

Hadrian Healthcare (NE) Limited

The Manor House Barnard Castle

Inspection report

John Street, Barnard Castle. Co Durham DL12 8ET
Tel: 01833 630555
Website: www.hadrianhealthcare.co.uk

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

We inspected The Manor House on 18 December 2015. This was an unannounced inspection.

The Manor House is a purpose built 76 bedded care home located in Barnard Castle, near to a range of local facilities. The home has two floors and is divided into three units. The first floor providing residential care, Chesters providing care for people who may be living with a dementia and Teesdale providing residential care.

The service did not have a registered manager, but the manager at the service had applied to be registered with CQC and had just undergone their interview to assess

their fitness. The manager was on annual leave at the time of our visit but we did meet them briefly. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action

Summary of findings

to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed the manager and deputy manager worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met. Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We observed people receiving their medicines safely. Medicines were stored safely but records showed that people were at risk of not receiving their oral and topical medicines appropriately. Medicines audits had consistently highlighted areas for improvement since July 2015, but we could not see how the service had worked to implement these actions.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People's nutritional needs were met, with people being involved in decisions about meals. People who used the

service told us that they got enough to eat and drink and that staff asked what people wanted. Staff told us that they closely monitored people and would contact the dietician if needed.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's health and support needs. Plans were developed with people who used the service to identify how they wished to be supported but we found plans for people on the first floor needed to be strengthened to make sure they reflected how people wished their care and support to be provided.

People's independence was encouraged and the service supported people to maintain their hobbies and leisure interests. The activity co-ordinator was supporting people to enjoy the festive season and several had been out to carol services and shopping on the day of our visit.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor the quality of the service provided, however in relation to medicines, audits did not show actions had been followed up appropriately.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing.

We observed safe medicines practice but records did not demonstrate that medicines were monitored, administered and recorded safely.

Staffing levels were appropriate to the needs of the people using the service.

Accidents and incidents were monitored by the management team to ensure any trends were identified and lessons learnt.

Requires improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence. Our observations showed this to be the case.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



Is the service responsive?

The service was responsive.

People had access to activities and outings, that were important and relevant to them and they were protected from social isolation.

Care plans reflected people's current individual needs, choices and preferences.

Good



Summary of findings

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was not always well led.

Some staff said they were supported by the management team and regular discussions via staff meetings took place.

The service had a manager and supportive management structure. People who used the service had various opportunities to give feedback or raise issues.

There were service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, safeguarding, complaints/concerns. One audit in relation to medicines had not been followed up and issues were still outstanding from July 2015.

Good



The Manor House Barnard Castle

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 checked 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.

We inspected The Manor House on 18 December 2015. This was an unannounced inspection. The inspection team consisted of one social care inspector, a special professional advisor who was a nurse and an Expert by Experience who had cared for an older person.

The provider was not asked to complete a provider information return prior to our inspection. 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. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information about notifications we received and other information such as complaints and feedback from people using the service, relatives and stakeholders.

We spoke with safeguarding and commissioners of this service prior to our visit, who did not raise any concerns at that time.

At the time of our inspection visit there were 74 people who used the service. We spent time talking with people who use the service, staff and relatives. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and visited people in their own rooms when invited. We spoke with eight people who used the service and four visitors.

During the visit, we also spoke with the manager, deputy manager, housekeeping staff, and seven care and activity staff. We also spoke with four visiting professionals.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included seven people's care records, including care planning documentation and medication records. We also looked at six staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. Both people and visitors stated the home was a safe place to live. One person told us; “It’s marvellous here, I am so lucky to be here.” One visitor stated; “It’s very good care, they really look after them.” People told us they had no issues about safety and care in the service.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The deputy manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. A visitor we spoke with told us; “I have never seen anything to worry me.”

Staff told us that they had received safeguarding training within the last year. Staff could tell us about safeguarding and whistleblowing. The staff we spoke with all stated they would report any concerns they had. One staff member said; “I feel we could speak up if anything was wrong or if I saw one of my colleagues do something not right. Well you would have to, there is a lot of new ones ([carers] and you don’t know what everyone is like, but I would say if I needed to.” A visiting professional told us; “We have no concerns, we haven’t seen anything to worry us.”

