Hadrian Healthcare (Gosforth) Limited

# The Manor House Gosforth

## Inspection report

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Date of inspection visit:
07 March 2017

Date of publication:
21 April 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on the 7 March 2017 and was unannounced. This means the provider did not know we were coming.

The Manor House, Gosforth is a 46 bed purpose built care home that provides personal care to older people, including people with dementia. Nursing care is not provided.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to protect people from avoidable harm or risk. Staff received safeguarding training and were knowledgeable about their role in ensuring people's safety. Risks to people, staff and visitors were assessed and regularly reviewed. The service took action to minimise risks where appropriate in order to keep people safe from avoidable harm.

Robust recruitment processes were in place to ensure staff members were suitable to work with vulnerable people. Staffing levels were based on the dependency levels of people living at the home and were reviewed on a regular basis. Our observations during the inspection and from feedback we received were that staffing levels continued to be appropriate to safely meet people's needs throughout the day and night.

Appropriate systems were in place for the management of people's medicines. People were encouraged to maintain their independence, for example through retaining responsibility for managing their own medicines or self-care if possible. Medicines were stored and managed correctly by staff who were trained and monitored to manage this safely.

Staff were supported through the provision of role specific training, formal supervision and annual appraisals. Staff confirmed they felt well supported in their roles and spoke positively about the registered manager and their leadership and management of the home.

The service worked within the principles of the Mental Capacity Act 2005. People's capacity to make decisions about their care and treatment was assessed and where appropriate, "best interest" decisions were made on people's behalf. These involved relevant healthcare professionals as well as people's friends and family members as appropriate.

People were very complimentary about the kind and caring nature of the staff team. Staff had developed strong, caring relationships with the people they supported and were very knowledgeable about their

individual needs, likes and dislikes.

People's needs were assessed prior to them joining the service. Detailed, person-centred care plans were produced which guided staff on how to care for people. These included details of any preferences people may have. People and their representatives were actively involved in their care planning and were also encouraged to voice their opinions about the service in general.

The services activities co-coordinator was noted for their pro-active approach. They had sought out a diverse range of alternative activities, for groups and for individuals. We noted they were passionate and original in their work and had made a number of improvements in a short time.

People's needs were reviewed on an on-going basis and action taken to obtain the input of external professionals where appropriate. Systems were in place to ensure people had sufficient to eat and drink and to access other healthcare professionals in order to maintain good health.

A range of systems were in place to monitor and review the quality and effectiveness of the service. Action was taken to address what areas for improvement were identified. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction or concern.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good | **Good** |
| **Is the service effective?**<br>The service remains Good | **Good** |
| **Is the service caring?**<br>The service remains Good | **Good** |
| **Is the service responsive?**<br>The service remains Good | **Good** |
| **Is the service well-led?**<br>The service remains Good | **Good** |

# The Manor House Gosforth

**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.

This inspection took place on the 7 March 2017 and was unannounced. This inspection was undertaken by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with eight staff, five people who used the service and one relative. Observations, both formal and informal were carried out and medicines were reviewed. We used the Short Observational Framework for Inspection, (SOFI) to observe people who were not able to communicate due to a dementia related condition. We spoke to the registered manager on the phone after the inspection as they were not available on the day of inspection.

We reviewed four people's care records and medicines records, the staff training matrix, safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance, quality assurance and management of the service.

The internal and external communal areas were viewed as were the kitchen and dining areas, storage and laundry areas and, when invited, some people's bedrooms.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the care they received from the service. Comments included; "I feel quite safe, I've been here a long time" and "Very safe even when taking a walk in the garden they were there to make sure I was safe". Some people supported by the service had limited verbal communication but our observations evidenced they were relaxed and at ease with the staff who supported them. The relative we spoke with confirmed they felt the service was a safe place for their family member. They told us "It's very safe. [Relative] has been in since December and they've been fantastic, I have to say all the staff no matter when I come in are lovely and welcoming, always ask if there's anything that they could do to help". We observed that staff were present in communal areas with people and monitored to ensure they were safe.

The staff we spoke to told us they had completed training in how to identify and report any concerns that a person was at risk of abuse. Where staff had concerns about an individual being at risk of harm they told us they would know how to take the appropriate action to protect the individual and other people who could be at risk.

