Manor Residential Home (Arnold) Limited

Manor Residential Home (Arnold) Limited

Inspection Report

28 Church Street
Arnold
Nottingham
Nottinghamshire
NG5 8FB
Tel: 0115 953 5577
Website: www.themanorcarehome.co.uk

Date of inspection visit: 06/05/2014
Date of publication: 23/07/2014

Contents

Summary of findings

Overall summary

Manor Residential Home (Arnold) Limited is a care home providing accommodation and personal care for up to 25 adults. There were 25 people living there when we visited. The care home provides a service for people with physical nursing needs and for people living with dementia. A registered manager was in post.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. However, we found that the service had not taken appropriate action in relation to a potential safeguarding issue. This was a breach of Regulation 11 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2010 and you can see what action we told the provider to take at the back of the full version of the report.

People were better protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements for staff to respond appropriately to people who communicated through their behaviour. Where people lacked capacity to make decisions, the Mental Capacity Act 2005 was being adhered to.

We found that there were systems in place to ensure people received their medicines as prescribed. Staff were recruited through safe recruitment practices.

There were processes in place to gain the views of people in relation to their care and support. People's preferences and needs were recorded in their care plans and staff were following the plans in practice. Records and observations showed that the risks around nutrition and hydration were monitored and managed by staff to ensure everyone received adequate food and drink.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them. People were supported to attend meetings where they could express their views about the home.

Staff were able to describe examples of where they had responded to what was important to individuals living in the home. People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to concerns. The registered manager told us there had not been any formal written complaints made by people living in the home or their significant others.

There were effective systems in place to monitor and improve the quality of the service provided. Action plans, in response to audits and incidents, and the follow up of these ensured continuous improvement. The provider had asked for people's views on the service and staff were supported to challenge when they felt there could be improvements and there was an open and transparent culture in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The deprivation of liberty safeguards are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no one living in the home currently who needed to be on an authorisation. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the DoLS.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?
The provider had the correct systems in place to manage risks, staff recruitment and medication and this ensured people's safety. People's best interests were managed appropriately under the Mental Capacity Act (2005).

However, we found that the service had not taken appropriate action in relation to a potential safeguarding issue. This was a breach of Regulation 11 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2010 and you can see what action we told the provider to take at the back of the full version of the report.

Are services effective?
The service was effective as people were involved in planning their day to day care and support and staff understood their needs. People's preferences and opinions were respected. People had their nutritional needs met and where appropriate expert advice was sought.

Are services caring?
The service was caring as staff had the right approach to the care at support of people and they were attentive to their needs. People had their privacy and dignity respected and were relaxed and comfortable living in the home.

Are services responsive to people's needs?
The service was responsive, as people had their care and support needs assessed and kept under review and staff responded quickly when people's needs changed. Although no complaints had been received recently, a system was in place should the need arise.

Are services well-led?
The service was well led with an approachable management team and a positive and open working atmosphere. There was a system in place to ensure there were sufficient staff to meet people's needs and they were competent and knowledgeable.

Summary of findings

What people who use the service and those that matter to them say

The people we spoke with told us they felt safe in the home. One person said, "Very safe. We are very well looked after."

People told us that they had been recently visited by the doctor. One person said, "If I feel poorly, I pull the cord and staff come quickly."

We asked people about the food. One person said, "I can't eat big meals so they will bring me a nice starter and pudding. The puddings are wonderful."

We asked people living in the home what they thought about the staff supporting them. One person talking about a member of staff said, "She is lovely. She is my friend." Another person said, "I didn't want to come here but it's much better than when I had the carers [in my own home]. I'm not on my own so much now and my daughter isn't so worried about me. It's much better."

People told us that staff responded to their needs. One person said, "Staff come and change me quickly when I ask. They wash me and use cream to make me comfortable." Another person said, "I wake up sometimes in the night and I want a hot drink. I pull the cord and a staff member comes and asks what's wrong. I tell them I want a cup of tea and they fetch it for me."

