

Mr M J Volf & Mrs J L Volf  
Mistley Manor

### Inspection report

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### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

People's experience of using this service:

People and their relatives were complimentary about the care provided at Mistlely Manor. The environment was clean, comfortable and safe.

People were supported safely by sufficient and competent staff who knew people well and supported them according to their needs and preferences.

People were involved in how the service was run and encouraged to be as independent as possible. They had the choice to participate in a range of activities which promoted a good quality of life.

Staff were kind, caring and passionate about the service provided. They supported people with dignity and respect.

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

People knew how to raise a complaint and their views were listened to and investigated.

People's health was well managed and staff had positive links with professionals which promoted wellbeing for them. The service was designed in a way that allowed people to remain at the service as their needs changed.

The owners of the service were actively involved the day-to-day operation of the care home and provided good support to the registered managers. There was a positive culture within the service and the management team worked well together.

The registered managers had not kept the commission up to date with some events that had happened within the service and we made a recommendation to ensure this improved.

Rating at last inspection: Good (report published 14 July 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Mistley Manor

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

Three inspectors, an inspection manager and an Expert by Experience conducted the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Mistley Manor is a care home which is registered to provide accommodation and personal care for up to 75 people. The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced and took place on 28 November 2018.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people using the service, eight relatives and 17 staff. We looked at records in relation to people who used the service including care plans and medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- Staff had a good awareness of safeguarding procedures and knew who to inform if they had concerns about potential abuse. The registered managers were aware of their responsibility to report any safeguarding concerns and to liaise with the local authority. Information about safeguarding and how to raise concerns was available to people using the service and visitors.
- Recruitment systems continued to be effective and ensured suitable people were employed to work at the service.

### Assessing risk, safety monitoring and management

- People felt safe living at Mistley Manor. One person said, "I feel safe. It's an amazing place." One relative commented, "I would be neurotic if (relative) was somewhere less, I can go home and know (relative) is being cared for and safe." Another relative said, "From the first day I've felt (relative) was safe."
- People's needs and abilities were assessed before they moved into the service. Risk assessments covering areas such as moving and handling and continence were in place to provide guidance to staff on how to support people safely. However, some assessments lacked detail. For example, where people needed the use of a hoist, the moving and handling assessments did not provide information on the size of sling that each person required.
- Where people could become upset, incident forms were completed so the service could monitor potential triggers. Guidance was provided to staff and included proactive actions such as assessing the person's mood regularly to identify where additional support was needed and ensuring that they were supported by staff that they got on well with.
- Environmental risk assessments were in place. These included emergency evacuation plans. People had a Personal Emergency Evacuation Plan (PEEP) in place which included their understanding of the alarm system and how to support them safely to evacuate the building.
- Equipment was checked to ensure that it was safe and fit for purpose, however three walking frames used to support people with their mobility were not safe. The rubber feet [ferrules] on the walking frames were worn and the ferrules on one frame had worn through to expose the metal which placed the person at risk of slipping/falling. The registered managers told us that the walking frames had been checked, however the worn ferrules had not been identified. The ferrules were replaced immediately.

### Staffing levels

- Most people told us they felt there was enough staff and our observations confirmed this. The management team acknowledged that ensuring adequate staffing had been a challenge. One person said, "Some staff come and chat with me, I think there is enough." Another person commented, "There are staff coming out of their ears." One relative said, "We have never felt there is a shortage of staff." However, one person said, "There is not enough of them, especially at night, if you need assistance you have to wait a long

time. You think it has improved and suddenly it goes back to how it was." Most of the staff team told us that they felt there were enough staff. One staff member said, "They (management team) do provide extra help with staffing if we need it."

- Some people were involved in the interview process when new staff were recruited.

#### Using medicines safely

- Medicines were managed safely. There were systems for ordering, administering and monitoring medicines. Staff were trained and assessed as competent before they administered medicines. Medicines were secure and records were completed correctly.
- Where people received medicines 'as and when required', there were clear guidelines in place about when this should be taken, and the reason it may be required. However, for one 'as and when required' medicine, it was not clear what the maximum dosage over a 24-hour period should be. The team leader addressed this.
- One person needed their medicines administered covertly. There was a covert medication assessment in place completed in conjunction with the GP and guidance from the pharmacist in their care plan detailing how the medicine should be administered.

