Care Quality Commission

Shreyas S.A.I.N Ltd

The Manor House

Inspection report

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Date of inspection visit: 12 & 13 November 2015
Date of publication: 24/12/2015

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

Overall summary

This inspection took place on 12 and 13 November 2015 and was unannounced. The home provides accommodation, nursing and personal care for up to 25 older people, some of whom are living with dementia. There were 15 people living at the home when we visited.

There was a manager but they were not registered with the Care Quality Commission. The manager was new and told us they were in the process of registering with us. 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.

People and relatives were positive about the service they received. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet.

People felt safe and staff knew how to identify, prevent and report abuse. Legislation designed to protect people's legal rights was followed correctly. People's

Summary of findings

ability to make decisions had been recorded, in a way that showed the principles of the Mental Capacity Act 2005 (MCA) had been complied with. Staff were offering people choices and respecting their decisions. The Deprivation of Liberty Safeguards (DoLS) were applied correctly. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely. There was an environment maintenance and improvement program that gave consideration to ensure the environment supported people living with dementia or those with visual perception difficulties. The program had an action plan where improvements were required.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs. People had access to healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people and/or relatives were conducted regularly. Activities were offered with people able to choose to attend or not.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and helped ensure staff were suitable for their role. Staff received training to meet the needs of people and were supported.

People and relatives were able to complain or raise issues on a formal and informal basis with the manager or staff and were confident these would be resolved. This contributed to an open culture within the home.

Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The manager and provider were aware of key strengths and areas for development of the service and there were continuing plans for the improvement of the environment. Quality assurance systems were in place using audits and regular contact by the provider and manager with people, relatives, staff and other professionals.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People told us they felt safe. Staff knew how to identify and report abuse and were aware of how to respond in an emergency situation.

Systems were in place to ensure people received their medicines as prescribed.

Risks to people and environmental risks were identified and managed.

There were enough staff to meet people's needs and the process used to recruit staff was robust and helped ensure staff were suitable for their role.

Is the service effective?
The service was effective.

Good

Staff received training that equipped them to meet the needs of people living at the home.

People's rights were protected.

People's health was supported by access to primary health services.

People were supported to ensure their nutritional needs were met.

Is the service caring?
The service was caring.

Good

People who lived at the home told us they felt staff really cared about them and we observed positive interactions between people who lived at the home and staff.

Staff were motivated and inspired to offer care which was compassionate and person centred.

People told us that they were treated with dignity and respect.

People were included in making decisions about their care whenever this was possible and they were consulted about their day to day needs.

Is the service responsive?
The service was responsive.

Good

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences.

Comments and compliments from people and relatives were monitored and complaints acted upon in a timely manner.

People and their relatives were asked for their views about the service through questionnaires and surveys.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Summary of findings

Is the service well-led? The service was well led. People were supported by staff who felt they had a good team. Staff said the manager and provider were approachable and communication within the home was good. There was good management and leadership at the home. Regular audits and checks were carried out, records were kept and good data management systems were in place.	**Good**

Care Quality Commission

The Manor House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 12 and 13 November 2015 and was carried out by one Adult Social Care inspector. The visit was unannounced.

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 looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

During the inspection we spoke with four people who lived at the service, three relatives and visitors, four members of staff, the manager and the provider. We received feedback from five health and social care professionals and read the report from the Local Authority Contracts and Compliance officer. We viewed six people's support plans and nine staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, "safe? Yes, I'm safe here". A family member told us "I know [name of person] is safe and comfortable". They added that they had reduced the frequency that they visited because they were confident their loved one was safe and staff would contact them if there were any concerns. All the relatives and visitors we spoke with were sure their loved one was safe at The Manor House.

The provider had policies in place to protect people from abuse. Staff had received training in safeguarding adults, knew how to identify and report abuse and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the manager would act on their concerns. One staff member told us, "We get safeguarding training and updates and I know what to do and who to report to if I saw something was wrong. The manager would take me seriously if I raised anything as being wrong". The manager was also aware of safeguarding and what action they should take if they had any concerns or concerns were passed to them. Staff responded to prevent escalation of incidents between people. For example, we observed a person who was unsettled. Staff were aware that another person was also likely to become unsettled due to the noise and whilst staff assisted the first person the nurse interacted with the second person. Both people were supported and the situation calmed.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. There were effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Nurses showed us medicines audits they undertook on all medicines not in pre-dispensed packs from the pharmacy. This ensured the balance of medicines was correct and that people had received medicines as prescribed and as recorded on medication administration records (MAR).

Full medicines audits had been completed on a yearly basis by the pharmacy who supplied the medicines. The format of the audit was comprehensive and covered all areas of medicines management and found the systems in place were safe.