People we spoke with told us they were able to select their own preferred bed time and time to get up.

People told us they saw management regularly. One person said, "The manager is fab." A relative said, "The manager is very supportive and I know I can come as much as I like and stay as long as I want. I'm made very welcome." Another person told us that the owner passed by their room frequently and said, "He's a lovely chap. He always pops his head in and says are you ok?" People told us they would feel comfortable raising concerns with the management.

Manor Residential Home (Arnold) Limited

Detailed findings

Background to this inspection

We visited the home on 6 May 2014. We spent time observing care and support in a lounge area and a dining room. We looked at all communal areas of the building including the kitchen, bathrooms and people's bedrooms. We also looked at some records, which included people's care records and records relating to the management of the home.

The inspection team consisted of a lead inspector, another CQC inspector and an expert by experience of older person's care services. An expert by experience has personal experience of using or caring for someone who uses this type of care service.

Manor Residential Home (Arnold) Limited was last inspected on 17 April 2013. There were concerns found at that inspection regarding the content of care plans and the security of records.

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 Regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process for adult social care called 'A Fresh Start'.

Before our inspection we reviewed the information we held about the home. We examined notifications received by the Care Quality Commission and we contacted the commissioners of the service to obtain their views on the service and how it was currently being run.

On the day we visited we spoke with nine people living at Manor Residential Home (Arnold) Limited, one relative, two staff, the deputy manager, the registered manager and the registered provider.

Are services safe?

Our findings

People who used the service were not always protected from the risk of abuse because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff told us they had received recent training in safeguarding vulnerable adults and records confirmed this. We spoke with two members of staff and they were able to tell us how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation.

However, we found that there had been an incident when a person living in the home, who had a dementia-related illness, had left the home without staff knowing and had been found in the nearby town centre. Although the provider had taken immediate action to prevent this occurring again, this incident had not been referred to the local authority as is required so they could consider whether an investigation would be needed. This was a breach of Regulation 11 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2010 and you can see what action we told the provider to take at the back of the full version of the report.

Staff had recorded when people living in the home had sustained bruising. This was good practice and allowed for unexplained bruising to be investigated. However, we saw that an investigation had not taken place on some occasions and so there was no evidence of how people had sustained bruises. The provider told us they had recognised this and had implemented new forms and procedures so that the investigation had to be completed and signed off by the registered manager.

We observed interactions between several members of staff and people who used the service. We saw no incidents of concern. A person said, "All the staff are wonderful." People told us that they felt safe in the home.

We saw there were arrangements in place to assess if people were likely to display behaviour which might challenge others. There were risk assessments in place to assess this and these were evaluated each month. Staff told us that no one currently living in the home displayed any behaviour which staff may have found challenging. This meant staff had the information they needed to assess if any person's needs changed in relation to behaviour.

We spoke with two staff and they demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and described how they supported people to make decisions. This is an Act introduced to protect people who lack capacity to make certain decisions because of illness or disability.

We saw from the care plans of five people that staff had made an assessment of each person's capacity to make decisions. Two people had been assessed as not having the capacity to make some decisions and we saw there were appropriate two-stage best interests assessments completed. This meant staff had supported people to make decisions and where people could not make these, staff had made decisions in the person's best interests in line with the requirements of the MCA.

The areas of the home that we saw during the inspection were clean and there were no offensive odours in the bedrooms we checked or communal areas. The home was free of risks to people's safety.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no one living in the home currently who needed to be on an authorisation. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the DoLS.

We saw that there were sufficient staff available to meet people's needs. Staff regularly offered drinks and spent time talking with people living in the home. We spoke with a healthcare professional who told us that staff were very helpful and always quick to answer the door.

We found that medication arrangements were safe. Staff had been trained in the safe handling, administration and disposal of medicines which had been stored safely. Records showed that staff administered medicines to people as prescribed by their doctor and that regular audits had taken place to ensure staff were managing people's medicines safely. We observed medicines being administered appropriately by staff.

