

Halcyon Care Limited

Manor Care Centre

Inspection report

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Date of inspection visit: 4 June 2015
Date of publication: 14/07/2015

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	

Overall summary

This was an unannounced inspection carried out on 4 June 2015.

There was 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Manor Care Centre provides accommodation for up to 41 people who need personal care. The service provides care for older people and people who have special mental health needs. At the time of our inspection most of the people using the service were older people who lived with dementia.

There were 34 people living in the service at the time of our inspection.

The Care Quality Commission is required by law to monitor how a provider applies the Deprivation of Liberty

Summary of findings

Safeguards under the Mental Capacity Act 2005 and to report on what we find. The safeguards protect people when they are not able to make decisions and it is necessary to deprive them of their liberty in order to keep them safe. At the time of our inspection the registered persons had been authorised to deprive 17 people of their liberty.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were helped to avoid having accidents and their medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received the training and guidance they needed to assist people in the right way including helping them to eat and drink enough. People had received all of the healthcare assistance they needed. Staff had ensured that people's rights were respected by helping them to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who had special communication needs and were at risk of becoming distressed. People had been consulted about the care they wanted to receive and they were supported to celebrate their diversity. Staff had offered people the opportunity to pursue their interests and hobbies. There was a system for resolving complaints.

People had been consulted about the development of the service and quality checks had been completed. The service was run in an open and inclusive way and people had benefited from staff receiving good practice guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

People were helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about their needs and wishes.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to celebrate their diversity and to make choices about their lives including pursuing their hobbies and interests.

There was a system to resolve complaints.

Good



Is the service well-led?

The service was well-led.

The registered persons had regularly completed quality checks to help ensure that people reliably received appropriate and safe care.

Good



Summary of findings

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was a registered manager and staff were well supported.

People had benefited from staff receiving good practice guidance.

Manor Care Centre

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 registered persons were 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.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the registered persons to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted a representative of the local authority who contributes to the fees paid by most of the people who live in the service. We did this to obtain their views about how well the service was meeting people's needs.

We visited the service on 4 June 2015. The inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 12 people who lived in the service and two relatives. We also spoke with five care workers, the activities coordinator, the registered manager and the area manager. We observed care being provided in communal areas and looked at the care records for five people. In addition, we examined records that related to how the service was managed including staffing, training and health and safety.

In addition to speaking with people who lived in the service, we used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experience of those people who could not talk with us.

Is the service safe?

Our findings

People said that they felt safe living in the service. A person said, "I feel okay in here. It's much better than at home because I've got people to look after me. I don't have to worry about anything happening to me."

Staff said that they had completed training in how to keep people safe and had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They said that they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved. Relatives were reassured that their family members were safe in the service. One of them said, "I'm confident that my family member is safe because the staff are so kind. I never have to worry about leaving her in the home."

Staff had identified possible risks to each person's safety and had taken action to promote their wellbeing. For example, people had been helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas.

Staff had also taken action to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. Radiators were fitted with guards and hot water temperatures were controlled to reduce the risk of burns and scalds. Some people had rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building. A relative said, "I feel my family member is very safe here because it's a safe environment for them."

Providers of health and social care services have to inform us of important events that take place in their service. The

records we hold about this service showed that the registered persons had told us about any concerning incidents. We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when a person had fallen the registered manager had asked for advice from a healthcare professional to see if the person's medicines could usefully be changed.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and we noted that they correctly followed the registered persons' written guidance to make sure that people were given the right medicines at the right times. Records showed that the registered manager had fully investigated an occasion on which a medicine had been incorrectly dispensed and had taken action to help prevent the mistake from happening again.

Background checks had been completed for staff before they had been appointed. This included a check being made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered persons had established how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection because people received all of the practical assistance they needed. For example, when people used the call bell to ask for assistance staff responded promptly. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered persons said was necessary. Staff said that there were enough staff on duty to meet people's care needs. People who lived in the service and their relatives said that the service was well staffed. A relative said, "There always seem to be plenty of staff on duty whenever I've called. I've never had to search around for someone. If someone's off sick things can be a bit hectic but that's not often."

