Manor Care Home Limited

Areley House

Inspection report

Areley Lane
Stourport On Severn
Worcestershire
DY13 0AB

Tel: 01299877727

Date of inspection visit:
29 November 2019

Date of publication:
24 December 2019

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

Areley House is registered to provide personal care for up to 37 older people, including people who are living with dementia. The home is a Grade 2 listed character building with a Coach House to one side, linked by an internal corridor. There are 34 bedrooms, all with en-suite facilities of a shower, toilet and wash hand basin. At the time of the inspection, 31 people were in residence.

People's experience of using this service and what we found

People received a safe service. People were safe because the staff team had received safeguarding training and understood their role in keeping them safe. Staff knew the process to be followed to report any issues that arose. Risks to people's health and welfare were well managed. Assessment and care planning identified any risks and plans devised to ensure the risk was reduced or eliminated. The number of staff on duty for each shift was calculated based upon each person's care and support needs. Pre-recruitment checks ensured new staff were recruited safely. Checks included written references and a Disclosure and Barring Service check. Medicines were well managed and only administered by staff who were trained and competent. People received their medicines as prescribed.

The service was effective, and people's care and support needs were met. New staff had an induction training programme to complete and all other staff had a programme of training to keep their knowledge and skills up to date. People had access to the healthcare support they needed and the staff team made any arrangements as required. This included when they needed to see their GP, the district nurses, speech and language therapists (SALT) and other allied healthcare professionals. People received the food and drink they needed to maintain a healthy, balanced diet. Any preferences they had regarding food and drink were accommodated.

People were encouraged to retain as much choice and control of their daily lives and staff supported them in their best interests. The service was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

The service was caring. People received the care and support they needed, based upon their own individual needs. The staff were kind and friendly and listened to what people had to say. The staff took account of what they were saying and interacted with them in a positive and genuine manner. The staff team were fully aware of each person's specific needs. People looked well cared for.

The service was responsive. Each person received the care and support as set out in their care plan. These plans were reviewed monthly and amended as and when necessary, this meant any changes in care needs were taken into account. The service continued to look after people who became very ill or were receiving palliative care and worked in conjunction with family and healthcare professionals to achieve this.

The service arranged a varied range of activities for people. The registered manager acted upon feedback from people, families and other stakeholders and implemented changes where appropriate.

The service was well led. The registered manager provided good leadership for the staff team. The service had good quality assurance systems in place with regular audits being undertaken, Audits identified any action required to make improvements. There was good communication with the registered provider regarding what was happening in the service and the provider visited the service at least two weekly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 05 July 2017).

Why we inspected
This was a planned inspection based upon the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Areley 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Areley House is a 'care home'. People in care homes receive accommodation and personal care as a 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 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
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed information we had received about the service. This information included 'notifications' the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used this information to plan our inspection. The provider had not been asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with five people who lived at the service. Because a significant number of people had varying degrees of dementia, we spent a period of time observing how they were looked after, how they spent their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. We spoke with six members of staff and the registered manager. We were able to speak briefly with one healthcare professional who was visiting the service at the time of our inspection.

We looked at three people's care records, together with other records relating to their care and the running of the service. This included four staff recruitment files and training records, policies and procedures, complaints, audits and quality assurance reports.
After the inspection we contacted four other health and social care professionals and asked them to tell us about their work with Areley House. Their comments have been included in the main body of the report.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safe because the staff team had received safeguarding training and knew what to do if they suspected an incident or event had occurred that may constitute abuse.
- The registered manager had undertaken additional safeguarding training with the local authority and demonstrated their responsibility towards people in their care procedures. At the time of this inspection there were no outstanding safeguarding concerns being investigated but the registered manager was able to talk about the outcomes of previous concerns. When the registered manager had concern to report they used the safeguarding telephone reporting line in accordance with the local authority's procedures.
- For each shift, day and night, the numbers of staff on duty were calculated based on people's dependency levels. This ensured each person's care and support needs were met. On at least a monthly basis, the dependency level of each person was reviewed and staffing numbers adjusted as necessary.
- One the day of inspection, because of last minute sickness, the day time shift was worked one short. The service had contacted a care agency but they were unable to supply any staff. The service kept the use of agency staff to the minimum. Despite this, there was a calm atmosphere in the home and staff were able to look after people well. The staff responded to people's requests for support in a timely manner.
- Safe recruitment procedures were followed to ensure only suitable staff were employed at Areley House. Pre-employment checks included written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were identified as part of the care planning process. Plans were written to mitigate any risk that was identified. In the care plans we looked at, we saw risk management plans in respect of the moving and handling tasks, falls, skin care, nutrition and weight loss. These plans were reviewed monthly to ensure they were still appropriate.
- Where people required the care staff to help them with moving and handling tasks, the care plan detailed the equipment to be used and the number of staff required.
- A personal emergency evacuation plan was prepared for each person. The plan set out the level of support the person would need in the event of a fire and had to evacuate the building. A copy of each of these were kept together by the fire panel.
- Records of daily, weekly and monthly checks to keep the premises, people, visitors and staff safe were checked. These included fire safety checks, water checks, checks of the premises, servicing and maintenance of all equipment. The records were not well organised and made checking them difficult. The registered manager had not realised the records were so disorganised and agreed to check and countersign these each month.

