reporting outside of the organisation. For example, to the local authority. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood. The plans detailed how to support people both physically and emotionally in the event of an emergency situation.

Is the service effective?

Our findings

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. However, we saw in the care records that a person had been unwell with a recurring condition for a period of nine days before additional support was sought by nursing staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. We observed that where a person required specific support to maintain their skin advice had been sought from a specialist nurse and guidance followed. Hospital transfer sheets were completed which meant that if people were admitted to hospital the hospital staff would have information about their care needs readily available.

People who used the service told us that they enjoyed the food at the home. One person said, "It's pretty good. You get to choose the day before what you want." Another person said, "I get choices of what to eat and that." One person told us they thought that the food was 'boring' but were supported to purchase items specifically for themselves. A member of staff told us that fresh fruit was not often available, however a list of snacks was available. During our inspection we did not see anyone offered snacks in between meals and most people at the home would have been unable to request these.

People were offered a choice of two meals by staff the day before however staff told us if people didn't want the offered meals or the meal they had chosen they were able to provide alternatives. We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. For example, people received nutritional supplements to ensure that people received appropriate nutrition. Staff were familiar with people's needs and were aware of what nutrition they had received. We observed people were offered drinks during the day according to their assessed needs and records of food and fluid intake were maintained appropriately.

One person told us, "The permanent staff here certainly know what they are doing." Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as care of people with dementia. We observed that staff had the appropriate skills to provide care to people.

The registered manager told us and we saw that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. Staff were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience.

We saw that appraisals had also been carried out. Appraisal are important as they provide an opportunity to review staff's performance and ensure that they have the appropriate skills for their role. The registered manager had introduced a system where group supervision was provided for carers and during these sessions discussions and training was carried out on a range of issues, for example, personal care.

We observed that people were asked for their consent before care was provided. Records included completed consent forms such as for consent to photography. Where people were unable to consent this was detailed in the care records and records detailed what support people required and why. Staff were able to tell us what they would do if people declined care and that risk assessments were in place where care was regularly refused. For example, where a person regularly refused support with their personal care this was detailed in their care plan and the risks assessed.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were two people who were subject to DoLS, although applications had been made for other people and the provider was awaiting the outcomes of these. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person told us, "I feel cared for and loved." Another person told us, "It's alright here, I've been here a while and am looked after all the time by the staff."

A relative told us, "I have no complaints, always been pleased with the care." Another relative said, "I can't fault the staff, they show love." Comments from the relative's survey included, "The Manor is, I think, number one when it comes to the care and wellbeing of residents. The staff are all very caring to residents with the result that the home has a lovely caring atmosphere which is reflected in the happiness of the residents" and "I would definitely recommend it."

People were involved in deciding how their care was provided and we observed that staff were aware of respecting people's needs and wishes. For example, on the day of our inspection it was hot and staff asked people in the lounge if they wanted the fan on. A person declined as they said that the noise annoyed them and staff respected their decision. People's choices were recorded in their care plans for example a care record stated, 'Prefers to have light on in the room during the night.' Another person preferred to sleep in a chair at night and we saw that plans had been put in place to support the person with their decision and ensure that they were comfortable.

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, a person said that their gums hurt and staff sat with them to discuss how they could help. We observed that they offered pain relief and explained when they could have the medicine. Another person was being supported with their meal and we saw that staff ensured that they did not spill and assisted them to use a napkin to keep clean. One person had been admitted to the home on the day of our inspection and we saw that staff chatted with them and tried to make them feel at home. Staff offered the person drinks and chatted with them about their family and their experiences. Where people were distressed staff were kind and reassured people in order to alleviate their distress.

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were happy and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that when staff offered people support with their personal care they did this discreetly. Staff understood the need for confidentiality. However we saw that records were stored on a shelf in the office and the door was often left open which meant that people's personal details were not always protected. We discussed this with the registered manager who said that they would address the issue. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Is the service responsive?