The service had submitted safeguarding concerns to the local authority and CQC in a timely manner.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. On the day of our inspection there was the deputy manager, a principal carer, three senior carers, an activity staff member, an administrator, four housekeepers, two kitchen staff, the chef and ten care staff on duty for 74 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the week. Both staff and people living at

the service told us they felt there was enough staff available. One person said; “If you push the buzzer they come, if they are delayed you know they are busy and then they come running, I feel bad about that.”

We observed that people in their rooms or in bed all had buzzers to hand and these were answered promptly and we observed there was always a member of staff in key communal areas such as lounges. One healthcare professional who visited the service regularly told us; “The staffing seems ok, weekends can be a bit fraught, especially if someone has gone off sick, but they seem to cover it.”

We saw from records that the water temperature of baths, showers and hand wash basins in were taken and recorded on a monthly basis to make sure that they were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, gas cooker, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We also saw that personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual’s safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken, including the people who used the service and staff.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The deputy manager said that they carried out a monthly check of safeguarding and accident and incident forms to ensure that all incidents had been reported and that appropriate actions had been taken.

The four staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also

Is the service safe?

to prevent unsuitable people from working with children and vulnerable adults. The administrator who supported the recruitment process explained the additional measures the service took to check the identity of applicants and to process DBS checks promptly.

We asked people about how they received their medicines. One person said “I am not on any medicines at the moment but they bring them if I need them,” and another person told us, “I get all my pills.”

We looked at the way medicines were managed. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

Systems were in place to ensure that the medicines had been ordered, stored and administered appropriately. Medicines were securely stored in a locked treatment room and only the senior person on duty held the keys for the treatment room. Medicines were transported to people in a locked trolley when they were needed. We saw the staff member checked people’s medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. The MARs showed that staff recorded when people received their medicines and entries had been initialised by staff to show that they had been administered.

However, two people’s MAR sheets with hand written instructions were not signed by a member of staff and there was no record of who had authorised changes. This meant there was the risk of error and there was no clear line of accountability for changes. There was therefore a risk that people may not receive the correct medicines. Handwritten MAR charts are produced only in exceptional circumstances and can only be created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for

accuracy and signed by a second trained and skilled member of staff before it is first used as per NICE Managing medicines in care homes 2014 (National Institute for Health and Care Excellence) guidelines.

We saw evidence of topical medicines application records to show the topical preparations people were prescribed, including the instructions for use and associated body maps. However, we saw inconsistent completion for people together with limited instructions for use an example being “as directed” and no instructions on the associated body map for a person. For another person we saw the following noted on their MAR chart “Betamethasone, keep in trolley, legs, apply twice daily”; however we saw no instructions on the associated body map and there was inconsistent completion of the topical medicines application record.

We saw evidence of transdermal patch application records in use to show the transdermal patches people were prescribed, including the instructions for use and associated body maps. However, for two people we saw inconsistent recordings of the date and time and signature recorded on the transdermal patch application record.

We saw that minimum and maximum temperatures relating to refrigeration had been recorded daily (apart from 6 December 2015 and 7 December 2015) and were between 2 and 8 degrees centigrade. However, we did not see evidence of ‘current’ temperatures being recorded, together with confirmation of ‘resetting’ maximum/minimum thermometers (as noted in the pharmacy’s previous audit on 25 June 2015). We saw that temperatures for the treatment room were recorded daily and were less than 25 degrees centigrade, apart from on 17 December 2015 and 18 December 2015 where they were recorded as 26 degrees centigrade (as noted in the pharmacy’s previous audit on 25 June 2015). Fridge and treatment room temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges. This meant that the quality of medicines may have been compromised, as they had not been stored under recommended temperature limits.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to a member of the housekeeping staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective

Is the service safe?

equipment to reduce any risks from contamination. They told us; “It’s keeping on top of things, because we were so short staffed before we are trying to catch up with it now, the carpets are really difficult, I went to a COSHH meeting and there is a new carpet cleaner that breaks down smells, I have said about it, but nothing has happened yet”.

We noted some of the laminate floors were sticky and occasionally slippery to walk on and some hand rails were sticky to touch. The carpets (pale beige) in communal areas were worn and stained. We received notification immediately after the inspection that the service had sought professional input in relation to replacing the carpets.

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided good quality care and support. One person said; “The care is good and the beds are good too here, I put my head on that pillow and I am away, and another said; “It’s ok here the girls look after me.” One person said; “It has its good points and its bad, the carers are 50/ 50 I would say, some are really good at what they do and some are just here to put their shift in.” We gave this feedback to the manager immediately after the inspection and they stated they would undertake further investigation into any concerns raised by people.

