

Manor Cottage Care Ltd

The Manor Cottage

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?

Good 

Overall summary

This inspection took place on 4 December 2014 and was unannounced. There were no concerns at the last inspection of 5 August 2013.

The Manor Cottage provides accommodation for up to 26 older people. At the time of our visit there were 26 people living at the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were very happy living at Manor Cottage and we received positive comments about their views and experiences throughout our visit. People felt safe because the staff were "caring and enjoyed what they did". The registered manager listened to people and staff to ensure there were enough staff to meet people's needs. They

Summary of findings

demonstrated their responsibilities in recognising changing circumstances within the service and used a risk based approach to help ensure that staffing levels and the staff skill mix was effective.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. The provider supported staff and the registered manager at all times.

People and their relatives told us staff were caring, kind and they “couldn’t fault them”. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. It was very clear at the staff meeting we attended that all staff were truly committed to the people they supported. The registered manager and staff were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs. People experienced a lifestyle which met their individual expectations, capacity and preferences.

Staff involved in this inspection demonstrated a genuine passion for the roles they performed and individual responsibilities. They really wanted to “get it right” and ensure that those living at the service were “happy and felt special”. Staff embraced new initiatives with the support of the registered manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so that people felt empowered to make positive changes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care from staff who were trained in safeguarding and recognised abuse.

People were supported by enough staff to meet their needs.

People were protected through appropriate recruitment procedures.

People's medicines were being managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff that had effective support, induction, training and supervision.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

People were provided with healthy, nutritional food and drink which met their individual requirements.

The service recognised the importance of seeking expertise from community health and social care professionals so people's health and wellbeing was promoted and protected.

Good



Is the service caring?

The service was caring.

The provider, registered manager and staff were fully committed to support people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships which were important to them.

Good



Is the service responsive?

The service was responsive.

Staff identified how people wished to be supported so it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Good



Is the service well-led?

The service was well-led.

Staff felt supported in their work. They followed procedures which helped to ensure people experienced safe and effective care.

Good



Summary of findings

The registered manager had a clear vision about the future of the service and how it would develop for the benefit of people at the service.

Systems were in place for checking the service to ensure good standards were maintained.

The Manor Cottage

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 inspection took place on 4 December 2014. The inspection was undertaken by two adult social care inspectors. Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to send to us.

Before the inspection, we 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 they plan to make. This was completed and returned within the specified time.

During our visit we met and spoke with 11 people living in the service, two relatives and a community nurse. We spent time with the registered manager, spoke with six staff members and attended a staff meeting. We looked at four people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits, quality assurance reports and annual survey reports completed by relatives. Following our visit we spoke with a GP who provided us with information about how they felt the service met people's needs and their experience of working with the staff in the service.

Is the service safe?

Our findings

We asked people if they felt in safe hands. Comments included “I feel safe knowing the staff are here to look after me” and “Staff know exactly what they are doing and this reassures me”. We asked staff their views on keeping people safe. Comments included “We all want to protect the people that live here, that’s one of the reasons we work in care” and “As a team we wouldn’t tolerate any form of abuse or disrespect”.

The service had a dedicated safeguarding display in reception. It provided people and visitors with details about different forms of abuse, who could be responsible for abuse and when and how to report any concerns should people suspect that abuse had occurred. The entrance to the service had a security keypad with an access code to ensure unauthorised people could not enter.

All visitors were required to sign a visitor’s book and state the reason for their visit and who they had come to see. Visiting professionals were asked to show an official form of identification. When friends and family members first visit the service they were accompanied by a member of staff to the “resident” to make sure they recognised them as someone they knew and wanted to see.

Staff confirmed that “safeguarding training was a good way to refresh their knowledge and they would always speak to the registered manager or a senior member of staff if they had concerns”. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding alerts when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

The registered manager and staff encouraged people to live as independently as possible and recognised this could expose people to some degree of risk. People were supported to take risks balanced on their safety and their health care needs. People’s capacity had been taken into account when such choices had been made and their right to take informed risks had been respected.

