

Normanton Lodge Limited

Manorfields Residential Care Home

Inspection report

47 Farley Road
Derby
Derbyshire
DE23 6BW

Tel: 01332346248
Website: www.my-care.co.uk

Date of inspection visit:
08 April 2019

Date of publication:
02 May 2019

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 ●

Summary of findings

Overall summary

Manorfields Residential Care Home is a residential care home that was providing personal care to 34 people at the time of the inspection.

People's experience of using this service:

People told us they felt safe living at Manorfields Residential Care Home. The risks to people had been assessed and where appropriate some relatives had been involved in compiling and reviewing care plans. Staff had an intimate knowledge about the range of people's needs. People were supported with their medicines in a safe way. People accessed healthcare services when they needed them, and they were supported to eat and drink enough to remain healthy.

People were involved in making decisions about their care and support and their consent about the care and services offered was obtained. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

Recruitment checks had been carried out to ensure staff were suitable to work at the service. Training relevant to people's support needs had been undertaken by staff. The staff team felt involved in the running of the home and were supported by the registered manager and management team.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through meetings, surveys and informal chats. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

More information can be found in the detailed findings below.

Rating at last inspection: The home was rated Good at the last inspection in December 2017. The service met the characteristics for a rating of "good" in all the five key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

Follow up: We will continue to provide ongoing monitoring of this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe:

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains good:

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains good:

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains good:

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains good:

Details are in our Well-Led findings below.

Manorfields Residential Care Home

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.

Why we inspected:

The inspection was prompted in part by concerns passed to us by the visiting public.

Inspection team:

The inspection was carried out by an inspector and an Expert by Experience. Our expert by experience's area of expertise was the care of people with mental health needs.

Service and service type:

Manorfields Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care, this home provides accommodation for up to 34 people. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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:

The inspection was unannounced.

What we did:

Before the inspection we reviewed information we held about the service such as notifications. These are

events which happened in the service that the provider is required to tell us about. We used information the provider sent us in the Provider Information Return. This is 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 sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection:

We spoke with seven people using the service and three relatives. We also spoke with the area manager, the registered manager, two care staff, the cook, a cleaner and handyperson. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three support workers. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked. Some of the records we viewed were sent to us following the inspection.

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 to safeguard people from the risk of abuse:

- People told us they felt safe. A person said, "I feel safe here. I've had no falls. I can lock my door." A second person said, "I trust the people who care for us. If I was worried and needed something I would ask them."
- The registered manager had systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people; they demonstrated they knew their responsibilities for keeping people safe.
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.

Assessing risk, safety monitoring and management:

- Regular safety checks had been carried out on the environment and on the equipment used in caring and protecting people. A relative said, "[Named] is safe here, [we] absolutely feel that she is safe and looked after."
- We noted that one lock to a person's bedroom was not suitable as it could bar the staff entry in an emergency, the registered manager agreed to have this changed.
- Risks associated with people's care and support had been assessed when they had first moved into the service and provided staff with clear instructions on how to meet people's needs. These were reviewed regularly taking account of professional advice.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing levels and recruitment:

- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. However, people who spoke with us provided a mixed opinion about staffing numbers. One person said, "There are enough staff here. I don't have to wait long at all." A second person said, "If you need them they come very quick. A relative said, "I think they need more staff especially at weekends. [Named] doesn't have to wait long if he needs help. We spoke with the registered manager who said, the staff rota did not alter and if a staff member called in ill, they were replaced by a member of staff who was rostered on 'stand by'.
- Staff confirmed there were enough staff to support people in a way they preferred.
- The registered manager and senior staff team provided support to staff when caring for people.

Using medicines safely:

- People were provided with their medicines in a safe way. A person said, "Staff give me my pills and I take them. I get them regularly." A relative said, "Medicines are not a problem."
- Staff administered people's medicines safely and in line with the provider's policies and procedures. Staff wore a red tabard highlighting they were not to be disturbed.

- Detailed guidance was in place to assist staff in administering 'as and when required' medicines safely.
- Staff received training and their competency in administering medicine was checked regularly, which ensured they adhered to the training they received annually.

Preventing and controlling infection:

- Staff were trained in infection control and were provided with personal protective equipment (PPE) to help prevent the spread of acquired infections.
- The registered manager and staff regularly complete an infection control audit. This highlighted the flooring in part of the laundry area required to be replaced, as this currently does not allow proper disinfection.
- Equipment used in the care process is regularly cleaned and disinfected.
- Good practice around prevention of infections was shared as part of team meetings or supervisions.