Using medicines safely

•Medicines were managed safely. Only those staff who have completed medicine administration training and been deemed competent, administered medicines.

•The processes for the ordering, receipt, storage and disposal of medicines was safe.

•At every medication round the staff member checked the medicine administration record (MAR chart) had been completed properly and contained staff signatures. On those occasions when staff had not signed the MAR correctly, supervision and re-training was organised.

•The pharmacist from the Care Homes team were booked to visit Areley House on 9 December 2019 to undertake checks and an audit of the homes medicine management.

Preventing and controlling infection

•People lived in a home that was clean and tidy and free from any odours. The service had dedicated domestic staff who maintained the cleanliness of all areas of the home and there was at least one member of the team on duty each day.

•All staff received infection control training and had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials.

•The previous week the service had an outbreak of the norovirus. Public Health and the GP had been contacted and appropriate measures put in place to prevent the further spread of infection. The home had been closed to visitors and all relatives had been communicated with. The service took the correct action in these circumstances.

Learning lessons when things go wrong

•Any falls, accidents, incidents or areas of concern were reported by the staff to the registered manager. Written reports were completed detailing what happened, what immediate action was taken and any follow up action.

•A monthly review looked for any trends in the type of events. This helped to identify any action that could be taken to help prevent reoccurrence.

•The registered manager was trying to source alternative 'sensor mats' which would be more effective than the ones currently being used. The service were trying to source mats that looked like a rug rather than a plastic mat. Those people who were at greater risk of falls had sensor mats in their bedrooms. These alerted staff when they were moving about unaided.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key inspection has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments were undertaken by the registered manager prior to new people taking up residence in Areley House. This ensured the service was suitable for that person and the staff would be able to meet their care and support needs.
- One social care professional told us the registered manager considered the needs of existing 'residents' and the compatibility of any new person, to ensure all parties would receive an effective service.
- People's care and support needs were evaluated monthly to ensure the care was effective and person-centred. Care plans were fully reviewed on a yearly basis.

Staff support: induction, training, skills and experience

- New staff completed induction training at the beginning of their employment. The programme was in line with the Care Certificate and new recruits had to complete workbooks and a skills checklist to complete the course. The Care Certificate is a set of national minimum standards all health and social care workers have to meet.
- For the rest of the staff team there was a programme of refresher training to ensure they remained up to date with the necessary skills and knowledge. This included safeguarding adults, fire safety, food safety and moving and handling.
- The service were currently using Worcestershire County Council to deliver moving and handling training but two members of staff were booked on a 'train the trainers' course. This would mean they were then able to train the staff team. Staff were not able to use moving and handling equipment until they had completed training and been deemed competent.
- Staff were given the opportunity to undertake additional health and social care qualifications. Senior staff had to be working towards, or have, an NVQ level three qualification or equivalent.
- Training was arranged that was relevant to the needs of those people being looked after. The service had linked with the Care Homes Support team and the community matron and training sessions were scheduled in respect of diabetes, palliative care, catheter and bowel care, Parkinson's, and nutrition and dementia.
- There was a cascade system of staff supervision in place. Staff met with a senior member of staff or the registered manager and discussed what was going well, where things could improve and any training and development needs.

