Dr T R Chandran & Dr Q Chandran

Manor House Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 28 October 2015 and was unannounced. Manor House is run by Dr. T.R. Candran and Dr. Q Chandran. The service provides care and support for 25 older adults, including people living with dementia. On the day of our inspection 12 people were using the service. The service is provided across two floors with a passenger lift connecting the two floors.

Although the service had a registered manager in place at the time of our inspection the current registered manager was planning to relinquish their role and deregister with us. The current deputy manager was undertaking the role of manager and had applied to us to become the 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 and associated Regulations about how the service is run.

The risks to people's safety were not properly assessed. The process for assessing risks for individuals had not been followed. Without robust assessments of risk we could not be certain people were protected from

Summary of findings

unnecessary risk. Staffing levels were not always sufficient during the day and the manager spent a significant proportion of their time supporting staff providing direct care.

Staff did not always follow the requirements of the Mental Capacity Act 2005. Some people had their liberty restricted and staff had not undertaken assessments or made appropriate Deprivation of Liberty Safeguard (DoLS) applications to ensure the restrictions were lawful.

People were not always involved in the planning and reviewing of their care plans but were supported to make day to day decisions about their care. Their views on the quality of the service were not always sought. There was a lack of social activities available for the people who lived in the home.

The quality of the service was not always monitored adequately as quality assurance audits were not robust or thorough and the manager was not supported nor had sufficient time to fulfil their managerial role effectively.

People felt safe living at the home and staff were aware of how to protect people from the risk of abuse. Relevant information about incidents which occurred at the home was shared with the local authority. People received their medicines as prescribed, the management of medicines was safe and people were cared for by staff who had received appropriate training.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed. People felt they could report any concerns to the management team and felt they would be taken seriously. They were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate way.

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 always safe.

There were no individual risk assessments in place so the risk to people's safety was not properly assessed.

There were not always sufficient numbers of staff on duty throughout the day to meet people's needs.

People were protected from the risk of abuse as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

Requires improvement

Is the service effective?
The service was effective.

Correct procedures had not always been followed when people were deprived of their liberty due to their inability to make certain decisions because of illness or disability.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good

Is the service caring?
The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good

Is the service responsive?
The service was not always responsive

There were not enough opportunities for people to follow their hobbies and interests

Requires improvement

Summary of findings

Staff had the necessary information to promote people's well-being. People were supported to make complaints and raise concerns to the management team.	
Is the service well-led? The service not always well led. There were a lack of effective systems in place to monitor the quality of the service. People who lived in the home, their relatives and staff felt the manager was approachable. There was an open and transparent culture in the home, however the manager did not have sufficient time to fulfil their role effectively.	**Requires improvement** 

Manor House Care Home

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 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 unannounced inspection took place on 28 October 2015. The inspection team consisted of one 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with five people who lived at the service and two people who were visiting their relations. We spoke with a visiting healthcare professional, four members of staff and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of two people who used the service, four staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Requires improvement

Is the service safe?

Our findings

People we spoke with who lived at the home told us they felt safe. They told us if they were concerned they would know who to speak to. A person told us, "I feel safe, the staff are reliable and they look after you." They told us they would be happy to go to the manager if they had any concerns. Another person who lived at the home told us they would be happy to speak to any member of staff if they were worried about their safety. Relatives we spoke with told us the same thing.

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to possible abuse. The staff we spoke with understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff told us they had not seen any abuse, but if they did they said, "I would report it to the manager and if nothing got done I would ring you (CQC)." The staff we spoke with were confident that the manager would deal with any issues and they were also aware they could contact the safeguarding team at the local authority should this be required.

The manager was confident staff would protect people from possible abuse. They told us, "Staff would come to me and we have a whistle blowing policy that all staff are aware of." The manager demonstrated they understood their role in safeguarding people and their responsibility with regard to reporting incidents in the service to the local authority and us.

People could be assured that staff in the home would respond to any safeguarding incidents. We discussed a recent serious incident with the manager who outlined the steps they and the staff had taken to respond to the incident and prevent any reoccurrence. We saw security at the home had been increased and staff had changed their working practices as a result of the incident.

Some processes for identifying risks to people who lived in the care home had not been followed or recorded in their care plans when they were admitted to the home such as moving and handling and nutrition. There were some references to risks to individuals in their care plans with information on how staff should keep them safe, but these risks had not been assessed robustly. Without robust assessments of risks in place we could not be certain staff not only protected people from unnecessary risk, but ensure any restriction in place for people was appropriate. We discussed this with the manager who told us they were addressing the issue and would be updating the individual care plans to include appropriate risk assessments.