Is the service effective?

Our findings

Staff had periodically met with the registered manager to review their work and to plan for their professional development. We saw that most care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who lived with dementia or who needed extra help to eat and drink enough. The registered persons said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was to make sure that people had enough to drink. In addition, they knew what practical signs to look out for that might indicate someone was at risk of becoming dehydrated.

People were provided with enough to eat and drink. When necessary, people received extra assistance to make sure that they were eating and drinking enough. For example, staff were keeping a record of how much some people were eating and drinking to make sure that they had enough nutrition and hydration to support their good health. People had been offered the opportunity to have their body weight checked to identify any significant changes that might need to be referred to a healthcare professional.

At meal times, staff gave individual assistance to some people who needed extra help to eat their meals. In addition, we noted that when necessary food and drinks had been specially prepared so that they were easier to swallow to reduce the risk of choking. These measures all promoted people's ability to have enough nutrition and hydration.

People said and records confirmed that they received the support they required to see their doctor. In addition, the registered persons had arranged for a practice nurse from the local doctors' surgery to call to the service once a week. This meant that people's health could be quickly assessed and treatments provided. Some people who lived in the service had more complex needs and required support from specialist health services. Care records showed that some people had received support from a range of specialist services such as from dietitians, speech and

language therapists and occupational therapists. A relative said, "I know that the staff keep an eye on my family member and they call the doctor straight away if they have any concerns, which is good."

The registered persons were knowledgeable about the Mental Capacity Act 2005. This law is intended to ensure that whenever possible staff support people to make important decisions for themselves. These decisions include things such as managing finances, receiving significant medical treatment and deciding where to live. Supporting people to make these decisions involves staff providing them with information that is easy to understand. We saw examples of staff having assisted people to make decisions for themselves. This included a person who could become distressed and who benefited from using a particular medicine that helped them to manage their anxiety. Staff had carefully explained to the person in ways that were meaningful to them how the medicine would be of assistance. This had enabled the person to understand and give their consent to its use.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals. This is because they know the person, have an interest in their wellbeing and can help to determine how particular decisions will benefit them. When a person does not have someone who can act in this way, the law requires that an independent person is appointed to represent their best interests in the decision making process.

Records showed that staff had supported people who were not able to make important decisions. Staff had consistently involved relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. A relative said, "I like the way that the manager has involved me in my family member's care when something is being decided such as medical treatment. My family member doesn't understand fully because of dementia but I do understand and I want to contribute." When a person did not have a relative to assist them, staff had arranged for an independent person who knew the person to assist in the decision making process.

Is the service effective?

In addition, the registered persons were knowledgeable about the Deprivation of Liberty Safeguards. We noted that they had sought the necessary permissions from the local authority and so were only using lawful restrictions on people who lived in the service.

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. A person said, "I get on well with the staff, they're all nice to me and they're just kind people." Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, "I think that everyone here genuinely cares."

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed a lot of positive interactions and saw that these supported people's wellbeing. For example, we saw a member of staff sitting with a person and singing along with them a medley of favourite songs. The person smiled broadly and the session only ended when it was time for them to have their mid afternoon tea and biscuits.

We saw that the service was compassionate and had supported people to enjoy parts of their lives that were important to them before they moved in. For example, staff had assisted a person to bring their cat with them which over time had become adopted by most people living in the service.

Staff gave people the time they needed to express their wishes and they respected people's choices. For example, we saw that a person was brushing their cardigan after they had spilt some tea on it. A member of staff noticed and asked if they wanted to change the garment. Before going to fetch a replacement from the person's bedroom they asked which particular cardigan they wanted to wear. Shortly afterwards we saw the member of staff return with the right cardigan.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. Most people had their own bedroom. People who shared a bedroom were said to have chosen this option and were provided with privacy screens so they spend time on their own if they wanted. Bedrooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges. Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. A person said, "When the staff help me to have a bath I always feel okay because I'm not embarrassed." People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

Staff had consulted with people about the day to day care they wanted to receive and had recorded this process in a care plan for each person. Records confirmed that these care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We noted that most of the information in the care plans was not presented in a user-friendly way to help people understand it. For example, there was little use of pictures and colour to bring information to life. This oversight reduced people's ability to review the way in which staff had recorded their wishes to make sure the information was accurate.

