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The Old Manor House

Inspection report

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Date of inspection visit:
06 November 2015

Date of publication:
17 December 2015

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 6 November 2015. The last inspection took place on 19 November 2013. The service was meeting the requirements of the regulations at that time.

The Old Manor House is a care home which offers care and support for up to 14 predominantly older people. At the time of this inspection 12 people were living at the service. The service occupies an older style detached house with accommodation over four levels.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. We found it was possible to establish if people had received their medicines as prescribed. However, handwritten entries made by staff and management on the medicine administration records (MAR) were not always signed and witnessed. This meant there was a risk of errors and people may not always receive their prescribed medicines safely. The registered manager assured us this would be addressed immediately.

There were sufficient numbers of staff to meet people's needs. People told us staff responded quickly when they required assistance. Staff were supported by a system of induction and supervision. Staff meetings were held to allow staff to voice their views. Staff did not receive appraisals annually. Staff were not always supported to receive necessary training and updates to enable them to carry out their roles effectively.

Meals were a sociable event, with staff and people living at the service eating together and enjoying each others company. People were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People's care records were held in files which did not hold information securely. Each time the files were opened all the pages fell out and there was a risk information could become lost. Care plans contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. People and where appropriate, their relatives were involved in care plan reviews.

The management and the people who lived at the service told us they did not enjoy group activities. Events had been arranged such as film nights, outside entertainers and bingo nights but people preferred to spend their time reading and chatting with others. Residents meetings also did not meet people's needs, with people requesting that their views be sought on a one to one basis in their rooms as they felt more able to

speak freely in this environment. People's views were respected and this suggestion was accepted by the registered manager who was making arrangements to speak with people individually.

There was a programme of renovation and re decoration in process throughout the service. There were systems in place to monitor the quality of the service provided. Responses to surveys had been positive. There were records that showed manual handling equipment had been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they were in good working order. There was a record of regular fire drills. This meant the service was well maintained and any defects were identified and addressed in a timely manner.

We identified a breach of the Regulations. You can see the action we have told the provider to take at the end of this report.

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. People received their medicines in accordance with their prescriptions. However, staff were not always signing and witnessing handwritten entries on to the medicine administration record (MAR).

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not entirely effective. Staff were not always supported by the registered manager to receive necessary and appropriate training and support.

Staff received supervision but did not receive annual appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who lived at the service, relatives and healthcare professionals were positive about the service and the way staff treated people they supported.

Life histories were recorded which helped care staff to know the person's background and what interested them.

Staff were kind and caring and treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive. People received care and support which was responsive to their changing needs.

People were able to make choices and had control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good

The service was well led. There were effective quality assurance systems in place to make sure that any areas of improvement were identified and addressed.

People were asked for their views of the service.

Staff were supported by the management team.

The Old Manor House

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 6 November and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. We also had feedback from one visiting healthcare professional about her views of the service.

During the inspection we spoke with five people who lived at the service and one visiting relative. We spoke with four staff, the deputy manager, the registered manager and the operations manager. We looked at care documentation for three people living at the service, three staff files and medicine records for all the people at the service, training records and other records relating to the management of the service.

Following the inspection we spoke with a further two family members of people living at the service and a visiting healthcare professional.

Good

Is the service safe?

Our findings

People and their families told us they felt it was safe at the service. Comments included; "Oh yes, I am quite sure they are perfectly safe" and "Yes I feel safe here."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Some staff had received training on Safeguarding adults, however, not all staff had received initial training or regular updates on Safeguarding Adults.

Accidents and incidents that took place in the service were recorded by staff in people's records. These events were audited by the registered manager which meant any patterns or trends would be recognised, addressed and the risk of re-occurrence would be reduced.

People told us they received their medicines when required. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for some people, on to the MAR following advice from medical staff. However, these handwritten entries were not always signed and witnessed by a second member of staff. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely. Staff were not following the guidance in the Medicines Policy held by the service. The registered manager agreed this was a concern and assured us action would be taken to address this issue. The registered manager told us that they would commence a regular audit of the MAR in order to check staff were following good practice in the safe administration of medicines. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding one medicine that required stricter controls. We checked the records for this medicine against the amount of medicine held in stock at the service, this tallied. The service did not store any medicines that required cold storage at the time of this inspection. An audit trail was kept of medicines received in to the service and those returned to the pharmacy for destruction.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one person wished to manage their own medicines and self administer them. An assessment had been carried out to help ensure the person was competent and safe to do this. This assessment was regularly reviewed and the medicines held securely in their room were checked by staff to ensure the person continued to administer their medicines in a safe manner according to their prescription. This person had been asked to sign such assessments in agreement with their content.

