

Pretty 333 Limited

# Sibbertoft Manor Nursing Home

## Inspection report

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## 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

Sibbertoft Manor Nursing Home provides accommodation for up to 41 older persons who require nursing or personal care. There were 38 people in residence when we inspected, some of whom had dementia care needs. At the last inspection, in August 2014, the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

People continued to be kept safe by sufficient numbers of appropriately recruited nursing and care staff that had the skills and training they needed to do their job competently. People were consistently safeguarded from harm and poor practice. People's medicines were appropriately and safely managed. People received timely treatment from other community based healthcare professionals when this was necessary.

People continued to be cared for by staff that had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. Risks associated with people's capabilities to do what they could for themselves were assessed, reviewed, and acted upon to minimise the likelihood of accidents. People were supported to maintain good health and nutrition.

People continued to be treated with dignity and their individuality was respected. Their needs were met in a timely way by a compassionate staff team that was caring, friendly, and attentive.

People were encouraged and enabled to make choices and give their consent about their care and treatment. Decisions made by staff that affected the care and treatment of people that lacked capacity were implemented in the least restrictive way and in the person's best interest.

People continued to be cared for in an 'open culture' where they and the staff team knew they would be listened to and that action would be taken if they were concerned about the quality of care provided. There continued to be good leadership with regard to the management of the home.

## 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 remained safe.

Good ●

### Is the service effective?

The service remained effective.

Good ●

### Is the service caring?

The service remained caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained well-led.

Good ●

# Sibbertoft Manor Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection was carried out by an inspector and took place on the 26 January 2017.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had also previously 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 took into account people's experience of receiving care by listening to what they said and by observing interactions in communal areas between staff and people in residence. We looked at the care records for three people. We spoke in private with three people that received care and a visiting relative. We also spoke with four staff individually, including the nurse-in-charge, an activities coordinator, and two care staff. We also spoke with the provider and human resources manager. The registered manager was on business and away from the home when we inspected. We looked at three records relating to staff recruitment and training as well as records relating to quality monitoring and the day-to-day running of the home, such as daily care records, maintenance, and audits. We also looked at the communal areas within the home as well as the bedrooms of the people that had agreed to meet with the inspector in private.

## Is the service safe?

### Our findings

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment policies and procedures in place. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the home. People's needs were safely met by sufficient numbers of competent staff on duty. Staff had the time they needed to focus their attention on providing people with safe care.

People's care needs were regularly reviewed by staff so that risks were identified and acted upon as their needs and dependencies changed. Risk assessments were included in people's care plans and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

People were kept safe. One relative said, "I have every confidence that [relative] is safe here. They [staff] are 'all on the ball' when it comes to making sure everything is as it should be." One person said, "I never feel insecure or worried. I know the [staff] will always 'look out for me'." Staff knew what to do if they had concerns about any of the people they cared for. All staff had received training in safeguarding people from harm and the contact details of the local adult safeguarding team were readily available to staff. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. The provider worked co-operatively with the Local Authority to ensure people's on-going safety.

People's medicines were safely managed and they received their medicines and treatment as prescribed by their doctor or other healthcare professional. Medicines were locked away safely when unattended and appropriately stored for future use. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by trained staff.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care. There were regular tests of fire alarms and associated fire safety equipment. Staff knew what action to take if there was a fire in the home and there were evacuation plans in place for people in case of an emergency. The living environment was well maintained throughout to ensure there were no hazards compromising people's safety such as, for example, trip hazards posed by worn carpets or emergency exits restricted by clutter.

## Is the service effective?

### Our findings

People were involved in decisions about the way their care was provided and were encouraged to do things for themselves, with staff always appropriately mindful of each person's capabilities to manage daily living tasks with or without support.

People received their care from a staff team that knew what was expected of them. They went about their duties purposefully in an organised manner so that people consistently received timely care when they needed it. One person said, "They [staff] are busy, but they are always patient with me and I never feel that they are 'rushing' me."

People received appropriate treatment and care from the staff as well as from other community based professionals that visited the home. Staff also acted upon the advice of other professionals that had a role in deciding people's treatment. Suitable arrangements were in place for people to consult their GP and received timely medical treatment when they needed it.

People received their treatment and care from a staff team that were working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions 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 are called the Deprivation of Liberty Safeguards (DoLS). Staff understood and appropriately acted upon their responsibilities in relation to DoLS. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions about their treatment and care. Staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People's needs were met by staff that continued to be effectively and regularly supervised and had their job performance regularly appraised. People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia care needs.

People's nutritional needs were met. Where necessary, staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. People enjoyed their meals, ate at their own pace, and had enough to eat and drink. One person said, "The meals are really nice. Plenty to eat and I look forward to getting it [the meal]." People's diet was varied and the choice of meals was appetising, with ample portions catering for individual appetites. Where people were unable to express a preference staff used information they had about the person's likes and dislikes. People that needed assistance with eating or drinking received the help they needed from the staff. Meals were usually served in the dining room although people were able to choose

where they ate.

## Is the service caring?

### Our findings

People's individuality was respected by staff that directed their attention to the person they engaged with. Staff took time to explain what they were doing without taking for granted that the person understood what was happening. Staff used people's preferred name when conversing with them. Staff continued to develop positive relationships with people and used gentle humour and words of encouragement when they engaged with them. They responded promptly when people needed help or reassurance and they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way. There was information available about advocacy services so that if people were unable to express their views an independent advocate could be accessed to support them.

People's dignity and right to privacy was protected by staff. People's personal care support was discreetly managed by staff so that people were treated in a dignified way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs.

People said staff were 'kind and thoughtful'. One person said, "If I'm feeling a bit low they [staff] soon cheer me up. They always have time for me even when they are busy."

Visitors were welcomed at any time. A relative said, "There's always a welcome from them [staff] when you walk through the door. They [staff] are all happy to answer any questions about [relative] so that's always reassuring."

## Is the service responsive?

### Our findings

People benefited from receiving care from staff that were knowledgeable about their needs and that responded promptly if they needed attention. The staff were able to tell us about each person's individual choices and preferences.

People could freely choose to join in with communal activities if they wanted to. These activities suited people's individual likes and dislikes. 'Activity organisers' were employed to ensure that there were always options for people to choose and participate in. One person said, "If I feel I'd like to do something and join in with what's going on I can. I don't get bored." There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People that preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually.

People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed over time. People's ability to care for themselves had been initially assessed prior to their admission to the home. People that were still able to make some decisions, however simple, about their care had been involved in creating their care plan. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was created. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People's representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.

## Is the service well-led?

### Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager had the support of the provider and staff team..

People received a service that was monitored for quality using the systems put in place by the manager. People's experience of the service, including that of people's relatives, was seen as being important to help drive the service forward.

People's care records were kept up-to-date and were accurate. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also appropriately kept. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. There are plans to further enhance record keeping with new electronic systems for recording and reviewing information relevant to people's treatment and care. Policies and procedures to guide staff were in place and were updated when required.

People were assured of receiving care in a home that was appropriately managed on a daily as well as long term basis. The staff we spoke with all confirmed that the provider, registered manager and other senior staff were approachable and sought to promote a culture of openness within the staff team. Staff were also satisfied with the level of managerial support and supervision they had received to enable them to carry out their duties.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.