Harris Care Ltd

The Manse

Inspection report

15 Cargoll Road
St Newlyn East
Newquay
Cornwall
TR8 5LB

Tel: 01872510844

Date of inspection visit:
11 April 2016

Date of publication:
26 May 2016

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 inspected The Manse on 11 April 2016, the inspection was unannounced. The service was last inspected in August 2014; we had no concerns at that time.

The Manse is a family run residential home that can accommodate up to 23 older people. On the day of our inspection 21 people were living at the service. The Manse is required to have a registered manager and there was one 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 about how the service is run.

Care plans contained risk assessments which identified when people were at risk, for example from falls. Guidance for staff contained detailed information on the action staff could take to minimise the risk.

Medicine Administration Records (MAR) were clear and accurate. This showed how much medicine people were receiving and whether the amount of medicine in stock tallied with the amounts recorded.

The registered manager had oversight of the service and people, relatives and staff told us they were available and approachable. Management was supported by a head of care and an effective staff team. In addition the staff team included kitchen staff, cleaning staff and a maintenance worker. There were clear lines of accountability and responsibility. There were sufficient numbers of staff to meet people's needs.

People and relatives told us they considered The Manse to be a safe environment and that staff were skilled and competent. People, relatives, staff and professionals spoke of the service in terms of its 'family' feel. Terms such as 'homely' and 'friendly' were frequently used. There was a relaxed and friendly atmosphere in the service. People chatted and joked together and with staff.

Pre-employment checks such as disclosure and barring service (DBS) checks and references were carried out. New employees undertook an induction before starting work to help ensure they had the relevant knowledge and skills to care for people. Training was regularly refreshed so staff had access to the most up to date information. There was a wide range of training available to help ensure staff were able to meet people's needs.

Applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to the local authority appropriately. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. The registered manager and staff demonstrated an understanding of the principles underpinning the legislation. For example, staff ensured people consented before giving personal care. Mental capacity assessments had been completed as required.
The premises were clean and odour free. People were able to use two shared lounges or stay in their rooms as they chose. Improvements to parts of the building were planned. There was a garden available for people

to use when the weather was suitable. Staff told us this was well used.

There were two part-time activity co-ordinators employed and people were supported and encouraged to take part in a range of activities organised in the service. There were also trips and activities planned outside the service. Visitors were made to feel welcome at the service and staff recognised the value of these relationships to people.

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. Staff had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People were able to make day to day decisions about how and where they spent their time.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

Good

The service was well led. There was a positive and open culture within the staff team.

Staff said they were supported by the registered manager and worked together as a team.

People and their families told us the management was very approachable and they were asked their opinion about the service, which was listened to and acted on.

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 inspection took place on 11 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector. 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 improvements they plan to make. We reviewed the PIR, previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at three people's care plans, five people's Medicine Administration Records (MAR), two staff files, staff training records and other records in relation to the running of the home. We spoke with the registered manager, head of care and three other members of staff. We spoke with ten people who lived at The Manse and two relatives. Following the inspection we contacted two external professionals to ask them about their experience of the care provided at the Manse.

Good

Is the service safe?

Our findings

People and their relatives told us they considered The Manse to be a safe environment. One person told us, "I love it here. I feel safe and well cared for. No complaints at all." A relative said, "It's a safe and secure place for [person's name] to be. We know [person's name] is happy and content here and that gives us peace of mind."

Care plans included risk assessments which identified what level of risk people were at from various events such as falls and trips, bathing and showering, choking and pressure sores. Where someone had been identified as being at risk there was a description of the action staff should take to minimise it. This information was detailed and provided guidance for staff. For example, one person had been identified as being at risk of developing pressure sores. The care plan had a detailed risk assessment in place including a six hourly repositioning chart to guide staff to be aware of the need to move the person and to look for visual signs of skin damage. The plan was colour coded red, amber and green to alert staff to the severity of any skin damage. Although the person did not have damage to their skin, the assessment process was carried out to protect them due to other health concerns. This meant there was a clear and protective plan in place to keep people safe from developing pressure sores.

People's medicines and administration records were kept in their rooms. We saw lockable wall mounted cabinets in each room. On entering a person's room, there was a laminated picture of flowers or a landscape scene which on the reverse side acted as a 'My Medicine Record'. This contained personal contact details and information about medical conditions as well as a current list of medicines, what they were for and the prescribed amount to be given. The manager explained that this was a safety measure and acted as a visual check for staff about any changes to medicines that had happened. It also helped inform medical professionals such as paramedics who would require accurate information quickly if called in an emergency. Because the poster could be turned to the wall to become a picture, it did not compromise the person's confidentiality.

We checked a sample of Medicine Administration Records (MAR) and saw these were clearly recorded and accurate. Regular medicine audits were carried out to ensure the records were properly recorded. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records showed the temperature was consistently monitored.
Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The amount of medicine held in stock tallied with the amount recorded.

Staff members' responsible for administering medicines wore gloves to prevent any contamination and a tabard indicating they were not to be disturbed during the process to minimise the possibility of errors. When giving people their medicines they explained what the medicine was and ensured it had been swallowed before moving to the next task. All staff with responsibility for administering the medicines had received the appropriate training.