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 this 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. The service had an assessment record in place to check whether people had capacity to make decisions. There was a DoLS status document which recorded who was subject to a DoLS, the date of authorisation and other key information. We found this document to be muddled and it was not clear who had a current authorisation in place without going through each individuals records. The service had already identified this as an area for action at a recent audit and we were informed it would be addressed straight away.

We saw that every person had updated care plan documentation following an assessment of the person’s capacity or if they were subject to a DoLS to detail how the care was to be managed in a least restrictive way. Consent to care and treatment records were signed by people

where they were able; if they were unable to sign a relative or representative had signed for them. CQC had received appropriate notifications of DoLS authorisations being put in place.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. There were several people with dementia who displayed anxiety and we saw this was managed very well. For example, three people were stating they wanted to leave the building and becoming anxious, staff re-directed everyone appropriately and accompanied them to another area of the home.

Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The deputy manager explained how training in these subjects was considered ‘mandatory’ and was renewed on a regular basis. The training plan for 2015 showed that the training updates that would be due during 2015 had been delivered or were planned for the next few months. Staff had received training specific to the needs of the people they supported such as phlebotomy training and dementia awareness.

Some staff we spoke with during the inspection told us they felt supported and everyone said that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal all within the last two months. Induction processes were available to support newly recruited staff, and we saw these were specific to the role for example there was a specific induction for a kitchen assistant that included aspects of kitchen safety. One staff member told us; “I am just new this week, I did my work experience here, I love it, everyone has been really nice.” They also told us they felt they had enough training, and had an induction plan to follow. This included reviewing the service’s policies and procedures and shadowing more experienced staff. The deputy manager told us that induction packages were now linked to the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Is the service effective?

We witnessed all over the service that snacks and drinks were available all day for people to help themselves to. We observed cupcakes under covers throughout the communal areas of the home. There were water coolers. There were jugs of water and juice in lounges. There were jugs of water or juice in people's rooms. There was a trolley with jars of soft sweets and treats on a main corridor. On the Chester's unit we saw little bowls of wrapped chocolates in main areas. A visitor had brought in boxes of chocolates and staff were offering them to those people who could have them.

We sat with people who used the service when they were having lunch in the dining room on the ground floor from midday and on the first floor. People told us; "The food is good, they don't mither you, they bring you little and often," and "The food is canny". The tables were set attractively with tablecloths, napkins, condiments and there was a menu card on the table with at least two choices for each course at lunchtime and choices at tea time. For people being served their meals in their rooms we saw the trays were pre-prepared with placemats, napkins, condiments and plate covers. The choices of food were advertised on the menu boards, which were displayed so people would have been aware of what was being served before the meal. We observed that staff showed people both meal choices. This meant they could see and smell the food which was particularly beneficial to people who had a dementia related condition. The food was well presented and hot and cold drinks were available. The meal was unhurried, quiet and well organised. There was soft Sixties music playing which staff or people sometimes sang along with. Staff were vigilant about what people were doing and how they were managing. People were prompted as needed to eat or drink.

People were offered a hot pudding. There were yoghurts and fruit if people wanted them. One person in their room

wanted ice cream so a carer went to the kitchen for some. It was a very pleasant unhurried meal for a large unit for people with a dementia which had almost everyone eating at once in the dining room. We observed the tea trolley going round the ground floor later in the day. It had juices, tea, coffee, small cakes and sweets.

We saw a recognised nutritional tool was in place for every person and people's weights were monitored regularly. The service had been awarded the Focus on Undernutrition award in August 2015, this is a local initiative that ensures people's nutrition is monitored and staff receive accredited training. We noted that food and fluid charts were not always fully completed. We saw in three care plans that we viewed that portion sizes or fluid totals were not documented and also that for one person that their dietary supplement was not recorded on one date. We discussed this with the management team who stated they would address this with the staff team to look at improving the quality and completion of these records.

People were supported to maintain good health and had access to healthcare professionals and services. The service had ceased to provide nursing care earlier this year. We met with two district nurses who now supported the nursing needs of people at The Manor House. One of the nurses said; "The carers are all excellent, very good and knowledgeable." People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. One person told us; "The nurses are in to see me every week and If I need to see anyone else it's no problem." We saw records to confirm that people had visited or had received visits from the GP, dentist, optician, chiropodist and dietician. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

People who used the service told us that they were happy with the care, service and support provided. One person said; “They look after me so well, and another said; “The girls are all so nice”. Relatives of one person who had just arrived at the service the previous week said; My (relative) has just been in a week and we are very happy with it, we have been consulted about everything.” We heard and observed good conversation between staff and people who used the service. Visitors were greeted by name and staff obviously knew family details. There was a calm, positive atmosphere throughout our visit and we saw that people’s requests for assistance were answered promptly.

