

B Jugon

The Manor Care Homes

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

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

Our inspection was unannounced which meant the provider and staff did not know we were visiting.

The Manor Care Homes provides care and support for up to 67 people, most of whom have a diagnosis of dementia. Care and support is provided over three separate units within the home that are each led by their own unit manager. On the day of our inspection 57 people were using the service.

Summary of findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that people were not consistently protected from the risks associated with their medicines. You can see what action we told the provider to take at the back of the full version of the report.

Improvements were needed to ensure the information contained in people's care records was up to date in response to changes to people's needs or recommendations from visiting health care professionals. This would help staff to protect people from the risk of receiving unsuitable or unsafe care.

The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. Some people who used the service did not have the ability to make decisions about some parts of their care and support. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People who used the service received their care in accordance with their care preferences. The staff understood people's care preferences because people's care records recorded how people wanted to receive their care.

People's health and wellbeing needs were met, monitored and reviewed. The registered manager had a training plan in place to ensure staff received the training they required to meet people's individual needs.

People who used and visited the service were happy with the care provided and we observed staff treating people with care and compassion.

Feedback from people who used and visited the service was sought and the registered manager made improvements to the care provided in response to receiving feedback.

The registered manager regularly assessed and monitored the quality of the care at the home. Appropriate and prompt action was taken to make improvements to the care when required.

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 not consistently safe. Improvements were required to ensure effective systems were in place to protect people from the risks associated with medicines. Improvements were also needed to ensure people's risk management plans were updated with advice given from visiting health care professionals.

The staff had the knowledge required to identify and report abuse. Staff protected people's rights by following the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The registered manager regularly reviewed the staffing numbers to ensure there were enough staff available to meet people's needs.

Requires Improvement



Is the service effective?

The service was not consistently effective. Improvements were required to ensure people's meals were delivered at their preferred temperature.

The staff completed training to enable them to meet people's needs. There were some gaps in some of the staff's training, but the registered manager had identified this and a plan was in place to address the gaps.

People were supported to eat and drink and the staff monitored people's health and wellbeing. When required advice was sought from health care professionals to assess and meet people's changing needs.

Requires Improvement



Is the service caring?

The service was caring. People and their families told us they were treated with dignity and respect and they were happy with the care and support provided.

Staff supported people with care and compassion and information was presented to people in a manner that enabled to make day to day choices about their care.

Good



Is the service responsive?

The service was responsive. Care records showed that people's needs were regularly assessed and reviewed to help them to receive the right care at the right time.

People and their relatives were encouraged and supported to provide feedback about the care. This included complaints. Changes and improvements in care were made in response to people's feedback.

People were encouraged to participate in social and leisure based activities which protected them from the risk of social isolation.

Good



Summary of findings

Is the service well-led?

The service was well led. There was a clear and effective management structure at the home. The quality of the care provided was monitored and changes to systems and processes were made to improve the care.

The registered manager analysed and monitored incidents at the home. They also took appropriate action to reduce the risk of further incidents.

The provider, registered manager and staff were committed to making improvements to the quality of care. Staff told us about the changes that were being implemented and these were based on best practice in dementia care.

Good



The Manor Care Homes

Detailed findings

Background to this inspection

Our inspection team consisted of two inspectors 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. The expert by experience on this inspection had experience in dementia care.

Prior to our inspection we checked the information we held about the service and the provider. We also asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements that they plan to make. Before our inspection we reviewed the information included in the PIR along with information we held about the service.

We last inspected this service on 9 May 2013. We found that the provider was meeting the standards we inspected it against at the time of our inspection.

We spoke with seven people who used the service, six relatives who visited the service and six members of staff. This included nurses and care staff. We also spoke with the registered manager.

Some people who used the service were unable to tell us about their care. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care.

We looked at eight people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the home. These included audits, health and safety checks and minutes of meetings. We also looked at the results of satisfaction surveys that had been completed by the relatives of 11 people who used the service.

Is the service safe?

Our findings

We looked at how medicines were managed at the service because the information we held about the service indicated that medicines may not have been consistently managed safely. We found that people were not consistently protected from the risks associated with their medicines.

We were unable to identify if people received their topical medicines as prescribed. Medication Administration Records (MAR) for people's topical medicines contained frequent gaps. This meant records did not demonstrate that people received their topical medicines as prescribed.

Some people who used the service needed their medicines on an 'as required' basis. We saw that 'as required' protocols were in place to enable staff to administer these medicines in a consistent manner. However there was no effective process in place to monitor the stock numbers of 'as required' medicines to ensure they were not being misused or abused.

Some of the medicines at the service needed to be stored within a restricted temperature range to ensure their safety and effectiveness. We saw that temperature monitoring occurred, but this was not being completed consistently. This meant there had been a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Effective systems were not in place to protect people from the risks associated with their medicines.