Risk assessments were in place for maintaining skin integrity, safe moving and handling, monitoring nutritional needs and continence. All assessments provided staff with the level of risk and gave staff clear instructions of any care

or intervention that may be required. Examples of intervention the service had taken included a referral for specialist advice from a dietician and supplying specialised equipment such as pressure relieving aids.

Equipment was checked by the maintenance person and maintained by an outside contractor where necessary. It was risk assessed and staff received training on how to use it safely. Staff would not use equipment on their own until they felt confident and competent to do so. There were pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and aids to help people use the shower or bath safely.

People told us staff were “always available and if they had to wait a little while this was expected and not a problem”. Staffing levels were constantly reviewed to ensure they were effective and helped ensure people were safe. Levels were determined by the amount of support people required. Staffing increased on a short term basis should a person require an increased level of support, for example if their health had deteriorated and they required end of life care.

People and staff were consulted and asked for their views about whether there were enough staff.

In the minutes of a meeting held in September 2014 staff had raised concerns that staffing levels between 4pm and 7pm needed to be increased. This was to ensure people’s needs were met effectively at the time of the evening meal and into the early evening. Staff were listened to and staffing was increased to accommodate this request.

Thorough recruitment and selection processes helped protect people. Checks had been completed before staff commenced employment, including those with the Disclosure and Barring Service (DBS). The DBS helped employers make safer recruitment decisions by providing information about a person’s criminal record and whether they were previously barred from working with adults.

Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no errors involving medicines in the last 12 months. Staff wore a red tabard when conducting medicine rounds which indicated that they should not be disturbed. Staff told us this helped them to “concentrate without any distractions which reduced the potential for medicine errors”.

Is the service effective?

Our findings

People told us they felt they were in “good hands” and that staff “knew what they were doing and were good at their jobs”. The registered manager ensured there was a varied programme of training every year in addition to the mandatory updates staff received. Staff recognised the importance of having the knowledge and skills to carry out their roles effectively. They were keen to increase their knowledge and access any training available. The PIR stated, “People’s needs are constantly changing and we like to ensure staff have the skills and knowledge to meet those needs. This relates to staff at all levels who are always working to improve their practice so they feel confident and competent”.

Recently staff had required support and additional training to help them understand complex behaviours attributed to a mental health condition. Specialists were accessed from the local authority who visited the service on several occasions. They provided training about how the condition affected ones behaviour and explored scenarios and situations staff experienced. This helped staff find ways of managing the complexity of behaviours they were presented with so people’s needs were met effectively and with compassion.

Staff explored additional training topics to help them understand and care for people. This included dementia and multiple sclerosis awareness, strokes and diabetes. Staff were asked to complete a feedback form for the registered manager following any training they attended. Feedback included views on the course content and delivery, how it would improve their practice and whether they would recommend the course for other staff. The recent feedback for training in equality and diversity, fire awareness and diabetes was useful and constructive. It was agreed that the training for equality was disappointing and an alternative course would be sourced.

The service had a small, steadfast group of staff. Staff felt they were supported on a daily basis by the registered manager and other care staff. Any additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Staff had also received an annual appraisal.

The PIR described how the service was planning to develop supervision experience for staff which in turn would “enhance the resident experience”. Observation of practice was being considered. The intention was to provide feedback to each staff member highlighting any areas that could be improved as well as those that went well. The supervisor will ask for “resident’s views” following an observation to see if they were happy and if things could have been done differently.

Staff had received training in the Mental Capacity Act (MCA) 2005 and they understood its principles and how to implement this within the service. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The registered manager had arranged for independent advocacy services to support people when they did not have significant family or others.

The registered manager spoke with us about how they had been involved in recent best interest meetings for a person who lacked capacity. They described a multi-agency approach and that a social worker, a professional from the community mental health team and a GP were involved in helping support a person to make a decision they couldn't make independently. The person and their family were also part of the decision making process. It was a positive experience and they had supported this person effectively and appropriately. We spoke with the GP involved in the case. They complimented staff for their “commitment and support throughout the process and that the person had been at the heart of the decision making process”.