Medicines were administered by qualified nurses only. Training records showed nurses were suitably trained and assessed as competent to administer medicines. We observed nurses administered medicines competently; they explained what the medicines were for and did not hurry people. Nurses were aware of how and when to administer medicines to be given on an 'as required' (PRN) basis for pain or to relieve anxiety or agitation. Where people had been prescribed PRN medicines, they had a PRN plan which explained when the medicine could be given.

There were suitable systems in place to ensure prescribed topical creams and ointments were applied correctly. This included body charts to identify where specific creams should be applied and records completed by care staff to confirm application. Topical creams had an 'opened on' date to help ensure these were not used after the safe time limit. Nurses told us they checked the topical cream application charts to ensure care staff were applying all those as prescribed. We saw all the correct documentation including Mental Capacity Assessments and best interest decisions had been completed where people lacked capacity to make decisions about their medicines.

There were enough staff to meet people's needs. Relatives told us staff always had time to talk to them. One said "They look after me as well, make sure I'm ok". Another commented that "Staff are busy but they seem organised and know what needs doing". We observed that any communal areas of the home were under supervision or within eyesight of, at least one member of staff. This meant staff were available to support people when they required help. An external social care professional also commented that staff were available in communal areas for people.

Staff were organised, understood their roles and people were attended to quickly. Staffing levels were determined by the manager on the basis of people's needs and taking account of feedback from people, relatives and staff. They had completed a formal staffing needs assessment in August 2015 and stated that this had identified that the correct numbers of staff were provided. A staff member told us, "It is busy, some days it can be very busy but if that

Good

Is the service safe?

happens [name manager] will help". Another member of staff said "We work together helping each other out". Absence and sickness was covered by permanent staff working additional hours. No agency staff were used. Therefore, people were cared for by staff who knew them and understood their needs.

The process used to recruit staff was safe and helped ensure staff were suitable for their role. We viewed nine recruitment files. All contained evidence that pre-employment checks had been completed. Staff confirmed the recruitment process had been thorough and they had had to provide evidence of their identity and undertake a police background check.

Risks were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Where risks were identified action was taken to reduce the risk. Staff were aware of people at high risk of falling and took preventative action. For example, we saw pressure alert mats were in place and staff responded immediately when these alarms sounded.

Staff had been trained to support people to move safely and we observed equipment, such as hoists and standing aids being used in accordance with best practice guidance.

Environmental risks were assessed and managed appropriately. We saw the home's security measures, which included an alarmed front door, were secure at all times. Action had been taken to make the gardens secure and safe for people with footpaths and sturdy seating around the garden.

Emergency procedures were in place. Staff knew what action to take if the fire alarm sounded. They completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. Records showed fire detection and fighting equipment was regularly checked. People had personal evacuation plans in place detailing the support they would need in an emergency. Staff were also aware of how to respond to other emergencies.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

Staff were trained in a range of relevant subjects including the Mental Capacity Act, dementia and mental health. In addition to the provider's required training, there was evidence that staff had access to additional external training in dementia and mental health. The training matrix (monitoring record) provided showed that staff training was up-to-date and that refresher training was identified at appropriate points. One member of staff told us, "[The manager] reminds people if they are due training and checks that they have done it." All staff spoken to confirmed that they had received an annual appraisal and regular supervision.

We saw records of regular staff supervision and annual appraisal. The frequency of supervisions varied and some had not taken place in accordance with the schedule. The provider told us that this was because of the recent change in manager. They acknowledged that supervisions need to be scheduled.

The registered nurses were all qualified in general nursing. One nurse said that additional training was made available for general nurses in specialised areas such as mental health and dementia. One nurse described the induction process as "Good". The provider told us, and staff files showed that, staff were monitored throughout their induction and that this was linked to a probationary period that could be extended up to six months if necessary.

Staff in all roles demonstrated that they understood the needs of people who lived at the home and delivered care and support accordingly. One person living at the home told us, "The handyman is brilliant and has helped me with my new budgie".

Staff meetings were held on a regular basis. Key themes were identified for each meeting. We were shown copies of the minutes of recent meetings. One meeting featured reference to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is a piece of legislation which covers England and Wales. It provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. DoLS is part of the MCA and provides legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

We questioned staff about MCA and DoLS and they demonstrated a good level of understanding in relation to the people that lived at the home. A member of staff told us, "It's about protecting people's freedoms. They need protection if things are being done for them that they don't really want, but they need." We found evidence of good decision-specific mental capacity assessments in place. These assessments were signed by the relevant people. We saw the paperwork to show that five people using the service where subject to DoLS and one person was awaiting a Best Interest decision.

The cook kept a record of dietary requirements in the kitchen and prepared meals on an individual basis where required. Two people who lived at the home had diabetes and the cook told us how their meals included slow-release carbohydrates to help maintain consistent blood-sugar levels.