There were some measures in place to assess risks to people who lived in the home. People's individual mobility needs were recorded in their care plan with what aids staff should use to assist the person and records of falls were kept in people's care plans. Staff we spoke with were able to tell us how they managed risks to people such as ensuring there was signage visible when floors were being cleaned. We saw staff use moving and handling equipment safely when assisting people to move from one place to another.

There were sufficient staff on duty to meet people's needs for the majority of time, although there were times where there were not enough staff to see to people's needs and manage the home. Relatives we spoke with felt there were not always enough staff on duty throughout the day. One relative told us they felt their relation was isolated as staff didn't have time to sit with them in their room. People felt staff did respond to their needs if they needed them. A person who lived in the home told us, "They always answer my buzzer." Another person told us they managed their own care but said, "If I need someone they are quick."

Staff told us they were able to meet people's needs when there were three staff on duty but when this reduced to two staff during the afternoon they could not always see to people's needs in good time. There were times when the acting manager was counted as one of the two staff on duty which meant there was no one to carry out the management of the home and deal with any phone enquiries. There were sufficient housekeeping and catering staff employed to ensure people had their meals and the home was kept clean.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Requires improvement

Is the service safe?

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. One person we spoke with told us they received their medicines on time. We observed a medicines round and saw the staff member followed safe practices and ensured each person took their medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date.

Good

Is the service effective?

Our findings

People felt they received care from sufficiently skilled and competent staff. One person told us, "You can see staff know what they are doing." Relatives we spoke with felt staff were competent in their roles. One relative said, "Yes you see them using equipment expertly." One member of staff who had undertaken their induction earlier in the year told us they had been well supported by their colleagues and the manager.

Staff we spoke with told us they were given training relevant to their roles with a number of staff undertaking nationally recognised qualifications related to their role. One person told us they had received some update training on moving and handling, health and safety, dementia care and first aid approximately two month ago.

Staff told us they were supported with regular supervision and appraisals, they told us these meetings were supportive and useful. One member of staff told us, "We go through anything that's bothering me, but there's nothing much I am bothered about." We viewed supervision and appraisal records that showed us staff received regular support.

Although staff demonstrated an understanding of the principles of the Mental Capacity Act 2005 (MCA) they did not always follow the requirements of this legislation. 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 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).The staff at the home had undertaken an assessment and application for one DoLS. However there were some people who lived in the home who due to their health conditions would not be safe if they were to leave the home unattended. The staff at the home kept the exits and front doors locked to protect these people and staff had not undertaken assessments or made appropriate Deprivation of Liberty Safeguard (DoLS) applications to ensure the restrictions were lawful. This was addressed by the manager following our inspection. The manager had undertaken appropriate assessments of individuals and made applications to the local authority for DoLS for these people.

People who were able to make decisions for themselves were encouraged and able to do so. One person we spoke with told us they were able to come and go as they pleased. A relative we spoke with told us if their relative, who made their own decisions wanted to go out staff would offer advice but they would still leave the decision to the person.

One member of staff told us, "Everyone's an individual, they would be assessed to see if they could make their own decisions." Another member of staff told us the MCA was in place to make sure people were looked after properly, and said, "We shouldn't stop people from doing things unless we really have to."

People's individual nutritional needs were met and they were supported to eat enough. People we spoke with thought the food was good and they were given enough to eat. One person told us, "Yes I get enough to eat and drink and if I don't like what is on the menu they will make me something else." Another person told us, "They are very good meals and there is plenty of it, and I know I can have a snack or drink in-between meals anyway." Relatives told us they were encouraged to join their relations for meals and the dining room provided an environment that was relaxed and encouraged people to eat well. Tables were laid with tablecloths, placemats and table decorations. We saw people were given the choice of who they sat with giving the meal an air of sociability. The manager and cook had recently re-visited the menu choices and had asked people for their favourite choices and had then altered the menu to accommodate people's suggestions.

The staff supported individuals who required assistance with eating in an unhurried and discreet manner. The mealtime was well organised and people were offered drinks throughout the meal. Throughout the day we saw people being offered a variety of hot and cold drinks on a regular basis with staff sometimes joining individuals encouraging them to drink whilst they chatted to them.

People could be assured staff knew their individual nutrition needs and preferences. Both the care staff and kitchen staff we spoke with showed a good knowledge of

Good

Is the service effective?

people's diets. People's dietary needs had been assessed and were recorded in their care plans. Where needed individuals had been appropriately referred to specialist teams and their advice recorded and communicated with both care and kitchen staff. We saw evidence of these communications in people's care plans and in the kitchen.