However, some improvements were required. Guidance to support staff when administering 'as required' medication

Are services safe?

was not in place for all medicines. Risk assessments for people who may have taken some responsibility for administering their medication were also not in place and we saw that one person's medication record included no entries to indicate whether they had used their inhaler and self-medicated. This meant that there was a greater risk that the person was not receiving their medication at all appropriate times.

We looked at three recruitment files of staff who had recently been recruited by the service. The files contained all relevant information and the service was carrying out all appropriate checks before a staff member started work. This meant that the service had followed safe recruitment practices to make sure that their staff were safe to work with vulnerable adults.

Are services effective?

(for example, treatment is effective)

Our findings

The last time we inspected this service, we found there were improvements needed in relation to care plans and the way staff recorded information. The provider sent us an action plan and then told us they had put in place the improvements we had asked for. We found during this inspection that the improvements had been made.

We saw the provider had put in place a new lockable facility so that records were stored confidentially. We saw they had made the recording of information clearer and easier for staff to use. We checked the records and saw they were organised and being completed routinely by staff. This meant the provider had made the improvements we had asked for.

We saw new care plans had been implemented and these were much clearer, with more detailed information relevant to people's needs and wishes. However there were still improvements needed in relation to planning for specific healthcare needs such as diabetes and glaucoma to provide staff with appropriate guidance to fully meet people's needs.

We saw evidence that people living in the home and their significant others were involved in the implementation and reviews of their care plans. Some people had also signed their care plan to say they agreed with the contents. Information regarding advocacy services was displayed in the main reception area of home. We also saw a draft of the new guide for people who used the service which included appropriate information to support people making decisions about their care and support. This meant steps were taken to involve people in making decisions about their care and support.

We saw evidence that the service requested specialist advice from health professionals when required to meet people's individual needs. For example, one person had developed a wound and staff had sought immediate intervention from a district nurse to treat it. Two other people had suffered falls and staff had involved the falls prevention team. This had resulted in them experiencing less falls. We also looked at the care being given to a person with diabetes. They were receiving appropriate medication and health monitoring. We spoke with an external healthcare professional who confirmed this.

We looked at the care records of the two people who had suffered frequent falls. We saw there were risk assessments and support plans in place to give staff the information they needed to support these two people. The provider had purchased specialist equipment for one person to try and reduce the number of falls they were having. Following the introduction of this equipment, the number of falls this person had experienced had reduced significantly. We saw that staff had supported the other person to get specialist shoes and this had been effective in reducing how often the person fell. This meant the care planning and support to access equipment had been effective and had a positive impact on these two people. The majority of people we spoke with had reduced mobility. They all had adequate equipment including indoor and outdoor frames and/or wheelchairs to help them move around the service safely.

Where people had been assessed as being at risk of developing a pressure ulcer, there were support plans in place to give staff guidance on how to reduce the risk. This included some people using specialist equipment such as pressure relieving cushions and we saw that these had been put in place. This meant staff were following the care plans in practice and supporting people to reduce the risk of pressure ulcers.

We asked a person about a specific care need that they required assistance with. They told us that staff appeared well trained to assist them. They said, "Oh yes. They check to see if I need [the intervention] doing."

We saw that people had a summary of their care needs, including preferences, on a poster in their bedroom. A person who used the service showed us their poster and said, "it's all about me." This meant that guidance was in place for staff to meet people's individual preferences around their care.

People were protected from the risks of inadequate nutrition and dehydration. One person told us they had specific healthcare needs which impacted on their appetite and the quantities they could consume. They preferred to eat in their room for these reasons and staff supported them to do that. They said, "I can't eat big meals so they will bring me a nice starter and pudding. The puddings are wonderful."

All of the people who used the service told us that the food was good, plentiful and that they had a good choice. We

Are services effective?

(for example, treatment is effective)

saw that people were consulted about their food preferences during monthly meetings and there was a menu displayed with the choices available. This meant people were given choices about what they ate.