#### Preventing and controlling infection

- The service was mostly clean and fresh. There were cleaning staff employed and cleaning schedules were in place.
- There was personal protective equipment available for staff to use to prevent the spread of infections. Staff received training in infection prevention.

#### Learning lessons when things go wrong

- The management team were keen to develop and learn from events. One relative said, "There have been issues. Last year they were very short staffed in the summer. I really appreciated the fact that they said they knew, and will do something about it, and this year was fine. Their systems and procedures are being streamlined so they learn from things."
- Records were kept and overseen by the management team who monitored for any themes or patterns to take preventative actions.

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs included an overview of the person, their personal histories such as where they grew up, what jobs they had and their family details. It included what was important to the person such as still being able to eat independently.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet and their preference of the gender of the staff that supported them.
- The management team supported staff to provide care in line with best practice guidance.

Staff skills, knowledge and experience

- On joining the service, staff received an induction and received training specific to the needs of individuals, for example, dementia awareness and catheter care. However, the training matrix showed that some staff needed refresher training in subjects such as safeguarding. Training was delivered on site and sessions were planned to address this.
- Training was available using a range of methods to suit individual learning styles and staff reviewed the effectiveness of the training and gave an example of how they would put what they have learned into practice. One staff member told us that the dementia awareness training had been useful to learn how to diffuse potentially difficult situations.
- Staff completed the Care Certificate where they did not have care experience or had not achieved a National Vocational Qualification (NVQ). The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. In the provider information return (PIR), the registered manager told us, '119 staff have completed the induction of Care Certificate and 41 staff have an NVQ level 2 or above.
- The service had introduced champions in a range of areas such as counselling and end of life. These staff shared their learning to ensure people received good care and treatment.

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

- The main dining area was designed as a restaurant and had a licensed bar. A team of chefs prepared the food and meals were served by waiting staff. People could choose where they wanted to eat. In the main restaurant, the mealtime experience was very positive, however this could be further developed in the other dining area, where speaking with people was limited and staff were chatting between themselves.
- People were complimentary about the food and comments included; "The food is excellent, you choose the night before. You have a choice of about three menus." And, "The food is really very good, the top feature." One relative said, "I like the fact that the food time is an adult experience, people have wine, the food always looks wonderful and is of a very good quality."
- People had access to fluids and supported with a healthy diet. However, some fluid records were

incomplete. One person said, "We get plenty of water and juice and tea and coffee."

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

- People told us that they usually received support when they needed it. Two relatives told us that they had stood on a sensor mat in the person's bedroom 'many times' and staff always came quickly.
- The service was part of an initiative where some staff were trained to administer insulin so staff could administer this as soon as this was required rather than waiting for a district nurse to attend.

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

- The service was spacious with wide corridors and small seating areas throughout. Dining tables were wide enough to fit wheelchairs underneath so that people could sit wherever they wanted.
- The garden was very attractive, practical and accessible.
- The ground and second floor had a 'hotel' feel to it with chandeliers, pictures and floral arrangements. The first-floor supported people with more complex dementia related needs. There was dementia friendly signage on this floor making it easier for people to find the toilet, dining room and lounge. There was an orientation board which showed the weather, the season and the temperature and a sensory television in the corridor showing nature scenes. Some bedrooms had memory boxes or personal items outside to help people find their bedrooms. There were limited sensory and comfort items such as hand held musical instruments, dolls, scarves, hats or rummage boxes. These are important when caring for people with dementia as they provide stimulation, evoke memories and provide opportunities for further engagement. One staff member commented, "We need more memory clothing such as an old-world war uniform, sample newspapers and picture books of the decades."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as required. A GP visited each week to ensure people could have treatment and medicine.
- Records were completed when visiting healthcare professionals came to see people which included an explanation of why they had visited, what recommendations were made and any follow up appointments required.
- People were supported to take part in weekly fitness classes and in a falls prevention exercise class to maintain their mobility.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of the MCA and understood the importance of gaining consent before



providing support. People were encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible.

- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.
- The registered managers understood their responsibilities in terms of making an application for deprivation of liberty safeguards to the authorising authority.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported

- People consistently told us that staff were kind and caring. Comments included, "The care I receive is wonderful, I couldn't wish for anything better. They (staff) are all very good, very pleasant, very kind and patient. There is nobody here who I feel is a bit sharp." And, "The carers are very good, very professional. If I say something, they take note of what I say. The carers are very kind and I am always pleased to see them." Relatives were also positive. One relative said, "(Relative) is at the stage where they are calm and happy where they are. They are well looked after, and their care is thorough, they are always clean. The staff are really friendly, everyone in here says hello, it's like an ethos here. Staff are warm, some are superb." The reviews about Mistley Manor on the website, carehome.co.uk were all extremely positive.

- Staff supported people with compassion and in a way which suited them. Staff knew people very well and choice and encouragement was given where required.

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

- People and their representatives were asked for their views on the care and their plans. One person told us, "I have paperwork over there, that's my care plan." One relative commented, "I was involved in the care plan and that's regularly reviewed. I am invited to review meetings, if I raise something like can (relative) wear long sleeved shirts now it's autumn they listen and (relative) has worn them since I mentioned it."
- People were supported to express their spiritual needs and a non-denominational church service was held weekly. People also had the opportunity to attend Mass and go to the local community church.
- A family liaison post had been created and this staff member visited each person weekly to check on their wellbeing and discuss if they had any concerns. They also organised resident's meetings once a week.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "I've always found they (staff) are respectful, ask if they can come in your room, they keep my dignity. Nothing is too much trouble. If there is something, I want doing I only have to ask."
- Staff spoke to people kindly and respectfully and maintained their dignity when talking about sensitive subjects such as supporting them to the toilet or checking continence aids. They lowered their voices or moved so that they were not within earshot of other people.
- People's independence was promoted. Care plans included what people could do for themselves and what they required help with. One person said, "We are very much encouraged to be independent, they (staff) say we will take you to the toilet and then see if you can walk back to your chair."
- People's confidentiality and privacy was protected. Records were stored securely.
- A shop called 'Arkwrights' had been built in the style of an old hardware shop. We were told that the shop was run mostly by those living at the service to give them a sense of wellbeing and maintain independence.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

#### Personalised care

- People's care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. There were not specific care plans in place for people with diabetes to provide guidance to staff on how to manage this effectively. For example, where people were having their blood sugar checked daily, the plan did not include details of what was their normal range and when action would need to be taken. One person had been taken off their diabetic medication by the GP but this was not reflected in their care plan. We did not see that this had a negative impact on the people being supported. The management team agreed to improve these care plans.

- The service was designed in a way that allowed people to remain at the service as their needs changed. The registered manager told us in the PIR, 'We thought carefully about ensuring a pathway of care for different stages of presenting conditions to allow for movement on site rather than a person having to move to another home.' The third floor consisted of suites where couples could stay and some people were very independent. One person told us, "The best thing is that I can stay with (relative) and they get the care they need. It is unbelievably good."

- Although we received mixed feedback from people about activity provision, activities were available throughout the week on a day to day basis. Staff spoken with felt that there was enough for people to do. One person said, "Upstairs there is an area where we can meet. Staff come and sit there. If there is a game going on they will join in. Outside in the poly tunnel they have raised beds, so I am able to do a bit of gardening, some weeding. Wednesday is not a good day for activities, but there are still many things to do, I enjoy my hair-do every week." Another person said, "It's boring in the sense that it's the same thing every day. There are things I can do, but I choose not to. The activities are not to my taste, singers and people playing the piano, hearing it once is enough. They would come and chat with me if I wanted them to." A relative commented, "They have activities, (relative) got involved in potting up in the garden. Last year they had a hatchery downstairs, and (relative) watched the birds hatch. They had a barbecue that families all attended. They had exotic animals visit."

- An activities programme was on display and included a Christmas Fayre, a visit to a local shopping village, bread making, making Christmas tree decorations and a fitness class. Mini buses were available to transport people within the community and a mobile library was available once a week. There was a cinema room that people could access with a smart television which could be used for activities such as watching films or using google maps to look at the local area and where people grew up. The televisions in people's bedrooms were skype enabled to allow people to maintain contact with their friends and families.

- There was a 'Special days wish tree' in place on the ground floor and some people had written their names on a leaf. Each month, one name was taken off the tree and the person's wish granted. One person's wish had recently come true and they had watched their son fly an aeroplane.

