SSB Carehomes Limited

The Manor Nursing Home

Inspection report

Dog & Duck lane
Morton
Gainsborough
Lincolnshire
DN21 3BB

Tel: 01427612796
Website: www.ssbcarehomes.com

Date of inspection visit:
03 August 2017

Date of publication:
20 September 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 3 August 2017 and was unannounced. The Manor Nursing Home provides care for older people who have mental and physical health needs. It provides accommodation for up to 26 people who require personal and nursing care. The service provides care in two units, the main house and the 'cottage'. At the time of our inspection there were 19 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.

We found the provider had failed to address fully some of the issues raised at our previous inspection. There was a breach of Regulation 17. You can see what action we told the provider to take at the back of the full version of the report.

On the day of our inspection staff interacted well with people. 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 however they were not consistently managed safely.

We saw that staff obtained people's consent before providing care to them. Where people could not consent, staff worked in ways that protected their rights.

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 district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There was sufficient staff available to meet people's needs. Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. People were treated with respect.

Staff 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. A plan was in place to provide staff with supervision. People were provided with a limited amount of leisure and social activities. They were supported to maintain relationships that were important to them.

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. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents and incidents were recorded and investigated. The provider had informed us of notifications. 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.

Medicines were administered safely. Systems were not always in place for the management of medicines.

Risk assessments were completed.

There was sufficient staff available to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Good

The service was effective.

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

Staff had received regular supervision.

Staff had received training to support them to meet the needs of people who used the service.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring

People had their dignity considered.

Care was provided in an appropriate manner.

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.

Is the service responsive?

Good

The service was responsive.

Care records were personalised.

People had limited access to activities and leisure pursuits.

People were not consistently aware of their care plans.

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

Is the service well-led?

Requires Improvement

The service was not well led.

Processes had not been put in place to address issues raised at the previous inspection.

There were 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 and supported staff.

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 3 August 2017 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.

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

During our inspection we spoke with the registered manager, the provider, a nurse and two members of care staff. We also spoke with 10 people who used the service and one relative. We also looked at four people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

We looked at all the MARS for people living at the home. We found the provider did not have protocols for medicines which are given 'as required' (PRN) such as painkillers, consistently in place. These are important because they indicate when these medicines are required and whether or not people could request and consent to having their medicines. People were therefore at risk of receiving medicines inappropriately. During our inspection the provider showed us a form they were intending to use for PRN protocols which would address this issue. Although people had had their medicines reviewed on a regular basis we observed two people had received their PRN medicines on a daily basis for a period of a month. Good practice recommends that where people are having PRN regularly they should be reviewed by the GP to ensure the person is receiving appropriate medicines. People were asked if they wanted their PRN medicines during the medicine round.

Where people received their medicines without their knowledge (covertly) arrangements had been put in place to ensure this was in their best interests. However although a pharmacist had been spoken with to ensure medicines were not affected by the method of administration following our previous inspection, the home had not received a response or chased a response. This is recommended in NICE national guidance. The provider's policy specified a pharmacist should be consulted which meant medicines were not being managed according to the provider's policy. Following our inspection we were informed the provider had commenced a dialogue with the pharmacy provider regarding this issue.

We observed the medicine round. We saw that medicines were administered safely. We saw that the medicine administration sheets (MARS) had been fully completed. 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.

People who used the service told us they felt safe living at the home and had confidence in the staff. One person said, "It's like a second home I feel safe the staff know me." Another said, "It's safe I am happy here well enough! " Relatives also told us that they felt their family member was safe. A relative said, "My [family member] is safe."

A person told us, "The staff are helpful, they are always knocking around. I feel safe here I get lots of attention I can watch TV all day if I want to. They come quickly when I press the buzzer in my room I have used it quite a few times and they don't moan but they would not be any good at their job if they moaned." During our inspection we observed people were responded to promptly. However during the inspection we observed long periods of time when there were no staff available to people in the lounge area in the main house. Additionally staff in the cottage raised concerns about accessing support if there was an incident which required the two members of staff to manage and how they would access additional support. We raised this with the provider who said they would look at this issue.

People and relatives told us that they thought there was usually enough staff to provide safe care to people. A person said, "It depended what time of day it was." Where people had specific needs additional funding

had been obtained in order to provide additional support so there needs could be met safely. For example, a person required specific support during mealtimes and this was provided.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This included Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home.