We saw from the care plan of one person that they had specific needs around their nutrition in relation to a health condition. We saw staff had put in place a support plan and discussions with staff and the cook showed that staff working in the home were aware of the need for this specific diet. We saw that the kitchen maintained records for each person regarding their likes, dislikes and any relevant health conditions.

When people lost weight, staff quickly put in steps to monitor people's food intake and increased the frequency of the person being weighed. This meant there were processes in place to monitor and manage nutritional risks and that people received adequate food and drink.

However, we saw that staff did not routinely measure and record people's Body Mass Index (BMI). The BMI would inform staff of whether the weight loss was of concern or if the person was still within safe weight ranges for their height and weight. This would be particularly important in the case of people who may be overweight and some weight loss could be beneficial to their health.

Are services caring?

Our findings

We observed interaction between staff and people living in the home on the day of our visit and we saw people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness, compassion and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living in the home. One member of staff said, "I like to put a smile on people's faces and make a difference to their day." We observed this member of staff who spent a long time with one person who was upset. The staff member was supportive and listened to the person and we saw when the staff member eventually moved away, the person was no longer upset. This meant the interaction had a positive impact on this person.

Staff spent the time needed to show care and consideration for how people spent their day. We observed a member of staff prompt a person to do an activity they usually enjoyed. The person said they had, "given up with it." The member of staff gave reassurance and continued to prompt the person. This resulted in the person engaging in the activity for a period of two hours and they were focused and smiling during this time. They also encouraged another person living in the home to get involved too. This meant the support from this member of staff had resulted in the person enjoying being involved in an activity.

People looked well cared for. People's skin, fingernails and toenails were clean. Their hair was also clean as was clothing and each person was tidily dressed.

Diversity screening took place on admission to explore individual needs and preferences such as culture and sexuality. We discussed the preferences of three people with the two staff we spoke with. Both members of staff had a very good knowledge of all three people's likes and dislikes and about the person's history. This meant staff had the information they needed to meet individual needs and preferences.

There were two nominated dignity champions in the home and this information was clearly displayed in the home, along with the values staff should be adhering to. We spoke with two staff about how they ensured people's privacy and dignity were respected. Both members of staff had a clear understanding of the role they played in ensuring this was respected.

During our visit we observed people's privacy being respected. For example, we observed staff knock on the bedroom doors of two separate individuals and wait for the person to say they could enter.

We saw from records that staff supported people to be independent and had documented what people could do for themselves. People moved freely around the home during our visit. This meant people were supported with their independence.

There were regular meetings held between the registered manager, staff and people living in the home. These were used to discuss activities, menus and any issues people had. We also saw that the provider conducted an annual client satisfaction survey to support people living in the home and their significant others in having a say about the quality of the service provided. This meant people were supported to make their views known about the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were supported to attend monthly meetings with other people living in the home to discuss topics of interest and to plan activities and menus. We saw a meeting was held with people six weeks after they moved in to the home. This was to find out whether they were happy with the service so far and if any changes were needed in relation to the care they were receiving. This meant people were supported to give their views on their care and support.

From the three care plans we viewed, we saw that people's preferences and wishes about how they were cared for were documented to ensure staff knew how people would like to be cared for. We spoke with staff about the needs and preferences of these people and what staff told us matched the information we had seen recorded in the three care plans. We saw that in each person's bedroom there was a poster with important information about people's needs, wishes and preferences for care displayed. This meant staff had the information and knowledge to be able to care for people in their preferred way.

We spoke with staff about how they found out what was important to people living in the home. They both told us this information was in people's care plans and they found out what was important by talking to people. We asked each member of staff to give us an example of where they had acted on something that was important to an individual. One member of staff told us they had found out that one person who moved into the home had been a keen gardener. Staff had taken the person out to buy pots and seeds and supported the person to grow plants in the garden and to continue to look after the plants. One person who used the service told us that they enjoyed gardening. We saw that two raised containers had been put in place in the garden so that they could tend their own plants. Another member of staff said, "I think it is important to make people feel better about themselves and make a difference to their day."