People's weights were monitored regularly to ensure they maintained a healthy weight. Staff used a weight monitoring tool to assess any excessive weight fluctuations and referred individuals to the appropriate health professional for support should this be required.

People's health care needs were monitored on a regular basis and any changes responded to. The manager told us people who lived in the home used the local GP surgery which was within walking distance from the home. People told us they were able to see their GP when they needed to. One person told us, "If I do not go to the doctors then they are more than happy to send him to me and they are very quick." People told us staff supported them to go to appointments when needed. A number of health professionals visited people in the home when required, such as the chiropodist and the local optician. Staff told us they had a good relationship with the local GP surgery and visiting community nurses. These relationships helped support them in maintaining people's good health.

Staff we spoke with understood their responsibilities to the people they cared for and their relatives with regard to contacting the relevant health professionals when required. One staff member told us, "Yes whoever is in charge always rings." They went on to say that if the person in charge was busy and they felt it was urgent any of the staff could ring, they said, "We wouldn't wait." Staff told us they would contact people's relatives to keep them informed and record their actions in the care plan.

We saw records of health professionals' visits in people's care plans. On the day of our inspection we spoke with a visiting healthcare professional who told us staff made referrals in a timely way and followed their instructions. As the health professional left they told us, "The staff have done everything I have asked and have recorded all their actions."

Good

Is the service caring?

Our findings

People who lived at the home felt the staff were caring and compassionate. One person told us, “Yes they are caring there’s a person here who needs a lot of help and they all help them, everyone even the kitchen staff.” One relative we spoke with told us staff were both caring towards their relative and welcoming to themselves when they visited. They said, “They always have a coffee ready for me when I visit and they know exactly how I like it.”

Our observations supported what people had told us. Throughout the day staff interactions with people were seen to be caring and supportive. People were supported by staff who demonstrated a good knowledge of their personal interests and preferences. One person we spoke with told us the staff knew everything about them even when they were worried about something. They said, “I like that they offer to speak with me about it and if I don’t want to they don’t push me to do so, they are so considerate.” Although there was a staff room staff took their coffee breaks with people in the lounge and spent time talking to them. One person was being escorted by staff to a family function. They were undertaking this in their own time and the person was clearly very pleased and comfortable with the arrangement. They told us, “When they told me I wanted to kiss them and [name] is even going to take me shopping for my outfit.” Another person told us, “It is the next best thing to home they even organised a party for my birthday and got a singer to come in"

The manager and the staff we spoke with told us they enjoyed working at the home and the manager felt this was reflected in the low turnover of staff. We saw that staff interacted with people in a relaxed and caring manner and there was appropriate use of humour. They spoke with people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. We saw staff were patient and understanding when supporting people.

People who lived at the home and their relatives felt they were supported to make decisions about their care. One person told us, “I get the help and care the way I want it. “ Staff told us the manager worked with people and their relatives on their individual plan of care. However the care plans were not signed by the person or their relative, as a way of showing their involvement in preparing these. We discussed this with the manager who told us this was something they were going to address.

People did feel they were encouraged to express their views and felt their opinions were valued and respected. One person told us, “I am a very independent person and the staff encourage that. I like helping other people here who cannot help themselves." People told us they were able to choose when they got up and went to bed and how and where they spent their days.

People’s diverse needs and wishes were assessed when they moved into the home, including their cultural and religious preferences and people were supported to follow their chosen faith, attending services if they wished. No one in the home was using an advocacy service at the time of the inspection and the manager told us everyone who lived in the home had close relatives and friends to support them. The manager was aware of how to contact advocacy service should they be required.

People we spoke with told us that staff respected their privacy and dignity. One person said, “Oh yes they don’t just walk in to your room they knock. I can lock my door if I want.” Other people told us staff respected their privacy when giving personal care ensuring doors were closed and curtains drawn. People were able to have private time in their rooms and told us staff respected this. Staff we spoke with were appreciative of the importance of maintaining people’s dignity and told us they would always knock before going into bedrooms.

Requires improvement

Is the service responsive?

Our findings

People who lived in the home had limited opportunity to partake in social activities. People who could not leave the home independently relied on their relatives to take them out on excursions. However if staff members undertook any occasional shopping for people who lived in the home they told us they would offer to take people with them. During the inspection there were impromptu singalongs, but there was no social events planned on a regular basis. People told us they were bored, one person said, "There is nothing to do but sit in this chair all day." Another told us, "I would love to do some knitting."

Staff told us they would like to be able to provide more activities for people to join in. One member of staff told us the afternoons could be boring for people as there were only two staff on duty and they could only offer activities in between their care duties. This limited the types of activities they could support but they would sometimes play cards or skittles with people. Staff told us most people enjoyed and took part in the activities they did offer.