We found that risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records to guide staff on the actions to take to protect individuals from harm.

The service was checked daily by staff for issues of premises safety, where issues were highlighted action was taken immediately. Staff we spoke with told us that if they found any issues these would be raised promptly and resolved quickly. Where accidents or incidents did take place these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward. We saw from the services records that immediate actions were taken after any such incident, but also that regular review of trends took place.

The service ensured there was adequate staffing throughout the day and night to meet people's needs. As people's needs changed staffing was reviewed to ensure there was appropriate support for each person. We saw that staff monitored people and responded quickly to any requests for support. Communal areas were monitored whilst people were there to check if they needed any support.

We looked at four staff personnel files and found that the provider had a robust recruitment system in place. This helped to ensure only suitable people were employed to care for vulnerable adults with complex needs. Staff confirmed they had undertaken these checks.

We looked at the medicines records and found medicines were recorded and stored safely and correctly. All staff had completed training in the safe handling of medicines. We saw that a recent audit by the provider had noted some areas for improvement in the management of medicines. The registered manager had created an action plan in response to this and all action had been completed promptly.

Staff were provided with protective clothing and had completed training in infection control. The service was clean, odour free and decorated and furnished to a high standard.

Good

# Is the service effective?

## Our findings

People we spoke with told us they thought the service was effective at meeting their needs and that staff seemed well trained. One person told us that staff were good at their jobs, "I would say confident in their roles. One thing about it they're very hands on, they're nice people". The relative we spoke with agreed, they told us "Yes very well, [relative's] the healthiest they've been since they came in here".

People were given choices about how they wanted to spend their days. There was a range of organised activities inside the service, and people were supported to spend time in the communal areas of the home.

Records showed that staff were subject to a consistent process of induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff we spoke with told us they could access day to day as well as formal supervision and advice and felt encouraged to maintain and develop their skills.

Staff regularly monitored food and drink intake to ensure all people received enough nutritious food. We observed the mealtime experience and saw that staff supported people to eat and drink. We saw that one person needed additional support and that staff took time and patience to assist this person.

People were supported to access other healthcare services in order to maintain good health. Health care needs were met through people's GP and the district nurses if any treatment was required. Other external health care professionals were accessed for example the dietician and speech and language therapist. People also had access to dental treatment, chiropody and optical services.

The service was well maintained and decorated to a high standard. People were able to bring their own furnishings and items into their rooms as they wished. The service had considered the layout of communal areas to ensure people with a dementia were able to orientate themselves. There were areas where snack or drinks could be sourced, as well as chairs, desks and mirrors for people to relax at or spend time with others.

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 so that they can 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 found the service was working within the principles of the MCA. Records showed that the service made appropriate application to deprive someone of their liberty. There was an effective process in place to review these and renew as necessary.

People's capacity to make decisions about their care and treatment was assessed and where appropriate "best interest" decisions were made on people's behalf. Records showed these decisions involved relevant professionals as well as the person's representatives. Formal consent to care and treatment was also captured in people's records. Staff we spoke with were aware of the need to gain people's consent and explained they would respect people's wishes where they declined support.

Good

# Is the service caring?

## Our findings

Although some of the people supported by the service had limited communication, we were able to speak to people and ask them if they were well cared for, or observe interactions between people and staff. One person told us, "I find them excellent, never found any problems with the staff at all, I've been extremely happy here"; another told us "Bless them; I take my hat off to them. The Activities Coordinator takes eight or so out for a walk when the weathers nice, I think that's nice". The relative we spoke with agreed and told us, "Absolutely, even when you see them around and about with people with complex needs they're always good with them, never seen them being sharp with anyone". Interactions we observed were all positive, there was honest empathy and warmth between people and staff, and we heard laughter throughout the day.

We looked at the care plans to see how people had been involved in decisions about their care. They evidenced that people were involved in making decisions about their care and treatment on an ongoing basis. Information was provided, to help people understand the care available to them. Peoples lifestyle, religious and personal choices were respected by the service, people were supported to continue their preferred way of living.

We did ask people, if they made choices and if these choices were respected. We were told, "Yes definitely", by one person and a relative told us "Yes absolutely. I had a couple of issues and they've addressed that very well".