The service held information on each person which identified the action to be taken in the event of an emergency evacuation of the service. This information was held together with other fire risk documentation such as a map of the service showing each specific alarm zone. Regular checks were carried out of fire

equipment including door closures and fire escapes.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

People told us the staff responded quickly whenever they were required. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were sufficient staff on duty to meet people's needs. There was one care staff member on duty at night. Night staff told us this was normally manageable, but when they had people who had higher care needs, then extra staff were provided from the existing staff team. There was always staff available on-call at night if required. Care staff carried out all the cleaning duties at the service as well as providing all care for the people living at the service. This meant the care staff were very knowledgeable about all aspects of people living at the service, managing their laundry and cleaning their rooms as well as meeting their personal and social care needs.

Requires Improvement

Is the service effective?

Our findings

People told us; "I can see my GP any time I wish, I just ask and he comes" and "I need specific foods, it's no problem." A relative told us; "When (the person) first went to The Old Manor they were much less dependent than they are now, but they have kept them despite being virtually a nursing case now, we are full of nothing but praise for them all there, they give good care and know what they are doing."

Visiting healthcare professionals spoke positively about the service and told us the staff were aware of when to seek advice if necessary.

The service occupied a large older style detached house with accommodation over four levels. The provider had carried out a programme of renovation and repairs to the house in the past. This work was on-going. One person had a marked ceiling from a previous leak which had been repaired. The person had been asked if they wished to have the ceiling re decorated but had repeatedly refused. The person told us; "I don't want people coming and going in here, it's not necessary to have it done." This showed the service respected people's decisions.

People living at the service did not require additional orientation to their surroundings and the premises were suitable for their needs. People's bedroom doors were marked with just a number and bathroom and toilet doors had basic signage. The service appeared clean with no malodours throughout the inspection. The service had an outside space for people to enjoy. People moved around the service freely as they chose, using the lift or stairs.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each person to ensure they received effective care and support. Staff told us the training they received was good. The training records given to us by the registered manager showed some staff had not received mandatory training such as moving and handling, safeguarding and infection control. One of the staff members had worked at the service for a year, a second staff member had worked for nine months, neither had any moving and handling, infection control or safeguarding training shown on their records. The registered manager told us there was no moving and handling required at the service at the time of this inspection. However, we were told that a few months previously there had been a person who required equipment to move them safely, and members of staff who had not attended training in moving and handling did move this person at that time. The registered manager told us they had carried out competency assessments with one member of staff to help ensure they were able to carry out specific tasks. These assessments were not recorded in the staff members file. Only five of the fourteen staff had attended Health and Safety training. Skills for Care guidance states that all staff should undertake this training annually. All staff had attended fire safety training.

Four staff were shown on the training records as in the process of completing the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment. Three new staff had been working at the service

for over five months and did not appear to have completed this training. One of the new staff members had been due to have a three month review in April 2015. A second new member of staff had been due their three month review in September 2015. The registered manager told us these reviews had not taken place.

Although staff received regular supervision, no appraisals had taken place. Appraisals are an annual opportunity for staff to reflect on their work performance and identify training and development needs together with their manager.

The registered manager agreed they had not monitored the training needs of some staff and assured us this would be addressed. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People's care records were held in files that did not hold the pages securely in order. This meant each time the file was opened all the pages fell out and could easily become detached from the file. The provider used similar files in other services and has told us they are moving towards electronically held records. At this inspection the care records were not held securely in people's files and there was a risk important information could become lost. Care records showed people had been asked for their signed consent to their care. People had been asked if they wished to have the facility to lock their own bedrooms doors when they were away from their rooms, or when wishing to be private when spending time in their rooms. No one had wished to have this facility provided. This meant the service was aware of people's rights and supported their choices.

The registered manager and deputy manager were clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant . The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had not been necessary at the time of this inspection. The service had an unsecured front door and people were able to come and go as they wished. The service had supported one person with their decision making through a best interest meeting. This showed the service acted in accordance with the requirements of the legislation.