Learning lessons when things go wrong

- Information from any outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.
- Changes to people's care plans and risk assessments was made from information shared from professionals to the staff group.

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:

- People's individual needs had been assessed prior to them moving into the service. The provider had introduced detailed assessment paperwork to ensure people's information is captured from the point of referral through to the visit prior to admission.
- Risks associated with people's care and support had been assessed, reviewed regularly and reflected people's needs.
- People using the service were supported to make choices about their care and support.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for a person living with diabetes, the signs and symptoms to look out for were included in their plan of care.

Staff skills, knowledge and experience:

- People received care from a staff team that were trained to meet people's individual needs. One person said, "All the lasses [staff] are good. They can do the job and I think they are trained. They stop and have a chat with me." A second person said, "I think the staff are well trained." A relative said, "Staff are well trained, they deserve a medal. They are brilliant with everyone."
- Staff newly commenced in post received an induction and ongoing training to enable them to carry out their role.
- Staff demonstrated an intimate knowledge and understanding of people's individual needs and subjects such as safeguarding and whistleblowing.
- Staff received support from the registered manager and management team with regular supervisions and an annual appraisal.

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

- People were referred to health professionals for dietary advice where people were at risk from malnutrition through swallowing difficulties. We saw where people were provided with a diet, that met their dietary and cultural needs.
- One person said, "The food is nice, I get a choice and can manage to eat myself. If you want help they [staff] will help you." A second person said, "The food is average and adequate. I get enough to drink and I've got water to drink in my bedroom." A relative said, "[Named] can feed them self and eats what he fancies. [Named] is given a choice of meals and is a 'night eater' and the staff know that and fit into his habits." We observed the lunch time meal, where people were encouraged to remain independent, though where they required prompting or assistance this was provided. Staff made the occasion sociable and maintained an appropriate level of conversation throughout.
- Staff offered people choices at mealtimes; drinks and snacks were offered throughout the day.

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

- The premises were adapted to meet people's needs; people could access all areas of the home.
- People and their relatives were consulted about changes to the home and décor. We saw decisions had been recorded in meeting minutes.
- People could choose to spend time in communal areas suitable for larger groups or areas where there were less people. People's bedrooms were personalised and some people enjoyed time spent alone there.

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

- People were supported to access healthcare through their GP and other health professionals.
- People confirmed they could see the GP at any time. The GP organised a monthly 'surgery' where routine medicines reviews were undertaken.
- Staff knew people intimately; they recognised when people's health changed and made referrals to the appropriate healthcare professional.
- Staff arranged specialist health referrals when required.

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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

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). The manager was working within the principles of the MCA.

- Staff involved people in decisions about their care; and ensured decisions were taken in people's best interests. One person said, "I can spend the day how I like, if I wanted to eat later than lunch time, the staff will save it [meal] for me." A relative said, "The manager will discuss with me and let me know exactly where we are. I did not agree [with some changes a medical professional wanted to make] the home supported me with our decision and our wishes were followed."
- Staff had received training in the MCA and DoLS and they understood their responsibilities to report any potential abuse.
- People who did not have capacity to make decisions were supported to have choice and control over their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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 in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and their relatives overwhelmingly commented positively on the staff being friendly, helpful and compassionate. They told us staff knew about people's emotional needs and were able to tell us about people's individual personalities.
- People experienced positive caring relationships with the staff team. A person said, "I think they are very caring [staff]. If I want to know something, I only have to ask them." A relative said, "Staff are very confident, friendly and active. They are there for the people in the home."
- People praised the caring attitude of the staff that supported them. There was a warm and caring culture within the home.
- Staff were knowledgeable about people's history, preferences and individual needs. People's individual needs and preferences were recorded and updated on their records.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff treated them with dignity and respect. One person said, "If staff need anything then they knock on the door. I lock my door when I want." A relative said, "Staff knock on the door [before entering] first."
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them.
- People were encouraged and supported to maintain their independence whenever possible. We saw where people were encouraged by staff to undertake tasks which had been risk assessed.
- People were supported to maintain relationships with people who were important to them. Relatives and friends could visit the home at any time and told us they were made welcome by the staff team. A relative said, "Staff are very welcoming from a visitor's view, they always offer a drink and are always helpful. Staff have a lot of compassion."
- People and their relatives we spoke with made positive statements about staff, their happy nature, helpfulness and that they had trust in them. We observed a calm, reassuring presence of staff who sat in the lounges with people. They chatted with people and engaged in one to one activities with them.
- Staff understood the need for people to remain as independent as they could. One person said, "I can manage a lot for myself and staff let us do that." This was observed to be the case when people were accompanied by staff as they used mobility aids to move about or were prompted and encouraged to eat independently at lunch at their own pace.

- Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice:

- People received personalised care based on their assessed needs. The registered manager said, "It's all about person centred care," and explained that they believed people's care was based around a well detailed and reviewed care plan.
- People, and where appropriate their relatives, had been involved in the development and review of care plans.
- People were requested for information about their previous life history and what was most important to them. That helped staff provide care which was based on the person's lifetime preferences and was personalised to them.
- People's care plans included details of their communication preferences. For example, one person preferred information to be provided by telephone or face to face. The provider had not yet established a policy that demonstrated how they complied with the Accessible Information Standard. The registered manager told us they would ensure a policy was in place and complied with where required. The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.
- People's care plans provided staff with detailed care, cultural and leisure information they required to fully meet their needs. One person said, "I like to watch the TV and join in the games when I want to. It can be fun." People told us they enjoyed spending time in their room and to have the choice to join in activities. One person said, "I like to watch TV and read my magazines in my room." A relative said, "The home does games, painting and music [with people]. They try to stimulate people's thinking. I've seen people taken out to smoke or go to the shops. [Named relative] has been out to the shops and for a drink."
- People's care plans had been reviewed regularly or as people's needs changed. One person said, "We talked about [agreed] my care [plan] and we mentioned everything that I needed."

Improving care quality in response to complaints or concerns:

- People and their relatives told us they would be confident to raise concerns with the registered manager or staff. One relative said, "I have never made a complaint. If I needed to, I'd go to the manager."
- The provider had complaints procedures displayed throughout the home for people's information.
- There had been two complaints about the service in the past twelve months. These were dealt with efficiently and people were responded to in writing.

End of life care and support:

- Staff had received training in how to support people at the end of their life and had a good understanding of this subject.
- The provider had policies and procedures in place to meet people's health needs and their wishes for end

of life care.

- There was one person assessed to require end of life care or support at the time of our inspection.

Anticipatory medicines had been prescribed by the GP and the registered manager was aware of the need for regular care plan changes to reflect the person's changing needs.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People using the service spoke positively about the registered manager and staff and knew who to speak with if they had any issues. People felt the service was well managed and the registered manager and staff were friendly and approachable. One person said, "There are some nice people [staff] here." A second person said, "Staff are very friendly and helpful in the home." A relative said, "I can't say much against it (the home). I think it's good. People are not cramped here. I feel comfortable with the staff."
- The staff team were aware of people's individual needs. They provided care and support that ensured good outcomes for people.
- The registered manager promoted self-help and independence with the staff team and through individualised care and support.

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

- The service was well led. There was evidence of good levels of staff support and they were encouraged to change roles within the staff team. The registered manager said, "Seeing the staff excel has been my biggest achievement."
- Staff had clearly defined roles, however, there was no copy of each person's job description included in their personal file. The registered manager stated they would look at re-issuing these to staff and place a copy on their personnel file.
- The provider had several auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis. The registered manager and staff performed regular audits. The registered manager oversaw these and sent weekly reports to the provider.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was aware of their responsibility to display their rating when this report was published. The report from the last inspection was prominently displayed in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People using the service and their relatives or representatives had been given the opportunity to comment on the service provided. Meetings and surveys had been used to gather people's thoughts. We spoke to

people about the periodic meetings, the dates of which were advertised in advance. However, people said these were not regular and some relatives could not attend due to the timing, as most were in afternoons. A relative said, "They do have occasional meetings, not regular but it is hard for me to come. They ask us if anything can change for the better. There has been a lot of updating here, such as some new furniture." A second relative said, "They [manager and staff] have meetings. They give and take advice. We've were given questionnaires at the meeting." We spoke with the registered manager who said they had tried evening meetings in the past but would again look at alternative times.

- Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

Continuous learning and improving care:

- The registered manager regularly reviewed the service provided for people. They said they used quality assurance outcomes, information from reviews and from meetings with people in the home and their relatives to inform changes and improvements.

Working in partnership with others:

- The registered manager demonstrated how they worked in partnership with local hospitals, commissioners and other healthcare professionals to ensure people received care that was consistent with their needs.
- The service had taken part in the local authority health and safety award. This is used by the local authority to measure the quality of services being delivered and ensures providers deliver services to an acceptable standard and accordance with their contractual expectations.