Each person had details of their earlier life in their care plan to help staff get to know them. These highlighted where the person was born, what type of employment they had and other personal details. We also saw the plans contained the contact details of people's next of kin. The care plans were individualised and described how people were to be supported. Staff told us they were able to read the care plans and the deputy manager and manager reviewed and updated the plans regularly. When people were admitted to the home staff used the information people and their relatives gave them to produce their care plans. Although people and their relatives told us they felt their views on their care were acted upon they were not formally involved with care plan reviews.

People could be assured that staff would be responsive to potential risks that could compromise their health and wellbeing. For example where people needed glasses they had details of their optician and their prescription in their care plan and their appointments were supported. People with particular health conditions had information in their care plan on how to manage their condition.

The people we spoke with told us staff provided the care and support they needed in the way they wanted it. One person we spoke with told us, "Yes they do things the way I want." People felt they were encouraged to make independent decisions in relation to their daily routine and staff were aware of their preferences. One person said, "They know that I am an early riser and every morning they bring me a cup of tea at 6.00am when I ring." They went on to say, "I love it here I have no restrictions." Relatives we spoke with told us they were happy with the care and support their relations received. One person said, "If [name] wants anything to be changed they just ask and it's done."

Our discussions with staff showed their knowledge of the people they cared for. They were able to talk to us about individual people's needs such as applying creams in a certain way and particular people's love of their own routines. They were aware and supportive of people's need to be independent. One person who lived at the home liked to go out independently and staff had established a protocol with the person so they knew when they had gone out of and returned to the home.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us, "I would be happy to speak to any member of staff." Another person said, "Yes I would feel comfortable I know staff would listen." Relatives we spoke with told us they would be comfortable raising concerns with staff they knew the staff well and felt they would be responsive to any concerns raised.

The organisation's complaints procedure was on display in the home. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. They said they would encourage the person to complete a complaints form or if they could not do it themselves they would provide help to complete it. Staff felt confident that, should a concern be raised with them, they could discuss it with the manager who would respond appropriately to this. We saw records that showed when complaints had been received they had been recorded in the complaints' log and managed in accordance with the organisation's policies and procedures.

Requires improvement

Is the service well-led?

Our findings

People who lived in the home, their relatives and staff told us the manager was approachable and was a significant presence in the home. One person told us, "Yes they are approachable I can chat to them and have a joke with them." On the day of our visit the manager was visible around the service. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people.

Staff told us they enjoyed working at the home and were very positive about the new management arrangements. One staff member said, "[Name's] very approachable you can tell them anything." Staff felt the manager was a good leader and staff told us there was a clear management structure in place. Regular staff meetings had not taken place during the last year and we raised this with the manager who told us they intended to re-introduce these meetings so staff could collectively share their opinions of the service. However throughout our inspection we observed staff working well together promoting an inclusive environment where friendly chit chat was being undertaken between staff and people who lived in the home.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures and told us they felt the manager would act appropriately should they raise concerns. One member of staff told us, "Yes they would do something about it." Another said, "Yes [name] would deal with anything not right."

People benefited from care by staff who were effectively supported and supervised by the manager. Staff told us, and records showed, that staff had attended supervision sessions and annual appraisals. The meetings provided the opportunity for the manager to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them. Staff felt the meetings aided the efficient running of the home and helped the manager to develop an open inclusive culture within the home. One member of staff told us, "Yes we are supported by the manager."

Staff told us although the manager was open to suggestions on improvements that were in their power to provide for the service, they felt the environment needed updating. Our observations supported this. There were a number of areas in the home that were in poor decorative repair. Some bedrooms had damaged walls and a recent audit by the local authority infection prevention team highlighted the poor state of repair of some chairs and mattresses. There were no records or action plans in place to show the provider was addressing the issues raised by the infection prevention team.

The internal systems for monitoring the quality of the service provided required some improvement. There were records of some auditing processes, but the processes were not robust and examination of the staff rota showed both the manager and the previous manager were not able to devote sufficient time to their managerial duties because they had also been required to work shifts as the senior care worker on duty. The provider had recently engaged a consultancy team for a period of three months to offer some support to the manager.

Although systems were in place to record adverse incidents to individuals such as falls this information was only recorded in people's care plans and the home's incident file. There was no collective analysis and auditing of this information such as the time, type and place of incidents that could help staff identify strategies for minimising risks to people.

Although there were no regular planned meetings between the manager, people who lived in the home and their relatives were able to raise issues with the manager and staff in the home on an informal basis. They were given the opportunity to give their opinion of the home via suggestion box located in the entrance of the home and for the first time an annual home survey was being introduced in the home.