During our visit we saw that staff supported people living in the home with 'hand pampering' and fingernail painting. Two people were doing a jigsaw and another two were reading a newspaper. People told us there were activities for them to take part in and we saw evidence of this through records, activities displayed on notice boards and photographs of recent events. One person told us they were particularly fond of colouring pictures in colouring books. They said, "I have lots of crayons so that I can do that." Other people told us that they played card games, dominoes and ludo in the afternoon. They also had occasional sing-songs and played bingo.

Other residents told us that they played card games, dominoes and ludo in the afternoon. This meant that the service was responsive to people's needs.

One person told us that their preference was to get up at 5am and watch TV. They told us that staff assisted them with washing and dressing at that time. Other people we spoke with told us they were able to select their own preferred bed time and time to get up. This meant that the service was responsive to people's needs.

We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. There had not been any formal written complaints raised by people living in the home or by their relatives. However, we saw that the provider had responded appropriately to informal issues raised. Staff we spoke with knew how to respond to complaints if they arose.

People we spoke with told us they did not have any concerns but if they did they would speak with the manager. A person who used the service and their relative told us they had no problems with the home but would talk to the manager if they had any worries.

Are services well-led?

Our findings

We spoke with two members of staff and they both told us they felt the management team supported them and listened to what they had to say. Both said they would feel confident challenging and reporting poor practice and that they felt this would be taken seriously. This meant there was an open and transparent culture in the home and staff were supported.

Values in relation to dignity and independence were evident through discussions with staff, information displayed, records and our observations throughout the day.

People who used the service and staff were asked for their views about the care and treatment in the home. The provider conducted an annual client satisfaction survey to support people living in the home in having a say about the quality of the service provided. The provider told us any issues that arose from this would be discussed at the monthly management meetings and action taken to address any negative comments. The provider did not implement an action plan or display information in the home about what action was taken to address any areas of concern arising from the survey. However they told us the survey was due to be repeated in July of this year and they would display the action taken following this survey.

We saw that a number of audits were carried out and action plans were produced and actioned where appropriate. Medication and cream charts were audited monthly. The local pharmacy had carried out an audit and the service had completed the identified actions. A beds audit and infection control audit had also been completed to make sure that the service was clean. The provider also carried out an audit which covered a wide range of areas. Where improvements were identified action plans were in place to ensure these improvements took place. This meant there were governance procedures in place which were effective in supporting the home to improve.

There was a system in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs. Each person's dependency level was reviewed monthly and any changes were raised with the management. The registered manager told us that they observed staff to ensure they were meeting people's needs and preferences regarding their daily routines. They also told us that they was scope to increase staffing levels where necessary and an additional member of staff had been added to the morning shift because it was very busy. We observed people throughout the day and we saw there were enough staff to meet the needs of people living in the home. We saw that when people needed support or assistance from staff there was always a member of staff available to give this support. We spoke with two members of staff and they told us they felt there were enough staff to support people safely.

Discussions with staff and observations of training records showed that staff were given the right skills and knowledge to care for people safely. Staff appeared motivated and valued by the management team. There were clear areas of delegation with a senior member of staff being responsible for leading each shift and administering people's medication. We found that staff regularly had the opportunity to express their views during staff meetings and through regular supervisions with the registered manager at the home. The registered manager told us they were just about to start introducing annual appraisals.

People told us they saw management regularly and they were approachable. One person said, "The manager is fab." A relative said, "The manager is very supportive and I know I can come as much as I like and stay as long as I want. I'm made very welcome." Another person told us that the owner passed by their room frequently and said, "He's a lovely chap. He always pops his head in and says are you ok?" People told us they would feel comfortable to raise concerns with the management.

We saw there were plans in place for emergency situations such as an outbreak of fire. Staff understood their role in relation to these plans and had been trained to deal with them.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safeguarding service users from abuse** The registered person did not have suitable arrangements to ensure that service users are safeguarded against the risk of abuse.