We observed that people were asked what they wanted to do and staff listened. In addition, we observed staff explaining what they were doing, for example in relation to moving people using a hoist. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner.

When asked, staff could tell us about the needs of an individual for example they told us about their life history and their likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. One staff member said; “Oh I love it here and I love the residents”.

We observed people being encouraged to be independent e.g. eating food, choosing what to do, and people on the dementia unit being encouraged to do things for themselves. It was noticeable that staff listened to what people said and did not hurry them in any way in making decisions.

We were told by people and relatives there were issues with the laundry. The manager told us; “We know there have been issues with laundry and it has not been good enough. We need a specialist person in there.” They continued to tell us that new systems had been implemented to ensure people got the correct clothing returned to them.

During the inspection we spent time on both floors of the service so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with encouragement. Staff

treated people with dignity and respect. Staff were attentive and showed compassion. We saw that staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring.

The management team and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes.

Generally the environment supported people's privacy and dignity. However we saw on the first floor that confidential papers were left on the workstation desk in the main corridor that could have been seen by anyone and personal files were not securely stored. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised. We noted that the service had made considerable attempts to ensure people had freedom within the service and that outside areas were accessible. The living environment for people living with a dementia could be further improved to ensure peoples well-being by ensuring best practice guidance is followed. For example we saw that lunch was served on white plate on a white tablecloth, this could be difficult for someone with a dementia to differentiate. The Department of Health published a guidance document in March 2015 titled “Dementia-friendly Health and Social Care Environments” and the service may benefit from reviewing their service against this guidance document.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships and enjoy their spirituality. We met with a visiting vicar who was very positive about the service and told us they visited regularly. One person who was a member of the clergy also helped the vicar deliver a Carol service earlier in the day. The vicar also told us they held a funeral service the previous day for someone who at lived at the home, they said several staff attended this and they found them “very caring and kind.”

People who used the service told us they had been supported to maintain relationships that were important to them. One person said; “The girls are nice, my family comes in when they want.” Visitors also stated they could visit at any time. One visitor said; “We went out for lunch last week, you just have to ring up and say to them and they get (relative) ready”.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service.

During our visit we reviewed the care records of six people who used the service. We found that risk assessments, where appropriate, were in place, as identified through the assessment and care planning process, which meant that risks had been identified and minimised to keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included measures to minimise the risk of falls whilst encouraging people to walk independently. Assessments also considered the likelihood of pressure ulcers developing or to ensure people were eating and drinking. This meant that risks could be identified and action taken to reduce the risks and keep people safe. Standard supporting tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs were written using the results of the risk assessment. Staff knew the individual care and support needs of people, as they provided the day to day support and this was reflected in people's care plans. The care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to provide this. They also detailed what the person was able to do to take part in their care and to maintain some independence. People therefore had individual and specific care plans to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans. Overall, care plans were detailed and provided us with evidence that people received skilled, empathetic care, to enhance their wellbeing.

Care plans were reviewed monthly and on a more regular basis, in line with any changing needs, and were reflective of the changes in each person's care. Staff told us that they were responsible for updating designated people's care plans and we saw that care plans had been reviewed and

audited. Records showed inconsistent involvement of the person and relatives in care planning and some care plan documentation was not signed by the person or family member. This meant that people may not have been consulted about their care, and thus the quality and continuity of care may not have been maintained. The deputy manager acknowledged that they were working on this and indeed we saw care plans for one person left out to be signed.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like.

We spoke to the activities organiser who was very enthusiastic and explained their plans to us. There were an activities boards on display around the home which were a comprehensive list and timetable of activities. The activities organiser who had just returned with a party of people out to 'Singing for the Brain' at the local Methodist church. They said; "I am very into the fitness side of things, as that is my training but I try and make it as diverse as possible, the managers and the staff feed back to me what individuals want to do. With the more frail residents upstairs we do a lot of one to one. I have volunteers who come in, even if it is only to paint someone's nails. We have pet therapy (dogs come in,) I make sure we have two live entertainers per month, we do chair exercises, but some people don't want to do much and you have to respect that, but I try and get something different for people". They told us they felt supported by staff; "I try and do as much as I can, Chester's (dementia unit) is up for anything, it's quite a place."