Staff had completed training in Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. People’s individual circumstances were being reviewed following a change in the legislation and criteria for making an application under DoLS. The registered manager had completed and submitted these applications to the local authority. The appropriate steps were being taken to ensure people were not being unlawfully deprived of their liberty.

People enjoyed the food and agreed there was “something for everyone and plenty of choice”. On the day of our visit there were two choices on the lunchtime menu, one person declined both and asked for an omelette and this was respected. People were asked about what food they

Is the service effective?

liked and disliked when they started using the service. They also discussed any special dietary requirements or food allergies. This information was shared with the cook and reviewed at six monthly reviews or sooner if required.

People were consulted when developing menus and these reflected seasonal trends and personal choice. Menus and food were always included in the “residents” meeting agenda and were constantly under review. Meals were freshly prepared each day including cakes and pastries for afternoon tea.

People received a healthy nutritious diet and staff supported people when they needed to gain or lose weight. The service used a five step screening tool to determine if people were at risk of malnutrition or obesity. The tool provided management guidelines which can be used to develop a care plan for those at risk. Care plans provided specific detail about the level of support people required at mealtimes and independence was encouraged wherever possible. Expert advice had been sought from community dieticians and speech and language therapists for those people who had difficulty swallowing.

Meals and mealtimes were flexible each day dependent on personal preferences and daily routines. On the day of our

visit most people chose to have lunch in the dining room and they were enjoying the social atmosphere of dining together. Tables were attractively laid with tablecloths, napkins, condiments and flowers.

Staff ensured everyone had prompt and effective access to health care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. One GP spoke with us and said the staff were “good at making appropriate requests for GP visits, had all the relevant information to hand and were knowledgeable about each individual”.

The registered manager recognised the importance of seeking expertise from community health and social care professionals so people's health and wellbeing was promoted and protected. One person spoke with us about how life had been for them at Manor Cottage following a fall at the service and subsequent fracture. Staff had supported and encouraged them to regain their confidence and physical health so that “they could walk again”. Support had been sought from a community occupational therapist and specialist equipment had been provided.

Is the service caring?

Our findings

People were positive and happy about the care they received. One person said, “This home is good, the staff are all nice and kind”. Relatives visiting a family member told us, “This place is amazing, we’re able to visit anytime, we’re happy with the care and call bells are answered quickly”.

The annual survey results for 2014 also echoed a positive response from everyone who used the service. Comments included, “Thank you for your care and kindness”, “Staff are always so accommodating”, “You always make us feel so welcome” and “You are always there to answer any questions and offer us reassurances”.

There was a community nurse visiting the service during our inspection. They felt “people were happy and well cared for” and “staff followed any advice and guidance provided”. A GP contacted us following our visit who wanted to share their experience when visiting the service. They told us “We certainly have no issues with this service. The staff are very caring and are responsive to people’s needs in a calm and happy environment. People always come first and the staff work as a team. They provide an extended family approach to both the residents and their loved ones”.

Two people spoke with us about their recent birthday celebrations with their families. One person told us, “It was lovely; it’s nice to be made a fuss of”. People’s care records provided information on how people were supported to maintain contact with family and friends. Staff recognised previous family support and existing relationships prior to living in the service. Those relationships were sustained and encouraged in various ways. People were supported to send letters and cards to celebrate special occasions.

Newsletters were sent to family members especially to those who were unable to visit regularly, the newsletter provided information about significant events with photographs and future plans for the coming months. Personal invites were sent to everyone that was significant to each person living in the service so they could join in any celebrations or events. Visitors were welcome any time with the consent from the person they were visiting.

There were positive interactions between staff and people. Staff spoke with us about the people they cared for with

genuine affection and were able to tell us about their specific individual needs. Staff provided us with a good background about people’s lives prior to living in the service including, what was important to them.