Our findings

Activities were provided on a daily basis. We observed people taking part in a game during the morning. People were asked if they wanted to take part and were supported to take part in the activity on an individual basis according to their individual needs. However we observed that during the morning unless people were being supported to participate in this activity on a one to one basis the majority of people spent the morning sat observing and were not involved in meaningful activities.

We saw that there had been trips to local amenities such as the shop and local pub. Entertainment had also been provided by local groups such as a local singing group and the Salvation Army. Church services were also held within the home for people who wanted to attend them. People's care records detailed people's past life experiences in order to help inform staff about people's interests. For example, a record stated that a person liked to 'mother people'. We spoke with the person and we observed that they assisted people in their care with the support of staff.

A relative said, "They do what they can about going out but it's difficult because my relative needs a one to one for this." One relative told us that they would like their family member to go out more as they felt that they were happier when they were occupied and having different experiences.

Relatives and people who used the service told us that they were aware of their care plan. We looked at care records for four people who lived at the home. Care records included personal care support plans. Care plans had been reviewed on a regular basis but where changes had occurred between reviews this was not always included. For example, we observed a person had recently had their care changed and this had not been updated in the care plan. We spoke with the registered manager about this who told us that they thought this was because the monthly review had not been carried out. The person was at risk of receiving inappropriate care. Another person had recently been discharged from hospital and their care plan had not been updated to reflect this and any subsequent changes in care. Audits had been carried out as part of the process for introducing a new style for care records. We saw that the new records had been commenced however not all care files had been consistently completed.

People were involved in making decisions about their care, for example, a person was involved with the recruitment process to ensure that people had a choice about who was providing their care. In addition care records detailed where people preferred specific staff to provide their care. One person told us that they had moved from the main house to the cottage at their request. They said that they felt better now they had been moved. They told us, "It was very noisy in The Manor, and although it is sometimes noisy where I now am it is not quite so bad."

Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's needs. For example, a person required specialist advice regarding their skin care and a specialist nurse had been consulted with regard to the management of their care.

Relative's told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We saw that one person had recently been supported by staff to go out for the day with their relative.

A complaints policy and procedure was in place and on display in the foyer area. Relatives and people who lived at the home told us they would go to the manager or person on duty at the home. At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format which meant that some people were unable to access it. However the registered manager told us that they spoke with people regularly and asked them if they were alright and had any concerns. Complaints were monitored for themes and learning.

Is the service well-led?

Our findings

There was an internal audit system in place to check the current service. Checks were carried out on areas such as health and safety, falls and infection control. We saw that action plans were not always in place, for example the infection control audit had identified some requirements for action but an action plan had not been completed. We also saw that although audits had been carried out on care plans in May 2016 there had been no subsequent audits and the registered manager was unaware of the issues we identified.

We saw that there were some areas of the home which required refurbishment for example, replacement of grouting in bathroom areas. The registered manager told us that there were plans in place to carry out refurbishment and we saw that a plan was in place to address them in the forthcoming year.

The registered manager had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. They told us that they liked to be 'hands on' because it helped them to understand people's needs and the needs of the staff. They also told us that their priority was to ensure that people had a good quality of life.

Where people required additional support processes were in place to ensure that they received this, for example, a volunteer had been recruited to provide assistance at mealtimes. In addition there were people who received one to one support and we saw that the registered manager ensured that there were additional staff available to provide this.

A relative said, "I am able to speak with the manager, both staff and the manager are approachable." Members of staff and relatives told us that the registered manager and other senior staff were approachable and supportive. Staff told us that they understood their roles and felt they were supported to carry them out. However, one member of staff told us that they were not sure what the role of the nurse was and that they would usually approach a senior carer rather than the nurse for advice. During our inspection we observed that all the staff on duty provided support to people if they required it including the registered manager and the nurse on duty. One member of staff said, "Everyone works as a team."

Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged.

Surveys had been carried out with people and their relatives and positive responses received. The registered manager told us that they encouraged people and staff to come and speak with her at any time and that she had an 'open door' policy. They said that they tried to resolve any issues of concern at an early stage to prevent undue stress to people and staff.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