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

- People's individual needs were assessed to ensure they received enough to eat and drink to maintain their body weight. Specific diets were catered for and fortified foods were provided for those who were at

risk of malnutrition and weight loss. At the time of inspection, the catering staff were providing meals for people who had diabetes and soft foods.
•□People were offered choice in what they had to eat. At breakfast there was a hot option every day with a full English breakfast at the weekends. There were two main options for the midday meal plus a pudding. At tea time there was a hot snack, soup and sandwiches available. Food was made available in the evenings and hot and cold drinks were regularly offered to people.
•□People were encouraged to take their midday meal in the dining room where possible but could choose to eat in their room or the lounge. We were told on most days 15 to 20 people had their midday meal in the dining room and it was a "social occasion".
•□Where people needed to be assisted with their meals this was done sensitively and not rushed.
•□People's body weights were checked monthly or weekly if necessary. The kitchen staff were informed regarding any significant weight gain or weight loss. Food and fluid intake was monitored and recorded where necessary. Care plans were developed when people were at risk of weight-loss, so staff could take the appropriate action.
•□Referrals were made via the person's GP to dieticians or speech and language therapists (SALT), where they were swallowing concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•□Staff worked with other health care services to ensure people's health care needs were met. Examples include GPs, district nurses, dentists and opticians, psychiatric services, physiotherapists and occupational therapists.
•□One healthcare professional told us the staff supported people well and they were asked to visit people in a timely manner.

Adapting service, design, decoration to meet people's needs
•□Areley House is a Grade 2 listed building with a Coach House to one side, linked by an internal corridor. There are 34 bedrooms, all with en-suite facilities of a shower, toilet and wash hand basin.
•□All bedrooms were for single use but the larger ones could accommodate a couple who wished to share a room.
•□There were sufficient communal assisted bathrooms and wet shower rooms.
•□All areas of the home were well decorated using gentle pastel colours. Corridors had been decorated with a theme. For example, the corridor to the dining room used food related pictures to guide people. The two lounges and dining room were comfortable and homely.
•□Some pictures, particularly those in the coach house had been hung too high on the wall. In order to provide stimulation for people living with dementia, it would benefit them if these were lowered.

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.

•□All staff completed basic MCA and DoLS training. We heard the staff team asking people to make choices. They gained their consent before delivering any care and support.
•□The registered manager had undertaken more in-depth training in respect of MCA and DoLS.
•□DoLS authorisations had been granted for five people and the registered manager was fully aware of any conditions to these.
•□The daily routines within the home were flexible in meeting people's care and support needs, taking in to account choices and preferences. For example, time of getting up and retiring to bed and what time to have meals.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- The staff team had developed positive relationships with the people they looked after. Each person looked relaxed and content in their home environment. The staff team dealt with repetitive behaviours with patience and understanding.
- Staff respected people's preferences regarding the way they were looked after
- One person told us the staff were, "All lovely and treated them well. When I want a cup of tea they go and get me one". Another said, "I couldn't be better looked after".
- Staff spoke respectfully about the people they looked after and demonstrated genuine kindness. We saw an abundance of positive interactions between staff and people during our inspection.
- People were given a card and present on their birthday and a cake was baked and shared with all at afternoon tea-time.
- The registered manager and other senior staff had a very visible, hands-on approach, and ensured high standards were maintained.

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to be involved in making decisions about their daily lives and their care. We heard people being asked to make choices about what they wanted to watch on television, where they sat in the lounge and what they had to eat or drink.
- Staff do monthly care plan reviews. Where possible, people were involved in the review however at the time of the inspection, very few were able to do this. The staff involved family and healthcare professionals where appropriate. Each care plan was fully reviewed on a yearly basis
- Resident meetings were held. People were asked what they would like to do and wouldn't like to do and this was incorporated into the activity plan. The service asked for feedback about the meals served. The service was fully committed to providing person-centred care for each person.

Respecting and promoting people's privacy, dignity and independence
- People were treated well, and the staff ensured their dignity and privacy was maintained. Our observations during the inspection confirmed this. Where people needed assistance with personal care, the staff were discreet when transferring them away from communal areas.
- People were encouraged to be as independent as possible and have as much choice and control in their lives as possible.
- People were well dressed and the care staff had assisted them with hair care, shaving and nail care. A