The staff had a “keyworker role” to support and enhance a personalised approach. Each staff member had a small group of people and they spent allocated time with each person every month. All staff were very descriptive about people they supported and their knowledge of people’s needs both physically and emotionally was very in depth.

During the last year staff had been encouraged to think about lead roles they would like to take in order to enhance people’s lives and experience. One member of staff had been appointed as the dignity champion. Part of their role included attending dignity champion meetings where they met with other people working within the care sector. The meetings provided staff with the opportunity to discuss best practice and to share ideas and personal experiences within their work place. Information about the content of the meetings was then shared with all staff at Manor Cottage.

Staff spoke to people in a kind and patient manner. One person received a visit from a community nurse to dress a wound. Staff explained carefully to the person who the nurse was and why they were there. The person was supported to go to their room for their dressing to be changed to ensure they had privacy and that their dignity was respected. All twenty people who returned an annual survey for 2014 confirmed they were “always” treated with dignity and respect.

Although the service did not provide nursing care the registered manager and staff were committed to supporting end of life care whenever possible. They were supported by community palliative care specialists, GP’s and the district nursing teams. One member of staff had been appointed the champion to take the lead on ensuring and promoting best practice for end of life care.

The champion had been attending courses provided by the local hospice. With their increased knowledge they had contributed in developing end of life plans with people and their families. The registered manager told us about a recent visit from a member of the hospice who looked at the care plans. They were “very positive about the content and the information they provided for staff”.

Is the service caring?

People were not receiving end of life care at the time of our inspection. The registered manager and care staff shared previous positive experiences when caring for those who had required palliative care. One member of staff told us about additional training they had received with regards to one person who was dying with specific needs relating to their health condition. They felt their increased knowledge had enhanced the person's end of life experience.

The registered manager recognised existing relationships with families became "even closer during this time". Family were encouraged and supported to stay with loved ones and they were provided with food and drink and somewhere to rest or sleep comfortably. Families had thanked the registered manager and staff by way of kind words, gifts and donations to the service to benefit people that lived there. This included a new garden bench for people to enjoy.

Is the service responsive?

Our findings

Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. People told us they were happy with the care and support they received. Comments included “The staff are great and they look after me well” and “This is a lovely place and staff get to know you and look after you well”.

The registered manager completed a thorough assessment for those people who were considering moving into the service. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP’s and social workers. The information gathered was detailed and supported the registered manager and prospective “resident” to make a decision as to whether the service was suitable and their needs could be met. Information from other assessments for example hospital social workers, were also considered.

When a person moved into the service pre-admission assessments were used to develop care plans based on the individual needs of the person. These care plans were reviewed and further developed during the first four weeks of admission. People and relatives we spoke with confirmed they were involved in this process and were supported by either the registered manager or senior care staff and a keyworker.

People were invited to a six monthly meeting where they would review their care. In addition to this care plans were monitored and evaluated every month by staff to help ensure they were up to date with current needs.

Plans captured a holistic approach to care and included the support people required for their physical, emotional and social well-being. They were personalised and included information on people’s life experiences, interests, hobbies and likes and dislikes. Staff felt the keyworker role helped them to get to know people and respond effectively to their individual needs. Short term care plans were written for those people with acute conditions for example chest and urinary infections.

During our visit we attended a staff meeting. The attendees were representatives from across the service and included care staff, housekeeping, catering, maintenance and administration. Staff who were not on duty also attended. Part of the agenda was to discuss and choose what gift staff

would give to each person on Christmas day. It was evident all staff knew people very well. Staff had a good knowledge of personal preferences, likes, dislikes, their hobbies and interests.

Every gift chosen was individual for each person and staff hoped people would enjoy them and find them useful. Presents included crime novels, costume jewellery, football memorabilia, old classic movies, crossword puzzles and scarfs. One person liked to wash up their own crockery in their room when they had finished using it. Staff suggested a new set of tea towels for this person. They told us it was important to promote and support independence wherever possible.