Staff received training in safeguarding adults when they joined the service. This was refreshed at regular

intervals to help ensure staff had access to the most up to date information. Staff told us they had no concerns about any working practices or people's safety. They would be confident to report any worries to the manager and believed they would be dealt with appropriately. If staff felt their concerns were not being taken seriously they knew where to go outside of the organisation to report concerns. Staff told us they would have no hesitation in doing this if they felt it necessary.

When people required assistance from staff to move around the building or transfer from standing to sitting they were supported safely. Staff carried out the correct handling techniques and used appropriate equipment. Staff were unhurried and focused on the task, offering encouragement to the person while staying alert to any trip hazards or other people moving around.

When any accident or incident occurred it was recorded in people's daily logs. In addition an incident sheet was completed to allow management to carry out audits of these events and identify any patterns or trends.

People were supported by sufficient numbers of suitably qualified staff. As well as care workers the provider employed a maintenance worker, two part-time activity co-ordinators, two kitchen staff, and a cleaner. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner. A relative told us "I call in several times a week at varying times and there always seem to be enough staff."

Arrangements had been made to use an agency for additional staff if required. However, the registered manager told us they had never needed to do this. They commented; "The staff all pull together if they need to."

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The kitchen was clean and well maintained. The service had recently been inspected by the Food Standards Agency and achieved a level five rating. This was the highest rating that could be awarded.

Accidents and incidents were recorded, investigated and action taken to keep risks to a minimum. Premises had been risk assessed to make sure avoidable risks or hazards had been identified and action taken to avoid the risk. For example, cleaning products and detergents had been stored appropriately and locked in the laundry to keep people safe.

Maintenance was ongoing and a maintenance record was completed to make sure needed work was carried out in a timely way. For example, on the day of inspection the maintenance person was making safe a roof window which had leaked in a recent storm. We heard management arrange for a specialist window contractor to come to undertake further work to repair the damage.

Fire safety and emergency evacuation plans were in place to protect people in the event of an emergency. Fire evacuation procedures and fire bell checks were carried out at regular intervals.

Good

Is the service effective?

Our findings

People were cared for by staff who were skilled in delivering care. It was clear from our discussions with staff that they knew people well and understood how to meet their needs. Relatives told us they believed staff to be competent. One relative told us, "It's just so lovely here. Staff are always friendly and from experience now, I know my [relative] couldn't be in better hands."

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Before starting working unsupervised the head of care assessed them for competency and confidence.

The registered manager told us all new staff would be supported to complete the Care Certificate. This replaced the Common Induction Standards in April 2015 and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

There was a robust system of training in place to help ensure staff skills were regularly refreshed and updated. Responsibility for monitoring training was assigned to the administration worker. Recent training had included first aid, safeguarding and moving and handling. Staff told us they had enough training to enable them to do their jobs properly. The PIR stated that all staff had either achieved, or were working towards, their Level 2 or Level 3.

Staff received regular supervisions and annual appraisals. They told us they felt well supported by management and were able to ask for additional support as needed. Supervisions were either face to face one to one meetings or observations of individuals working practices. Observations were carried out by the head of care or senior carers. Staff told us they felt well supported in their role.

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 when this is in their best interests and legally authorised under the MCA. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring

updating regularly. We saw evidence that formal mental capacity assessments and best interest discussions had taken place before DoLS applications were made.

The registered manager and staff demonstrated an understanding of the principles underpinning the MCA. One person's ability to understand the impact of their choices on their health and wellbeing had recently been assessed and had been found to be better than at first anticipated. The registered manager told us; "Their capacity varies from time to time but fundamentally they are clear on where they want to be." Staff spoke of the importance of allowing people to maintain choice and control in their everyday lives. Comments included; "If someone is refusing care that's their choice. I'd go back and try again later, but it's up to them."

People and relatives told us the food was of a good standard and the portions were generous. There was always a choice of meals and if anyone wanted something other than what was offered it could be provided.

We spoke with the kitchen staff on duty who spoke knowledgably about people's dietary needs and preferences. Some people needed to eat a low sugar diet and this was made available to meet their needs. One person told us, "The food is absolutely lovely and if I want something else nothing is too much trouble." The kitchen was open at all times so staff could have access to it if people wanted something to eat when there were no kitchen staff on duty.

We observed the lunchtime period and saw it was a relaxed and social occasion. Some staff sat at the dining tables with people and chatted to them throughout lunch. This meant they were able to encourage people to eat unobtrusively and without seeming as if they were continually monitoring them.

People had access to external healthcare professionals such as dentists, chiropodists and GP's. Care records contained records of any multi-disciplinary notes and any appointments. The registered manager and staff told us they had developed good relationships with local GP's and the district nurse team. A relative told us the GP was always called out if their family member became unwell.

Good

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the care they received at The Manse. People told us; "I couldn't be happier really. It's a lovely place to live, all of my needs are taken care of and staff are kind and patient." Relatives were also happy with the care provided. Comments included; "The girls are great fun. My [relative] has received gold star care here. I have no concerns at all."