Individual risk assessments were completed on areas such as nutrition, moving and handling and skin care. Accidents and incidents were recorded and investigated to help prevent them happening again. For example, falls were monitored and actions had been put in place on an individual basis to reduce the risk of falls to people. However we observed in both units items of equipment being stored in communal areas which presented a risk to people. Individual plans were in place to support people in the event of an emergency such as fire or flood.

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, for example, to the local authority. Staff 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.

Good

Is the service effective?

Our findings

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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. We checked whether the provider was working within the principles of the MCA. We saw that best interest decisions had been carried out and were specific as to what decisions these related to. For example, a person who was unable to consent required support with their finances and a best interests decision had been completed.

We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms and also what elements of care people had consented to. For example, a person used bed rails to keep them safe and a consent form had been completed by them. Staff told us where possible they always tried to gain people's consent before providing care. Where people were unable to consent this was detailed in the care records. However, we observed on two occasions where relatives had a legal power to manage people's affairs on their behalf it was not consistently clear from the records what they were able to consent to. For example, finances, health and welfare or both. The registered manager told us discussions were ongoing regarding one of the people and they would ensure the records clarified the other. However, there was a risk that decisions were being made on people's behalf unlawfully because documentation was unclear.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission (CQC) 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 10 people subject to DoLS, DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff and registered manager about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

There was a system in place 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. The induction was in line with the Care Certificate which is a national standard.

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. We saw from the training records that most staff had received training on core areas such as fire and moving and handling. We observed staff had the appropriate skills to deliver care. Additional training had also been provided to ensure staff understood people's specific needs, these included sessions on Parkinson disease and dementia. We observed a training session had taken place

regarding the mealtime experience. This had been organised by the registered manager and involved staff experiencing being assisted with meals in order to help them to understand people's needs better. Staff had received regular supervision to review their skills and experience.

We observed lunchtime in both units and saw staff assisting people with their meal to ensure that they received sufficient nutrition. People told us they enjoyed the food. One person said, "The food is hot you get choices I eat in the dining room." Another person told us, "Sometimes the girls [staff] bring me toast at night they know I need it and a cup of tea I don't sleep well." Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. The focus was on providing lunch and encouraging residents to have sufficient nutrition. People were offered a choice at the end of each day for the next day. In order to assist people to make choices pictures of the meals were used. However, staff said if people changed their mind they would be able to have something different. We observed people had different meals at lunchtime. People had access to regular drinks and snacks throughout the day.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, people received nutritional supplements to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Care plans were also in place for short term health issues such as infections. The service had hospital grab sheets in place which meant that information was available to other professionals in the event people required admission to hospital. People told us they had access to the GP and were supported by staff. We observed the optician visiting the home and staff supporting people to have their eyes checked. One person received new glasses and told us it was a 'new picture' when they put them on.

Good

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. One person said, "The staff are very caring, the staff are very good, they give loving care. A man recently celebrated his 100th birthday here what more can you say? Our nurses are excellent, they come in and check me at night. I have a buzzer they are excellent staff here."

Staff were kind and gentle when providing care to people. We observed a member of staff supporting a person with their drink. They spoke quietly and calmly to the person trying to encourage them to have a drink. This was interspersed with gentle touching to remind the person they had a drink.

We observed that staff were aware of respecting people's needs and wishes. One staff member told us, "This is their home." People who used the service told us that staff treated them well and respected their privacy. We observed that staff usually knocked on their bedroom doors. There were signs on the doors to alert staff to this. A person told us, "They knock on your door before they come in you have your own privacy if you need it." Another person told us," When I have a shower I make sure I have a lady [staff] and they cover me up, when they hoist the other lady they make sure they put a blanket on her too." Staff we spoke with were aware of the importance of confidentiality regarding people's information. Records were stored appropriately in order to protect people's confidentiality.

Staff supported people to mobilise at their own pace and provided encouragement and support. For example, we saw a person walking with a staff member with their hand on their arm to reassure them. We saw when staff assisted people to mobilise by using specialist equipment they explained what they needed people to do and explained what was happening.

We observed staff chatting with relatives' in a friendly and respectful manner. All the people we spoke with said that they felt well cared for and liked living at the home. Staff explained to people what they were going to do before providing care and asked people if that was alright.