Care records showed that people's risks were assessed and reviewed regularly. This included assessments of the risks to people's physical and mental health. However, one of the care records we looked at showed that one person's risk management plan had not been updated in response to recommendations that had been made by a visiting health care professional. The staff we spoke with were not aware of the recommendations and the requirement to

change the way they supported the person to keep them safe. Improvements were required to ensure risk management plans were updated in a timely manner to enable staff to support people safely.

We observed the care on all three units and saw that people received support in accordance with their care plans. The only exception to this was when we observed one staff member assist a person to eat their meal in a reclined seated position. The person's care plan stated the person should sit at a 90 degree angle to prevent choking. The staff we spoke with were aware of the person's needs, but on the day of our inspection the person was not supported to eat in a manner that promoted their safety.

We saw that when incidents occurred they were reported and investigated appropriately. Staff told us they were made aware of actions taken to reduce further incidents through staff handover meetings and changes to people's care records.

Effective systems were in place that ensured any concerns about a person's safety were appropriately identified and reported. All the staff we spoke with told us how they would recognise and report abuse. We saw that referrals were made to the local safeguarding team when required.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff responsible for care planning understood the legal framework they had to work within. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements. The staff demonstrated they understood the principles of the Act and the DoLS and they gave us examples of when they had applied these principles to protect people's rights.

Recruitment checks were in place that ensured staff were suitable to work at the service. The registered manager demonstrated they regularly reviewed the dependency levels of the people who used the service so that staffing numbers were appropriate to people's needs.

Is the service effective?

Our findings

We observed people's lunchtime experience on two of the units. On the whole we saw that staff supported people to eat and drink in accordance with their care plans. We saw that on one unit food was delivered and presented to people from an open trolley that did not have the facility to keep the food warm. One person who used the service told staff their food was cold, so the staff warmed the meal up for them using a microwave. However there were people on the unit who were unable to communicate that their food was cold due to their dementia. This meant some people may not have received their meals at the their preferred temperature. The registered manager told us they were in the process of sourcing a more suitable food trolley to deliver consistently warm food but this had not been ordered at the time of our inspection.

There was an effective induction system in place that ensured new staff were safe to provide care and support to the people who used the service. One newly appointed staff member told us, "I've had a good induction. The first few weeks I observed and shadowed other staff and I've now started my diploma in care".

All the staff we spoke with told us they had received training, supervision and support to enable them to provide effective care and support. Training included; safeguarding people, moving and handling, infection control and fire safety. Staff were also encouraged and supported to completed diplomas in health and social care. Training records showed there were gaps in some of the staffs training. However, the registered manager demonstrated they had identified these gaps and a plan was in place to ensure all the staff received the training updates they required.

Assessment and monitoring tools were used to enable the staff to identify changes in people's health and wellbeing. For example we saw that people were weighed regularly. The staff demonstrated they understood the action they needed to take if a person's weight had decreased.

People were able to access appropriate health, social and medical support when they needed it. We saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example we saw that professional advice was sought when people's ability to swallow had changed.

Is the service caring?

Our findings

People and their families told us they were happy with the care and support provided. One person said, "They (the staff) are good at moving and assisting me with my personal care". A relative said, "I couldn't be happier with the care and I can't speak highly enough of the staff".

We saw that people were supported with care and compassion. For example we observed staff supporting, comforting and reassuring people when they were upset, disorientated or confused.

People and their relatives told us they were treated with dignity. One relative said, "People who live here always look clean and well looked after". We saw that staff used privacy screens to promote people's dignity during moving and handling tasks. We also saw a privacy screen being used during a medical emergency to protect the individual's dignity. However on one unit we identified that the temporary staff supporting them did not understand people's individual care needs and preferences. This led to permanent staff giving the temporary staff verbal instructions about people's care needs in front of all the

people present in the communal dining area. This meant people received the support they required, but the support was not always provided in a manner that promoted people's dignity.

People and their families told us they the staff treated them with respect. One relative said, "(My relative) chooses to stay in their room and the staff respect that". We saw that people were offered day to day choices, such as choices about the food they ate, and people's individual choices were respected by the staff.

Staff presented information to people in a manner that reflected their understanding and communication abilities. Some people who used the service found making choices difficult. We observed staff presenting choices to people in a manner that assisted them to understand. For example meal choices were presented to people visually by showing them two pre plated meals. The staff then gave people the time and encouragement to make their meal choice. We also observed staff communicating with one person who was hard of hearing by using a white board. During our inspection we saw the staff successfully use the board to reassure the person about an aspect of their care.

Is the service responsive?