However, we saw a lot of practical examples of staff supporting people to make choices about what they wanted to do. One of these involved a person who had previously wanted to spend time in one of the lounges changing their mind and preferring to go to their bedrooms. A member of staff helped them to gather up their magazine and box of tissues before assisting them to walk to their bedroom. People told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made. A person said, "I can do as I like here, there aren't any set rules."

People said that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A relative said, "My family member gets all the care they need including at night because they tell me that staff regularly check on them to make sure that they're okay." Records and our observations confirmed that people were receiving all the practical assistance they needed.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, we observed how a person pointed towards the television close to where they were sitting. A member of staff recognised that the person wanted the volume to be turned down. Once this was done the person smiled and appreciatively waved to the member of staff.

In addition, staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming upset because they had incorrectly buttoned up their cardigan. The member of staff assisted the person to undo and refasten the buttons. While doing this, she compassionately reassured them that she often got the buttons on her own clothes muddled up.

Relatives said that they were free to visit the service whenever they wanted to do so. One of them said, "The staff are very welcoming and make it clear that I'm welcome to call at any time whenever I wish. I'm on first name terms with the staff and the manager."

We saw that staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their families, their jobs or where they used to live. For example, we heard a member of staff chatting with a person about the location of the service in relation to Boston where the person used to work.

Staff understood the importance of promoting equality and diversity in the service. They had been provided with written guidance and they had put this into action. For example, people had been supported to meet their spiritual needs. We saw that individual arrangements had been made so that people could attend church services for their chosen denomination. The registered manager was aware of how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services who could befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. Records showed that the activities coordinator had consulted with people about the activities that interested them. We saw that people were being offered the opportunity to enjoy a range of activities such as games, quizzes and craft work. People who did not want to take part in group activities had the opportunity to have one to one time with the activities coordinator for 'company and conversation'.

Is the service responsive?

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the care provided in the service. A relative said, “When I was critical about the care my family member received, the manager was not at all defensive, which I thought was very refreshing.”

We noted that the registered persons had received three formal complaints since the beginning of 2015. Records showed that these concerns had been investigated

properly and resolved as quickly as possible so that lessons could be learnt for the future. For example, concerns had been raised that some staff had not correctly assisted people to change position when in bed. Although the complaint had not been upheld, the registered persons had taken positive action and had reminded staff about how best to support people who lived with reduced mobility.

Is the service well-led?

Our findings

People who lived in the service and their relatives were asked for their views about Manor Care Centre. There were meetings to which everyone was invited so that they could make suggestions about how the service could be improved. We saw that when people had suggested changes their comments had been acted upon. For example, a new dish had been added to the menu in line with someone's request. Another example involved an additional opportunity being provided for people to be supported to visit a place of interest in the community.

The registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed and people's personal spending money was used correctly. In addition, checks were being made of the accommodation and included making sure that the fire safety equipment remained in good working order.

People said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a good knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff. A person said, "I think the manager is nice. She always has time for a chat." A relative said, "I've always found the manager to be very approachable. I've noticed that when I speak with her about my family member's care she always knows exactly in detail what care is being provided and doesn't have to ask any of her staff. I consider that to be a good sign."

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I'm quite sure that the service is well run. I can see that my family member is safe and well cared for and that doesn't happen without someone being in charge."

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

In addition, the registered manager had provided the leadership necessary to enable the service to provide end of life care in line with nationally recognised guidelines for good practice. This enabled people to be reassured that they would quickly receive compassionate and effective medical care to ensure that they were comfortable and peaceful.

The registered manager had provided leadership to develop links between the service and the local community. These arrangements included provision for members of a local charitable group to visit the service and provide extra company for the people who lived there.