One person said; "There are activities to do, lots at the moment with Christmas coming, almost too much, I've got Carol fatigue!" We observed people with newspapers and magazines. There were accessible bookshelves with current magazines as well as books.

Records we looked at confirmed the service had a clear complaints policy and information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home's record of complaints. There had been 19 complaints recorded within the last 12 months and there was a clear record of investigations and outcomes. The management team stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the

Is the service responsive?

formal complaints process if they wished. Staff also told us that people who used the service were always asked if they had any problems and staff also observed people for facial expressions or behaviour that may indicate they were unhappy. The records of residents meetings showed that these had not been consistent and we were told that attendance had been poor but people we spoke with said they could raise any issues and had confidence it would be addressed. One person told us; “There are meetings and things but I’m not a meeting person,” and “They do ask you about things”.

We saw records of when people had made advanced decisions on receiving care and treatment. The care files held ‘Do not attempt cardio-pulmonary resuscitation’ decisions for people and we saw that the correct form had been used and was fully completed recording the person’s name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. We saw an end of life care plan for people; which meant that healthcare information was available to inform staff of the person’s wishes at this important time, to ensure that their final wishes could be met.

Is the service well-led?

Our findings

The service had a manager in post who had applied to be registered with the Care Quality Commission. Their application had been accepted and was being processed.

The management team were able to display the values of the service which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. We saw the first floor unit had changed by the service ceasing to provide nursing; this had led to significant change in how the service was being provided. The service acknowledged there was still some work to do on this unit such as improve the quality of care plans, and we saw that principal carers had already been put in place to effect this change. All principal carers already had allocated supernumerary hours, the deputy manager was also completely supernumerary. The provider had agreed to additional supernumerary hours to supplement this work.

We asked people about the atmosphere at the service, most people said it was a happy place to be. One person said; "It's a lovely place to be." Some people who lived, worked or visited the home provided varied views about the manager. We fed back comments to the manager and provider after the inspection. One staff member told us; "I can take anything to the manager, we have all the staff we need now, the only thing is we have to stock up before the head housekeeper goes, her key is different so we have to make sure we have enough supplies."

The law requires providers to send notifications of changes, events or incidents at the home to the Care Quality Commission and The Manor House had complied with this regulation.

The service supported people to be part of the local community and we witnessed people going out shopping and to festive events taking place in the community with staff support. The service also encouraged volunteers and five people regularly visited the service to provide friendship and particular skills such as flower arranging and supporting people to go on regular Friday excursions.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate

quality standards and legal obligations. The management team told us of various audits and checks that were carried out on the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled.

However the monthly audits in relation to medicines were not robust in the last few months with either audits or the action plan not being present and similar issues in relation to medicines management being recorded and still being evidenced as outstanding from as far back as July 2015. For example we saw that on 8 July 2015 – 26 actions were noted, however there was no authorisation sign off noted to indicate that these actions had been completed. The deputy manager showed us a medication audit undertaken by the local pharmacy on 25 June 2015, where the following observations/ recommendations were noted and we saw a note stating "completed" on the action plan dated 6 August 2015.

- The temperature of Teesdale Unit also first floor running at 27 degrees, needs to be cooler; re-set max/min thermometer daily.
- Recommend a weekly recorded balance check in Controlled Drugs register.

Both these actions were still outstanding at this visit. Following this visit the provider sent an action plan stating this issue would be addressed immediately.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

We saw the service was now working more closely with healthcare professionals such as the district nursing team. We spoke with two nurses who told us; "We have worked with the manager and she [the manager] has put measures in place. If there are issues the manager deals with things, we have no issues or concerns. The standards of care are improved."

There had been regular staff meetings throughout 2015 for each of the units in the home. Issues discussed included laundry, food and training. We saw that resident meetings were held regularly and that a newsletter was also published showing previous and upcoming events at the service. There were "What do you think of us" forms to fill in

Is the service well-led?

around the home. We also saw a relative's survey was carried out in September 2015 with an action plan responding to any issues raised. This showed the service sought feedback from people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment of people was not provided in a safe way. Regulation 12(1)</p> <p>12(2)(g) People's topical medicines were not being managed in a safe way and records showed medicines may not be stored within safe temperature limits. Checks on medicines were also not robust.</p>