Our findings

Care records contained plans that were personal to each individual. These plans outlined the likes, dislikes and preferences of each person and the permanent staff we spoke with were aware of each individual's preferences. People and their relatives confirmed that care was provided in accordance with individual preferences. One relative said, "The staff all know (My relative) well and they know what she likes to talk about which is very good".

Care records showed that people's needs were regularly assessed and reviewed to help them to receive the right care at the right time. Relatives told us they were involved in this process and were kept up to date of any changes. One relative said, "They (the staff) always tell me what's happening". Improvements could be made by recording and evidencing the involvement of people who used the service and their families in the reviews of their care.

We saw that people who used the service and their relatives were given the opportunity and were supported to express their views about their care. Meetings were held with people and their relatives to discuss the care. The registered manager had identified that attendance at these meetings was poor, so they had also sent relatives a satisfaction questionnaire to gain further feedback about the care. We saw that changes were made in response to feedback gained. For example, the food menus had been reviewed and changed in response to feedback. People who used the service had been consulted with during this process.

People were protected from the risks of social isolation because they were provided with the opportunity to participate in leisure based and social activities. On the day

of our inspection we saw staff; reading to people, taking people out into the garden, offer manicures and facilitate a film morning. People and their relatives confirmed that activities were regularly provided. One person said, "(The activity coordinator) takes me out into the garden and we play bingo. I like playing bingo". A relative said, "There is always something going on and even though my relative doesn't join in much, (the activities coordinator) always spends time with my relative doing their nails or chatting". The registered manager told us they planned to extend the activities and opportunities offered to people by employing a second activities coordinator for the service.

People were able to maintain their relationships with their family and friends. People told us they could see or speak to their families and friends at any time and relatives confirmed this. We saw relatives visiting people throughout our inspection. This included meal times where we saw one relative encouraging and supporting their family member to eat and drink.

We saw that procedures were in place to manage complaints and any that had been made had been dealt with appropriately and in line with these procedures. The complaints procedure was accessible to people who used and visited the service. Despite this people we spoke with were not aware of the formal complaints procedure but they told us they would inform the staff if they had a complaint. One person said, "I would tell the girls (the staff) if I wasn't happy". Relatives also told us they would be happy to inform the staff about concerns and complaints. One relative said, "I would go to (The registered manager)" and, "The staff are all approachable". Another relative told us that the registered manager had been responsive to a complaint they had made.

Is the service well-led?

Our findings

There was a positive culture at the home. We saw staff provided care with compassion, dignity and respect to meet people's diverse needs. The staff were made aware of the homes values and philosophy through their induction and training. One staff member said, "I came here to ensure they (the people who used the service) get the best of everything".

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. One staff member told us, "I wouldn't hesitate to raise any concerns if I had any".

There was a clear and effective management structure at the home. The staff and relatives we spoke with knew who their unit manager and home manager were. Staff told us they had regular staff meetings and they felt the home was well led. One staff member said, "The manager is very approachable and he listens". Another staff member said, "Staff meetings are usually planned bi-monthly, I feel listened to and we are able to discuss issues and gets our points across".

The quality of the care provided was being monitored and changes to systems and processes were made to improve the care. Audits were completed regularly to assess and monitor quality standards. These included audits of; medication systems, the environment, pressure ulcer care and cleanliness. Where problems affecting quality had been identified, action plans were in place that ensured improvements were made. For example, when the registered manager identified problems with cleanliness this resulted in staff being reminded of their roles and responsibilities via a staff meeting, a change in cleaning procedure and disciplinary action (where appropriate).

The provider and registered manager were committed to making improvements to the quality of care. The registered manager shared their service improvement plan with us. This prioritised the improvements that were required over the next 12 months.

Incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. The registered manager told us about a new records form that had been implemented by a senior member of staff in response to an incident. They told us the form had enabled staff to provide an accurate handover to other professionals in the event of deterioration in a person's condition.

We saw examples of innovative practice at the service. For example, each person's bedroom door held a coloured picture frame that highlighted what assistance each person would require in the event of an emergency. One staff member said, "It makes it very clear what assistance people need during an evacuation. The local fire service gave us positive feedback about it and said they were going to tell other care homes about it too".

The registered manager and the staff told us about their plans to introduce new ways of providing care and support that were based upon best practice. For example we were told how the décor of the home was going to be changed to meet the needs of people with dementia. We were also told that a world war two tuck trolley was due to be implemented with the aim of providing people with a sensory and reminiscence based experience.

The service had received accreditation from their local hospice following the completion of the 'Six steps to success programme for care homes'. The completion of this programme had enabled staff to offer improved end of life care. We saw that as a result of this programme end of life care plans had started to be introduced at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>People who used the service were not protected against the risks associated with medicines. This was because consistent temperature monitoring was not completed, recording of topical medicine application was inconsistent and the provider was unable to account for the numbers of 'as required' medicines on site.</p>