

Laso Health Care Ltd

Manor View Care Home

Inspection report

19 Manor Road
Hatfield
Doncaster
South Yorkshire
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Tel: 01302350877

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01 May 2019

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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 ●

Summary of findings

Overall summary

About the service:

Manor View is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service:

People using the service were safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. There were sufficient staff with the correct skill mix on duty to support people with their required needs and keep them safe. Effective and safe recruitment processes were consistently followed by the provider.

People received their medication as prescribed, although, some aspects of the service's medication management was not safe. Effective infection control measures were in place to protect people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current best practice when supporting people. They were also supported with regular line manager supervision.

People told us they enjoyed the food served at Manor View. People were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services as required.

People were supported to access a variety of health professionals when required, to make sure they received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place which was accessible to all.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement to the service. The registered manager committed to increase the frequency of medication

audits.

More information is in the full report.

Rating at the last inspection:

At the last comprehensive inspection, (published 27 June 2018) the service was rated requires improvement.

Why we inspected:

This was a planned inspection. At this inspection we rated the service Good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good 

Manor View Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Manor View is registered to provide accommodation and nursing care for up to 49 older people. 45 people were living there at the time of this inspection.

Notice of inspection:

This inspection was unannounced and took place on 1 May 2019.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with the registered manager, the provider and six staff. We also spoke with four people who lived at the service. We looked at care records, three staff employment records and records relating to the quality and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection in May 2018 we found the service was not always safe and the question of safe was rated as requires improvement. At this inspection we found the service had improved in most areas. However, issues identified with medication management mean we continue to rate this key question as requires improvement.

Assessing risk, safety monitoring and management;

- People receiving support appeared safe and comfortable in the staff's presence. Comments from people included; "I am quite safe here," "I have nothing to worry about," and, "I am very safe here. The staff are good and take care of everything."
- Care records provided clear information around identified risks so staff could keep people safe from avoidable harm.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- The service maintained a record of any safeguarding incidents that occurred. Where concerns had been raised we saw an in-depth investigation was conducted to identify the cause of the concern and what could be done to prevent a recurrence.
- We found assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to people's health and well-being. Risk assessments were person centred and gave guidance to people and staff on how risks could be minimised and managed whilst promoting people's independence. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Contingency plans gave information to staff on action to take for events that could disrupt the service. These included; flood, loss of electricity and gas and outbreak of illness.

Staffing and recruitment:

- There were sufficient numbers of staff to provide people with the support they needed. Staff told us they were very busy and would benefit when the current recruitment of qualified nursing staff was completed. To ensure continuity of support, cover for staff sickness or staff on annual leave was provided by staff from the home or from dedicated bank staff.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff had received training in health and safety and their understanding and competency was discussed in one to one supervision meetings with a line manager.

Using medicines safely:

- The arrangements for recording and monitoring the use of boxed medicines was not always robust. Staff

did not always record the number of tablets they had administered. This meant they were unable to account for the number of boxed medicines in stock at any one time.

- Staff did not routinely record the date they opened liquid and creamed medication, which meant there was a risk they would be used beyond their recommended use by dates.
- The temperature of the clinical room was taken regularly. However, some medicines were kept in a different room where the temperature was not taken. Medicines stored in this room may therefore have been stored at an inappropriate temperature.
- The frequency of audits meant these issues had not been identified in a timely way.
- People said their medicines were managed well. One person said, "I get my tablets like clockwork." Another person told us, "I have medication every day and always receive it on time, never any problems."
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- We raised the above medicines issues with the registered manager and provider. They committed to introduce a more frequent audit system.

Preventing and controlling infection:

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- We found the home to be visibly clean in all areas and there were no unpleasant odours. Records showed that staff had received training in infection prevention. There were robust systems in place to prevent the spread of infection or disease.

Learning lessons when things go wrong:

- We looked at how accidents and incidents were managed by the management team. They recorded the nature of the incident, time and action taken to resolve it. When accidents or near misses occurred, they were reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection in May 2018 we found the service was not always effective and the key question of effective was rated requires improvement. At this inspection we found the service had improved and met the characteristics of good in this key question.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Systems were in place to assess people's needs and choices in line with legislation and best practice. The assessments were completed prior to people receiving support to ensure the service and staff could meet people's needs and provide effective support.
- Assessments by the service and those obtained from social care professionals resulted in planned, effective care which also included expected outcomes for people based on their needs and choices.

Staff support; induction, training, skills and experience.

- Staff received sufficient training, induction and support to help them undertake their role effectively.
- Staff told us they felt they received the training and induction they needed to provide care competently to people. One staff member talked about completing their induction training at the same time as shadowing more experienced staff, which they had found helped their understanding.
- The service used a mixture of internal and external training providers. We saw staff had received recent training in topics including, safeguarding, moving and handling, medicines, infection control and first aid. A training matrix demonstrated training was up to date.
- Staff told us they received regular supervision, which they found useful. We looked at records of supervision and staff competency assessments, and found them to be up to date.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- People's nutritional needs were met. Food was stored and prepared safely.
- People told us the food options were good and that there was flexibility to meal choices. Comments included, "The food is very good," "I can always have something else if I don't fancy what's on offer," and "I enjoy the food here and there is always a cup of tea on offer."
- Those people who needed assistance were sensitively supported with their drinks and meals.
- There was effective communication within the service about people's changing diets.
- People who had dietary requirements based on their own cultural wishes were flexibly catered for.
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal

preparation. They told us they always checked food use by dates.