Staff supported people to remain as independent as possible. Some people took part in communal activities and others spent time with the staff who encouraged them to 'do their own thing'. People's friends or family members were free to visit throughout the day. Telephone and other services were made available to people to assist them to stay in contact with people who were important to them. Staff were knowledgeable about people's support networks and welcomed visitors into the home.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard. The registered manager's office contained information about how to refer to specific advocacy support, staff we spoke with were aware of advocacy services locally.

Staff treated people with dignity and respect. They provided examples of how they would do this, for example by covering people over when providing personal care. We observed good practice throughout the inspection. Staff members always knocked before entering people's rooms and were discreet when speaking to people about their care and treatment. Records were held securely and staff were aware of the need to handle information confidentially.

At the time of our inspection no one was receiving end of life care. The registered manager and staff saw the service as a home for life, and many of the people using it had been supported for a number of years. The management staff and the support workers had all completed end of life training.

Good

# Is the service responsive?

## Our findings

Before people started using the service their support needs were assessed in a number of areas, including medication, personal care, sleep, communication and nutrition. Where a support need was identified a care plan was put in placed based on how people wanted to be assisted. These could include nutritional planning and specific medical or mental health needs. People told us they felt involved and consulted by staff in how their care was delivered. One person told us, "It was my decision, but my family agreed with me". A relative told us they felt consulted by the service, they told us "Yes I do they have meetings and when we're asked it's to make things better". Everyone we spoke to felt the service responded quickly to any comments, complaints or suggestions they raised.

Before people used the service we saw that an initial assessment was completed to ensure the service had the right support in place. This care plan was then updated as the service further assessed the person in the new environment and as their condition changed over time. Care plans were detailed and person centred detailing how best to support people in a manner of their choosing.

People's care records were kept under review. Monthly evaluations were undertaken by care staff and where appropriate recommendations made for care plans to be amended or rewritten, for example following a change in a person's needs. Formal reviews of people's care planning took place on at least an annual basis. People and their representatives were involved in this process.

The service had a dedicated activities co-ordinator in post who provided a wide range of activities inside and outside the service. They told us they had resources and support from staff to provide, and develop a range of stimulating activities. These included Arts & Crafts, music, films, sing-a-longs, exercises, religious events, pub lunches, theatre, museums, baking, special seasonal events and drama workshops. The range of suitable in house and professionally supported activities was seen as a positive by people and staff. People told us there was always some activity provided during the week that would appeal to them. We spoke to the activities co-coordinator and they told us how they got to know each person to find an activity they might like to take part in, or develop an activity for them. There was engagement with the local community and churches at seasonal events. The activities co-ordinator demonstrated high levels of passion and commitment in their work.

People and their relatives were encouraged to be involved in the running of the home. Residents meetings were generally held on a monthly basis. Annual quality assurance questionnaires were issued to people and relatives meetings were also held. Information gathered through all of these methods was used to improve the quality of the service for people living there.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

Good

# Is the service well-led?

## Our findings

People and relatives we spoke to told us they felt the service was well led. They told us they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff we spoke with felt the registered manager was supportive and accessible to them. They told us the culture of the home was focused on supporting people and always looking for ways to improve. They told us that the high level and variety of activities was something that made their service different and more stimulating.

The registered manager was supported by a management team that was experienced, knowledgeable and familiar with the needs of the people the service supported. Discussions with the senior staff and the registered manager confirmed they were clear about their individual roles and between them provided a well-run and consistent service. These discussions also showed that senior staff were passionate about their service, and looked for ways to improve or learn from incidents.

There had been recent turnover in staff at the service and new recruits had been supported into their roles by the seniors and registered manager. The registered manager had taken steps to ensure that recruitment and retention of staff was being addressed to maintain the consistency of the service.

We were informed the registered manager had an 'open door' policy and was a visible presence within the home. They held regular staff meetings to keep staff informed of changes within the service and to provide them with the opportunity to raise and discuss concerns. Daily handovers were used to keep staff informed of the health and well-being of people using the service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Systems were still in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and care plans as well as the attainment of feedback from people and their representatives. Where areas for improvement were identified, action was taken to improve the service. This feedback was visibly displayed around the service and all staff we spoke with felt they were open to new ideas and feedback. For example improvements had recently been made to the general environment within the home through the replacement of flooring in some of the communal areas and further improvements were planned. For example a re-decoration was being considered to further improve the appearance and level of lighting in the service.