- There were strong school connections and people took part in a local dementia club. Important events

were remembered, for example, on Remembrance Day when people and their relatives knitted poppies to make their own display. There were dogs who visited the service which provided additional fun and engagement for people.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to any complaints that were received and the complaints procedure was on display within the service.
- Complaints which had been received, had been investigated thoroughly and where required, action taken to prevent re-occurrence.
- People knew how to make a complaint and felt that any concern would be resolved. One person told us, "If I have a complaint I go to the office, right to the root. Both times I have done so it was sorted out."

End of life care and support

- People were supported with end of life care planning to ensure a dignified pain free death. There were good links with a local hospice and GP services. Peoples wishes were recorded and families were also involved. One person said, "In our care plan, it says that as we reach the end a specifically attached nurse will stay with us, we are very lucky." One relative said, "We had a very detailed discussion about DNR (Do Not Resuscitate) and the care plan was integral to that."
- Families continued to be supported after a person reached the end of their life. A remembrance/reflection area had been designed for those grieving or remembering loved ones and many families choose to gather at the service after the unreal of their loved one.
- The management team had developed a leaflet called, 'What happens next?' which provided useful information including contact details and support that was available.
- The management team were planning to implement the Gold Standards Framework (GSF) and two staff members were due to receive training. The GSF is used to enable earlier recognition of people with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end.

# Is the service well-led?

## Our findings

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

Requires Improvement: The service was consistently managed and well-led. Leaders and the culture they created did support the delivery of high-quality, person-centred care, however some notifications had not been sent to the Commission. Improvements were needed to ensure systems were in place to maintain staffing levels and to ensure that action taken following feedback was documented.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The management team had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge of all areas.
- There was a positive management structure in place which was open and transparent and available to staff when needed. One staff member said, "I came back to work for Mistley Manor because they (management team) are really nice people." Another staff member commented, "The management team are really supportive."
- The management team had ensured that bad snow had not impacted on staffing levels by transporting staff backwards and forwards to work.
- Recent developments included the introduction of a computerised care planning system to improve recording and lessen time spent on paperwork. Staff had been trained to use the system and additional training was available if needed. Staff spoke positively of the new system.
- The registered managers were not aware of the legal requirement to notify the Commission of any DoLs that were authorised by the local authority and had not sent notifications in relation to this. These were sent in immediately after the inspection. We recommend that the provider ensures that they understand the circumstances when notifications need to be submitted to the Commission and submits these as required.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and their relatives were positive about the service. Comments included, "It's very nice, couldn't be better. If you have to be in a home, it could not be better than this." And, "I feel that what goes on is consistent, that the care (relative) is given is as good when we aren't here as when we are."
- Regular quality audits of the service took place to check practices were maintained to a good standard, however processes needed to be implemented to ensure that staffing levels were maintained and regularly reviewed.
- The provider visited regularly and produced a report of their visit which was used to drive improvement.

Engaging and involving people using the service, the public and staff

- There was a positive culture. Staff worked well together and demonstrated the vision and values of the service. The management team recognised the hard work of the staff team.
- Regular staff meetings were held and issues such as safeguarding were discussed. At a recent meeting,

staff had been asked for feedback on how they could be recognised for their hard work and the management team were considering their suggestions.

- Residents meetings were held and subjects discussed included food and activities. However, where suggestions had been made such as regarding additional activities, it was not always clear what action had been taken to make improvements.
- A 'Residents champion' had been nominated by people living in the service to attend meetings and represent the views of those living at Mistley Manor.
- The registered manager and the staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.
- The service regularly sought the views of people, relatives and staff in different ways. There were cards that could be completed throughout the service encouraging people to feedback their views. The feedback received has been positive.

#### Continuous learning and improving care

- Information gathered from audits and from the review of incidents and accidents was used to develop the service and make improvements.
- The registered managers demonstrated an open and positive approach to feedback and to developing the service.

#### Working in partnership with others

- The service worked with other professionals such as SALT (Speech and Language Therapy), physiotherapy and the local hospice to ensure positive outcomes for people. The service was involved in the 'Prosper Project' which is a collaboration with Essex County Council, which aims to improve the safety and reduce harm for vulnerable people in care homes.
- The service played a role within the community and arranged fetes and coffee mornings to raise money for charity. Placements were offered to students from the local college to develop their skills.
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services.