Staff providing consistent, effective, timely care within and across organisations

- Where people received additional support from healthcare professionals this was recorded within their care records.
- People were supported by staff to attend medical appointments when needed.
- Staff were able to tell us about the healthcare needs of the people they supported, and were aware of the processes they should follow if a person required support from any health care professionals.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

Adapting service, design, decoration to meet people's needs

- The service had disability access.
- Dementia design principles had been used to help orientate people who may be living with the onset of memory loss.
- The provider's 'assessment process ensured people were asked if they needed documents in a different format, such as large print.

Ensuring consent to care and treatment in line with law and guidance.

- 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We found the provider was working within the principles of the MCA. Conditions on DoLS authorisations were being met.
- People were supported by staff that knew the principles of the MCA and recognised the importance of people consenting to their care.
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that staff listened to and respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- The provider had systems which ensured staff were monitored to make sure their practice was kind and caring.
- Staff related to people in a respectful, easy and friendly manner. Staff spoke with genuine compassion and empathy about people.
- People were respected as individuals. Care records contained information about people's life histories.
- We found staff knew people well, both their care needs and as individuals. They knew about people's families and their preferences, what food they liked, what might upset them and what activities they enjoyed. This showed us staff and the registered manager took time to get to know people and genuinely cared about the people in their care.

Respecting and promoting people's privacy, dignity and independence.

- We observed staff interaction with people and saw staff treated people with dignity and respect.
- People's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and made sure people were comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering people's bedrooms.
- People were given choice and control over their day to day lives and supported to maintain their independence wherever possible. One staff member said, "I never assume to do something for someone. It's always better to ask if they can or want to do it for themselves."

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in their care and were encouraged to make choices about how they wanted their care provided. One staff member said, "It's important for me to know just how a person wants something done."
- Care plans contained individual guidance for staff to follow when supporting people to express their views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection in May 2018 we found the service was not always responsive and the key question of responsive was rated requires improvement. At this inspection we found the service had improved and met the characteristics of good in this key question.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received personalised care that was responsive to their needs. Care plans were in place and reviewed regularly or as people's needs changed. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Where a person had a specific health condition there was a plan in place for staff to follow giving guidance.
- Care plans included people's life histories, to help staff understand them better. Staff told us the information they had about people's needs was of a good standard.
- People told us that there were a lot of activities inside and outside of the home. The home had a variety of activities for people to enjoy and detailed records showed past events. The home employed dedicated activities staff who also arranged visits from external agencies and performers. People's comments about the activities included; "There is always something to do", "I like it when the singers come "and "I like quizzes and puzzles."
- The service arranged both group and individual one to one activity sessions for people. Some people preferred to spend their time in their rooms and this was respected by the service.
- Staff understood the Accessible Information Standard (AIS). The AIS sets out a specific, consistent approach to identifying, recording and sharing information about the communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.

End of life care and support

- The service provided end of life care. The registered manager told us they worked with the district nurses and GP when a person required end of life support. Where people had expressed how they wished to be cared for at the end of their life, care plans included specific end of life plans.
- The home had received compliments about its end of life care. For example, we saw cards received by the home from friends and relatives expressing their thanks for the care and compassion shown by staff.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable and able to speak to staff, the registered manager or the provider about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been

carried out to people's satisfaction.

- People were confident their concerns would be dealt with. Comments we received from people included, "I would speak to the manager who would sort it out" and, "I have no complaints, but if I did the staff and manager would listen and take action."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection in May 2018 we found appropriate monitoring arrangements were not in place. This was a breach of Regulation 17, Good governance. At this inspection we found the service had improved, was no longer in breach of Regulation 17 and met the characteristics for a rating of good.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff felt confident they would be supported with any learning or development needs or wishes. They described a positive culture of learning and development.
- The registered manager and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- The ongoing improvements found at this inspection demonstrated the provider had learnt from past failings and continued to improve and develop the service in line with regulations and best practice.
- Staff told us the service was well managed and they felt, motivated, supported and valued.
- Staff told us they enjoyed working at the service and spoke with passion and commitment to the provider's values and vision.
- There was a person-centred culture which now kept people at the heart of the service.
- The provider admitted when things went wrong. They demonstrated compliance with the Duty of Candour, to be open, honest and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. However, the audits for medication were not frequent enough to identify issues and address them quickly. The registered manager committed to increasing the frequency of these quality checks.
- The provider had oversight of what was happening in the service.
- The provider was visible in the service and took an active role in the running of the service.
- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.
- Staff understood the service's vision, values and philosophy. They felt respected and trusted by the registered manager.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- The service sought people's feedback through surveys. The results of those surveys were positive. Staff told us people were encouraged to comment on the service. We observed staff asking people for their views on various topics during the inspection.
- The registered manager told us they held regular staff meetings and daily meetings for senior staff.
- The service had good working partnerships with health and social care professionals.