People could choose where they ate within the building and there were accessible facilities for people to use outside of mealtimes to make hot and cold drinks for themselves and visitors. These facilities were monitored at all times to ensure that they were used safely. Cold drinks were readily available throughout the building. One relative told us, "My relative gets lots of drinks."

We observed the lunchtime experience. The lunch had two hot choices and alternatives were available if people didn't like what was on the menu. The menu was changed on a regular basis and the cook stated that people were asked to suggest meals they would like to have and they would put them on the menu. Portion sizes were small, but people were asked if they wanted more. A relative told us, "I've seen the food. It looks very nice." Some people needed assistance to eat their food. We observed that staff did this in a friendly and unrushed manner. Records of fluid and food intake were completed for those who needed them. We saw evidence that these records were completed daily.

People were supported to access a range of healthcare services. Relatives said that communication was good regarding any change in healthcare needs. One relative told us, "They [staff] communicate very well. They are on the phone instantly if something happens. They ring the doctor

Good

Is the service effective?

promptly when it's needed." Care files contained detailed admission assessments and clear evidence of liaison with health and social care professionals. One person who lived in the home had been recorded as having trouble swallowing. They were referred to the Speech and Language Team and their care plan adjusted accordingly. Other assessments in place included falls, pressure ulcers, continence and pain. Temperatures and blood pressures were regularly checked. We saw evidence of regular blood-sugar level checks for the people with diabetes. One person living in the home said, "They weigh you and check your BP (blood pressure)."

The views of people living in the home and staff had been taken into account when developing the service. We saw that the décor, equipment and activities had all been changed recently and that further plans were being developed. Some of these plans were going to be introduced to make the environment a little more dementia-friendly. A dementia-friendly environment uses specific colours, lighting and equipment to reduce people's confusion and maintain their independence as their condition develops.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. We observed that staff treated people who used the service with the upmost respect. They always asked people's consent before carrying out any caring duties and explained fully what they were doing. People were satisfied with the care they received and told us, "Staff treat me kindly, they always treat me with respect, they knock on my door before coming into my room" and "There is nothing I can complain about" and "I am very pleased with the care I receive." Relatives told us that the staff had the right skills and attitude; one relative said, "The words they use and the way they are with people here shows they care" and another relative told us "I think the staff are good, very caring."

Staff spoke in thoughtful, caring ways to individuals and they knew each person's likes and dislikes. For example, they sat one person away from the other people in the lounge. Staff explained that they knew the person liked that particular chair as it was the most comfortable for them and that they could easily see to knit and be close to their new budgie. The person seemed calm and content, and from the chair they could also see what was happening in the other part of the room.

People who used the service were dressed in clean clothes of their choice. There was a dedicated laundry just for people's clothes in the home, which meant clothes were washed on a daily basis as sheets and towels were washed off the premises.

One person told us, "One of the carers looks after our hands, they clean them and put nail polish on. We couldn't do without them" and another person said "They look after me and make sure my teeth are cleaned." We were told by people that they could have a bath whenever they wished and one person said, "The carers are particularly good, caring and willing."

Relatives and other visitors came to the home throughout the day and we observed they were made welcome by staff. It was apparent that these were regular visitors who had a good relationship with the staff and the manager. They chatted to other people who lived at the home as well as their relative or friend. Family members told us that they were made to feel welcome at all times and that they were well looked after. Another relative said, "The service is very accommodating to individual preferences. My relative needs to have a daily paper in the morning when they have breakfast and the home makes sure this happens. They have bent over backwards for us."

When we asked people if the staff encouraged them to be as independent as possible, they replied, "I can't do much but they never hurry me" and "Yes I do what I can for myself whilst I can". Relatives we spoke with were also positive about how staff provided care and support. We were told, "There is very little my relative can do for themselves, but the staff really look after them". The manager explained that all families wherever possible were going to be asked for more in depth personal history for their relative. This was to ensure the home had as much information as possible in order to give people personalised care.

Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service, for people who did not have or want family or friends involved, was available from the manager.

People who used the service told us they were involved and supported in planning and making decisions about their care and treatment. One person told us "I am quite happy here, I don't feel miserable or lost, I feel at home and can make my own decisions about what I want to do."

Others confirmed they could make choices about their daily lives. People said, "I can do some things myself", "Yes if I have a down day I ask to stay in bed" and "They always ask me and I can talk to the staff when I need to". One relative said "I am fully involved in my relative's care planning. I don't have formal reviews as I come in most days and staff continually keep me informed."

Our observations showed that staff knew people very well. We saw staff anticipating individuals' needs such as knowing how much support people needed without taking away their independence. We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and

Good

Is the service caring?

holding discussions with people in private when required. We saw staff respond straight away when people asked for assistance with personal care or getting up out of their chairs. Staff used screens in the public areas, such as the lounge, when using moving and handling equipment, to maintain dignity. One person said “We like using the screen, It’s for our privacy”.