During our visit call bells were being activated by people requesting assistance. People told us the call system “worked well and staff promptly attended to their needs”. People had access to call bell facilities when in the communal areas of the home. One person who spent most of their time in their room said, “Staff attend to me within a matter of minutes”.

People were offered a range of activities and these were displayed on a noticeboard in the dining area. There was a trip to a Pantomime during the week of our visit. We observed a member of care staff providing a reminiscence session in the lounge area. This involved people recalling and talking about things they remembered about Christmas times they experienced in the past. We saw people were actively engaged with this and appeared to enjoy the session.

Five people told us they were looking forward to more community activities, especially when the milder weather returned. Comments included “It would be nice to get out more” and “I would like to see more of the outside world”. The registered manager told us they were planning to increase the number and type of activities for people. We saw this had been discussed at a “resident” and staff meeting held in September 2014.

The service had a complaints and comments policy in place. People who required assistance to make a comment or complaint were supported by staff. People said they were able to raise any concerns and were confident their concerns would be acted on. One person told us, “I tell the staff if I’m not happy”. Two relatives we spoke with told us they had “raised an issue” and “it was dealt with immediately”. All 18 relatives who returned surveys in 2014

Is the service responsive?

agreed they knew how to raise concerns. Staff felt they had good relationships with people and they were confident to respond to complaints/concerns and understood the complaints procedure.

The service had transfer forms which were used if people were admitted to hospital or moved to an alternative care

provision. These provided other care providers with essential information to help support consistency in care and promote people's safety. The information included emergency contact numbers, previous and current medical history, current medication, people's capacity and communication needs.

Is the service well-led?

Our findings

People and staff were positive about the registered manager and their leadership. Comments included, “The manager is supportive and encourages us to work as a team”, “The manager has helped us overcome some difficult times in the past” and “The manager is very approachable and I can talk to her at any time”. The registered manager demonstrated effective leadership skills within their role. Their passion, knowledge and enthusiasm of the service, the people in their care and all staff members was evident. They were proud of the service and wanted it to be a positive experience and place for everyone.

The registered manager was knowledgeable about the people in their care, the policies and procedures of the service and they were confident to share with us their views, aims and objectives. They shared new initiatives and “plans for the future” in the PIR and we spoke with them about this during our visit. They wanted to continue to enhance the existing personalised approach of the service. They had a clear view on how this would be achieved and what it meant for people and staff.

The registered manager promoted and encouraged open communication amongst everyone that used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. Other methods of communication included meetings for people, their relatives and staff. Attendance was good. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. It was evident through discussions with people, staff and looking at the minutes that the meetings were effective, meaningful and enjoyed. People spoke openly about what they liked and didn’t like and were encouraged to influence change. Examples where suggested changes had been respected included, more chair exercise classes and dancing and new additions to the menus such as syrup sponge pudding, spotted dick and jam roly poly.

One new initiative was a quarterly newsletter which shared news about the service, staff and planned events. This

showed the registered manager and staff were constantly looking at ways to improve the quality of services provided. The newsletter was received by many people as a positive improvement in communication. One relative wrote in a recent survey, “I really enjoyed reading the newsletter. It gives a variety of information about the home and residents without intruding on anyone’s privacy. Very good”.

The service monitored and assessed the quality of services provided by giving people and their relative's surveys to complete every year. The surveys were well received and the results for 2014 were all very positive. Comments included, “All channels of communication are very good”, “Staff always ask people what they would like, they are always very accommodating”, “Thank you for all the care and kindness you provide”, “Everyone is always there if we have any questions to ask” and “It was very kind of you to give me lunch when I visited the other day”.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

The registered manager had spent time reading and researching the “new way of inspecting”. Their plan was to produce new quality assurance methods and surveys based on the commissions Key Lines of Enquiry.

Accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries to people were recorded on body maps. There was evidence of learning from incidents took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented. We saw an example where a person was at risk of increased falls, the staff had checked for infection, reviewed the environment, and made a referral to the falls clinic for assessment. The outcome was an underlying infection and treatment was prescribed.