hairdresser visited the home regularly.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question has been rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care and support. We observed all members of the staff team, including the registered manager and the administrator, interacting with people in a positive manner. Any requests for support were met promptly and the staff remained vigilant towards those who liked to move about the home.
- Care plans were prepared for each person. These set out in detail their care needs and how these were to be met. Where people's care needs changed from day-to-day, the plans referred to how the person needed to be supported when presenting in different ways.
- Where able, people would be involved in developing their care plans and in subsequent care plan reviews. Family also contributed when required.
- Staff were knowledgeable about the people they looked after. They knew the way each person liked things done. One person told us, "The staff all know I like to sit here so I can look out in to the car park and see who is visiting".
- The registered manager informed families of any changes in their relative's health. At the time of the inspection the home was closed to visitors because of an infection therefore telephone conversations were made to families.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in line with the Accessible Information Standard. The service had a home's brochure which was given to people/families. These detailed the facilities and procedures in the home. The provider also had a website which gave details about the service.
- Where a person had communication needs, a care plan detailed how the staff could assess if a person was in pain, was in agreement or was content.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could participate in a range of activities. The activity staff put together a monthly activity plan. They told us they introduced new activities on a trial and error basis when people or staff shared ideas.
- Photographs of previous events were displayed in the main hallway. Examples included a reminiscence afternoon, visits by local school children who sang, arts and crafts sessions and visits by animals.

•□A Christmas party was planned and a 1940's themed day had been arranged the day before the inspection. People were not able to tell us if they enjoyed this event but the photos showed lots of smiley faces.
•□One healthcare professional told us the activities arranged at Areley House were, "Extremely good and rewarding for people".

Improving care quality in response to complaints or concerns
•□The service had a complaints procedure. Any complaints received would be responded to within 28 days.

•□The Care Quality Commission had received two complaints regarding this service in the last year. The issues raised had been shared with the registered manager who had responded appropriately. Both complaints were resolved.
•□The registered manager had handled one other complaint in April 2019. The issues raised had been addressed.

End of life care and support
•□The service endeavoured to continue caring for people at Areley House if they developed end of life care needs. The staff team felt they were familiar with those in their care and welcomed the opportunity to look after those with end of life care needs.
•□The service worked in conjunction with the people's GP, district nurses and hospice care nurses to enable people to remain in their own home.
•□The service had received complimentary letters and cards from families. Comments included, "Thank you for caring so well for mum – with kindness and respect", "Thank you for your hospitality when we visited. Overwhelmed by your kindness" and "Thank you so much for looking after (named person) and keeping him comfortable".

Good

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.

At the last this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had been in post since February 2019 and previously was the deputy manager. The previous manager had been at the home since 2011. The registered manager provided good leadership for the staff team. They were supported by an administrator, a team leader and senior care assistants.
- Feedback we received from staff members was positive regarding the registered manager and the changes being implemented.
- We observed the registered manager being actively involved in people's day-to-day care and having a great understanding of their needs. One social care professional described the registered manager as being, "Organised and enthusiastic".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- At the time of the inspection the home was closed to visitors because of the norovirus. The registered manager was regularly communicating with families who could not visit and they saw this as essential in maintaining good relationships.
- The registered manager had an open, honest and transparent approach to their role.
- The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.

Managers and staff being clear about their roles, and understanding quality performance, `risks and regulatory requirements; Continuous learning and improving care

- The staff team, led by the registered manager, consisted of a team leader who organised the staff rota and supervisions, senior care assistants who led shifts and were able to administer medicines and care assistant. The care team was supported by domestic, catering and maintenance staff. All staff were clear about their role within the team however all worked well with each other.
- The provider had systems to monitor and evaluate services provided in the home. There was a manager's audit schedule. These were completed for health and safety, food safety, infection control, staff training and care documentation. Where shortfalls were identified, action plans were developed detailing the improvements that needed to be made.
- Any events such as accidents, incidents, falls and complaints were reviewed monthly and analysed to identify trends. This enabled the provider to prevent re-occurrences and improve quality.

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

- The provider used feedback from stakeholder surveys to gauge the views and opinions of relatives and health and social care professionals. All responses had stated the service was good or excellent, but comments were made regarding access to the garden area, food and more one-to-one activity time. The registered manager had a home improvement plan to address these issues.
- Staff received a handover report at the start of a shift so that they were aware of any changes for people in their care. There was a senior member of staff on duty for all shifts.
- The registered manager held staff meetings regularly. The registered manager made themselves available if staff wanted to raise issues in confidence.
- For families, the registered manager had introduced 'drop-in sessions', the last one being held in November.

Working in partnership with others

- The registered manager met regularly with the managers of two local care services run by the same provider. This enabled them to share best practice.
- The registered manager had links with the local Care Home Support Team and the community matron and the registered manager knew the importance of effective working relationships with outside agencies. This included the local authority, district nurses, the GP practice, the safeguarding and DoLS teams.
- The registered manager and team leader were due to attend the Wyre Forest Care Homes conference on 5 December. This ensured the service remained up to date with current best practice.