Visiting healthcare professionals told us that treatment took place in people’s bedrooms so their privacy and dignity was maintained and any discussions about their care were conducted in private and kept confidential.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People told us they were listened to and the staff responded to their needs and concerns. A relative told us, "They encourage me to speak directly with the manager about and concerns or niggles I might have".

The manager explained that the activity co-ordinator had recently left but she had employed a new one and was waiting for them to go through the relevant checks before they could start work. Therefore, staff had been organising activities for people on an ad hoc basis for a couple of weeks. A relative said, "There hasn't been much in the way of activities for my relative but I have met the new activity person and think they seem like they will do a good job". On the day of the inspection, we saw a music and singing session that took place in the lounge. This was organised by staff who supported people to join in. The staff were gentle and encouraging in their approach and helped every person to take part in some way. If people indicated that they did not wish to take part the staff were reassuring that they didn't have to. The staff were enthusiastic, and cheerful throughout the music, dancing and encouraging people to join in. People responded well to this and most people did join in. One person was very animated throughout the session, their enjoyment was obvious. The atmosphere was very positive and there was a lot of laughter and chatting.

People who chose to remain in their rooms and may be at risk of social isolation were included in activities and received social interaction. A relative told us, "I was concerned that [my relative] was isolating themselves as they spent so much time in their room. I know now that the previous activities co-ordinator visited people in their rooms and I was pleased when I visited recently and was told that the new person had also been into their room".

Throughout the day we saw staff taking time to sit with people individually and have a chat with them. People were supported to maintain their hobbies and interests that were important in their life. The manager told us, "There are a lot of people with individual interests. One resident is interested in knitting. We have one resident who likes watching television in their room and we bought a budgie for one resident for their birthday". We saw that people's cultural and religious beliefs were supported and that regular visits from local churches took place.

Care plans showed people's preferences and needs. The staff demonstrated a good awareness of people and also how living with chronic conditions or dementia could affect people's wellbeing. This information had been drawn together by the person, their family and staff. Two relatives confirmed they were involved in the formation of the initial care plans. Most people we spoke with could not recall contributing to their care plans; however evidence seen in care plans showed that people and their families had been involved. For example, one person's life history described important events in their life, their wedding day and the employment they had had throughout their life. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people, including those living with dementia could still live a happy and active life.

Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, emotional support, continence and personal care. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one person's care plan explained how staff should encourage them to make choices around their clothes. Another care plan explained to staff a person's preferences around where they ate their meals and the care staff should provide to keep their skin healthy.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, in light of a complaint around staffing levels, the provider and previous registered manager completed an in depth staffing audit and demonstrated that the staffing was at appropriate levels for the needs of the people in the home. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for

Good

Is the service responsive?

people. We saw that feedback from complaints was analysed in order to identify any trends and to improve the service delivered. There were also systems and processes in place to consult with people, relatives, staff and healthcare professionals. Regular meetings and satisfaction surveys were carried out, providing the management with a mechanism for monitoring people's satisfaction with the service provided.

Good

Is the service well-led?

Our findings

The service was well led.

The manager was new and going through the process of registration with CQC.

We asked people and relatives if they knew who the manager of the home was. The majority did and were confident they could speak to the manager if they wished. One person told us, "Yes, I know who it is actually. If there was a problem I would speak to them." A visiting relative said of the manager, "They always speak, we have conversations." People and relatives felt the manager of the home would listen and act on any concerns they had. Relatives said, "We've made no formal complaints but we feel staff are approachable," and "I would feel able to take anything to the manager if I needed."

People living at The Manor House provided consistently positive feedback about the staff and management and said they would recommend the home. Two people said, "We would recommend this home to anyone, we're very happy here."

Checks and audits had been carried out by the manager and senior staff at the home. These included monthly care plan, medication, health and safety and infection control audits. We found that surveys had been recently sent to people living at the home, their relatives and professional visitors.

We saw results of the 2014 survey had been audited and where needed the previous registered manager had developed an action plan to identify plans to improve the service. We saw evidence the results of the surveys had been shared with people, relatives, health professionals and staff.

People and relatives we spoke with said 'residents' meetings' did take place but they hadn't attended one for a while. We saw minutes of the meetings which took place where issues such as meals, activities and the environment were discussed.

People and relatives we spoke with told us that if they had a complaint they thought the manager and provider would take it seriously and address the concern. Relatives told us they would speak to the manager directly if they had any concern. When we asked people what could be improved, most people told us they could not think of anything.

The new manager had a clear vision for the home; they would like to gain the Gold Standard in End of Life Care. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. There was a staffing structure in the home which provided clear lines of accountability and responsibility.

Staff said regular staff meetings took place so that important information could be shared. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training