Staff supported people to receive care how they wanted it to be provided. For example, we observed at lunchtime a person was asked if they wanted to have lunch at the dining table. Initially they declined but when staff began to serve lunch the person changed their mind and asked if they could sit at the table. We observed staff supported the person to sit where they requested. During the medicine round another person initially refused their medicines and we observed the member of staff was patient and quietly explained to the person why they needed to take them. The person eventually took their tablets after negotiating how they wanted to take them and what with. Care records detailed people's choices. For example, a care record stated, 'prefers to remain in own room, likes to have family photos around'.

Where people required support from lay advocacy services this was identified in their care record. Information was available to people as to where this service could be provided from.

Good

Is the service responsive?

Our findings

Activities were not consistently provided on a daily basis. The service had employed a part time member of staff and also a volunteer who provided activities to people. The registered manager told us they were looking to recruit to additional hours for activities and were also in the process of recruiting a further volunteer to support this. They said this would help to provide a more individual approach.

Some of the people we spoke with told us they preferred individual activities to group activities. One person said, "I don't do activities really. We have a singing session with [entertainer], he brings his things, all his equipment, sometimes we have a little dance. Well he is good he sings all the songs of the 60s and 70s I like singing I do." Another said, "The pastor comes next door he reads the bible and we sit and listen."

One person told us, "I am going out tomorrow [staff member] is taking me I am looking forward to it, I go to the co-op go shopping to the town in the wheelchair look it's in the corner(points to the wheelchair) I don't go out very often I can only walk so much." Another said, "I asked if they would take me out and they just did I had a walk outside with them [staff]." During our inspection we observed some people had access to activities such as reading, knitting and drawing. People also had access to church services within the home and we saw that any specific cultural wishes were recorded in care records and provided for according to people's wishes. We observed a person who received one to one support playing a game with a member of staff. However, we did not see any group activities during our inspection as the person responsible for coordinating these was not at work. This meant a number of people were sat in lounges without any meaningful activity.

Assessments had been completed prior to people moving to the home to ensure the provider could meet people's needs. Care records were personalised and included information about what practical support people required. Care records included details so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. When individual care plans had been written for specific health issues these contained information about the physical care required. Care plans had been reviewed and updated with people who used the service. However not all the people we spoke with were aware of their care plans and the process for reviewing these.

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member.

A complaints policy and procedure was in place and on display in various areas around the home, for example in the lift and in people's bedrooms. People told us they would know how to complain if they needed to. A person said, "I am sure if I had a complaint they would listen to me." At the time of our inspection there were no unresolved complaints. Complaints were monitored for themes and learning.

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to fully address the issues raised at the previous inspection regarding medicines and access to activities. At the time of our inspection there was a lack of appropriate systems and processes to address these issues, for example, to ensure medicines were managed according to national guidance.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements were in place for checking the quality of care on a range of areas including infection control, care records and medicines. However these had failed to identify the medicine issues we identified at the inspection. We saw action plans had been put in place where issues had been identified to make improvements. The registered manager had involved the home in a number of local and national initiatives in order to improve the quality of care for people. For example, they had enrolled in a research programme called ENRICH which looked at care in residential settings for people living with dementia. The home was also participating in a local initiative (Harm Free Care Project) with health partners in order to ensure care was safe and in line with national guidance.

People felt the home was well run and told us all of the management team were approachable. The registered manager was walking the floor throughout the day and appeared to know the residents well. A person who lived at the home told us, "The manager comes to see me, she has just been in." We observed the provider also talking with people during the afternoon and people knew who they were. One person told us, "If I have any complaints I speak to the boss [provider]. he says I can speak to him any time. I have met his family, they do their best for you here they are such lovely caring people. They ask if you are ok and if you have any problems they can sort them out."

Resident and relatives' meetings had started to be held and people had asked that these were held four times a year. We looked at the minutes from the meeting held in July 2017 and saw that issues such as activities and frequency of meetings had been discussed. In addition surveys had been carried out with people and responses had been positive. One relative commented, "Impressed with the level of care that was exhibited from staff." The registered manager told us that they encouraged people and staff to come and speak with them at any time.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. One staff member said, "The manager ensures everyone is looked after." They said the culture of the home was to always show love and respect to everyone. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. Staff and relatives told us that the registered manager and other senior staff were approachable. Staff said that they felt able to raise issues and felt valued by the registered manager and provider.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in

communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

The provider had informed us about accidents and incidents as required by law. The provider submitted notifications, for example, CQC had been informed about all the people who were subject to a DoLS. Notifications are events which have happened in the service that the provider is required to tell us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to put in place processes and systems to address issues previously identified by CQC.