An external professional told us; "Given that they have relatively recently had a change of manager, it really has been very smooth. People are well cared for and it's obvious to see that they are happy."

People were familiar with all staff as well as the registered manager and provider. People, relatives and staff chatted together and there was laughter and joking throughout the day. Some people chose to spend time in a lounge area and it was clear people had developed friendships between themselves and with staff. It was a chatty and relaxed atmosphere.

Staff had an understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, we saw the activities co-ordinator playing armchair skittles with people. They were patient and understanding about people's physical limitations and stayed with each person quietly encouraging them until they were able to be as much part of the game as they wished to be. Another staff member sat with each person chatting about what was for dinner and making sure everyone was happy with the choice they had made.

People told us they were able to make day to day decisions about how and where they spent their time. One person told us how they preferred to spend their days and how sometimes they would go back to their room for a rest after lunch, or if they wanted to, they would join others for planned activities. A group of people had recently attended a tea dance and we heard what a lovely time people had.

People's privacy was respected. Bedrooms were decorated to reflect personal tastes and preferences. People had photographs on display and personal ornaments in their room. Some people had chosen to bring their own furniture into the service. This helped people develop a sense of ownership for their own private spaces. When showing us around the building staff knocked on people's doors and waited for a response before entering. People had lockable, secured storage available in their rooms if they wanted to keep any valuables secure.

People were supported to maintain family relationships. Relatives told us they were able to visit whenever they wanted and were always made to feel welcome by staff. One said; "They always ask if we want a hot drink or if we would like to join [person's name] for lunch." The registered manager told us "We believe firmly in our motto here, which is, our residents do not live in our workplace, we work in their home."

Care plans contained information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively. The registered manager and head of care encouraged families to share information with them to help build comprehensive

pictures of each person's social history.

Management at the service were in the process of putting together information packs for everyone who lived at The Manse. We were shown one which had been put together as a trial run. It contained a guide to living at the service, information about how the service would keep people safe and contact information for agencies outside the service, such as The Care Quality Commission. There was also information about how to raise a concern or complaint with management.

People were encouraged to share their views and experience of living at The Manse. They could do this informally by talking with staff and also by completing a satisfaction questionnaire. For example, we saw a food survey questionnaire used to help make sure that food standards were maintained. People were asked to rate what they thought of the quality, choice, presentation and portion sizes of food served to them. They could also make comments and suggestions about things they would like to see added to the menu.

Good

Is the service responsive?

Our findings

People who wished to move into The Manse first had their needs assessed to help ensure the service was able to meet their needs and expectations. The head of care would meet with people, and their families if appropriate, to discuss their requirements.

Care plans were an accurate and up to date record of people's needs. The records were well organised and it was easy to locate the information. They were detailed and contained information about a wide range of areas. For example there were sections on mobility, communication, social needs and night time routines. This meant staff had a complete picture of any issues which might have an impact on people's well-being.

Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described how staff should assist the person with their personal care including what they were able to do for themselves. This meant staff did not assist in a way that could reduce peoples' independence.

The care plans were regularly reviewed to help ensure the information remained up to date and relevant. People and relatives confirmed they were included in the review process.

There were systems in place to help ensure staff were kept informed of any changes in people's needs. Daily records were consistently completed and there was a handover between different shifts. Information from daily records was monitored to identify any patterns that might indicate a change in people's well-being. Any small changes to people's care plans were discussed at handover meetings.

People had access to a range of activities which were chosen to reflect people's interests and preferences. Two part time activity co-ordinators were employed and they were able to plan and organise group activities as well as spend one to one time with people. Activities included exercise sessions and visits from entertainers. In addition, staff were pro-active in taking people into the local community.

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. There were no complaints ongoing at the time of the inspection. Relatives told us they would approach a member of the management team if they had any worries.

Good

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility within the service. The registered manager was supported by a head of care. Staff spoke confidently about their roles and were aware of who was responsible for the various aspects involved in running the service.

The registered manager had oversight of the service and was a visible presence. A relative told us; "The manager is very much involved. She has been here a long time and you often see her. She helps out, well they all do, everyone digs in."

People, relatives, staff and other professionals all described the service in terms associated with family and friendliness. For example an external professional said; "It's a home from home." A relative commented; "It's very homely, I couldn't be happier with it." The service was a family run business and this was evident in the atmosphere within the service. A relative said; "The carer's are happy, it seems like a happy environment."

Staff had monthly meetings to discuss any concerns regarding people or staff and said they felt well supported and were able to speak freely about any issues at any time. The registered manager told us they had an open door policy and encouraged staff to air concerns as they arose. Families were asked for their opinion and experience of the service on an annual basis. Although the registered manager told us relatives were free to, and did come to talk to staff about how the service was supporting people when they wished to. Results from the last survey were positive.

There were systems in place to monitor the quality of the service provided. Audits were carried out on all recording systems for example, medicines, care plans and accident and incident records. The provider undertook formal monthly visits and produced a report focused on specific areas which highlighted any shortcomings or room for improvement. Policies and procedures for a wide range of areas were in place.

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks. Mobility equipment was regularly serviced to ensure they were fit for purpose.