Staff showed some knowledge of the MCA, although only nine of the fourteen staff had attended training on this legislation. Daily records showed where staff respected people's right to make decisions for themselves. For example, two people who had capacity to make their own decisions, chose to spend their time in bed and staff visited them regularly to check on their well being and to encourage them to get up for a while, but respected their decision to remain in bed.

People enjoyed the food at the service. They told us; "It is always very good" and "We have a chat with the cook every day about what we would like." Lunch was a sociable occasion with all the staff eating their lunch together with the people who lived at the service. There was a lot of chatting and laughter. Some people chose to eat their meals in their rooms and staff supported people who required assistance.

The cook was knowledgeable about people's individual needs and likes and dislikes. People's views were sought on the menu that was provided at the service. Sandwiches were left in the fridge by the cook when they left for the day in case anyone wished to eat something outside of usual meal times. In one person's care file it stated; "Likes to have a sandwich before going to bed." we saw this was regularly recorded as being enjoyed by the person in their notes. The service had received a five star rating following a recent Food Standards Agency inspection.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well being. People's weight was monitored to ensure they were receiving adequate intake. Care plans clearly detailed what the 'normal' intake for each person was so that staff were supported to recognise if a person's eating habits changed. One person had required their meat to be pureed to make it easier for them to manage. Subsequent entries in this person's care plan stated they were now managing to eat meat without it being pureed. This meant people's dietary needs were regularly monitored and reviewed to ensure information for staff was current and accurate.

People had access to healthcare professionals as needed. There were records of GP's, District Nurses and social care professionals visiting people as needed.

Good

Is the service caring?

Our findings

People told us; "I am looked after very well" and "I am very happy the staff are nice." Relatives told us; "It is very friendly here, I am confident the care is good. (the person) is always very clean and well dressed when I arrive" and "The staff know all the people very well, one of the staff who had been there a long time bought presents back for the residents after her holiday, just like you would for one's family. It is like a family here, its small and everyone knows everyone well. "Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. Visiting healthcare professionals were positive about the care provided at the service.

People were well cared for. During the day of the inspection we saw people receiving support when required from staff who were relaxed and not rushed. We heard many positive interactions. Comments included; "I am a little late with 10.30 drinks today, I have left you a plain biscuit, the ones you like" and "I have put a sweetener in your tea as you like it." We heard families responding to the service's invite for them to join the staff and people at the Old Manor House for a Christmas Party. One relative told me they felt included in the running of the service and chatted to staff whenever they visited.

We spent time in the communal area of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. The registered manager and staff were mindful of the importance of confidentiality when speaking about people's care and support needs in front of others.

People were supported in a way which ensured their privacy and dignity was upheld. For example when a person required personal care staff were discreet and ensured doors were closed. Staff introduced us and explained the reason for our visit. This helped people feel more comfortable in our presence.

People's life histories were documented in their care plans. This is important as it helped care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives.

The service had held residents meetings in the past, however these were not well supported. People had told the registered manager they felt their views and experiences could be best sought through one to one conversations in the privacy of their bedrooms where they felt more able to speak freely. This was being arranged.

People's end of life care had been recorded so staff knew what people's wishes were at the end of their lives.

Good

Is the service responsive?

Our findings

People told us; "I can go out on my own if I want, we play cards and dominos, its good" and "I see my own care plan, I have it here, I signed it each time. I have many visitors they come and go to see me as I don't go out now." Relatives were positive about the care provided by the care staff and were confident people's needs were met. Visiting healthcare professionals told us the service referred to them appropriately and in a timely manner. One visiting professional told us; "They know what to refer and what they can manage, they take advice and follow guidance well, we have no concerns."

People were supported to maintain relationships with friends and family. During the inspection we saw visitors come and go freely. Visitors told us they were always made to feel welcome, and offered tea or coffee on arrival.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The original care plans for specific needs had been reviewed many times over years by hand at the bottom of the original typed care plan pages. These reviews were indicated by a short comment and a date and signature of staff or a manager. However, there were further records demonstrating that a discussion had taken place between staff and the person at the time of their care review to ensure they were happy with the plan and given the opportunity to discuss any changes.

Care plan reviews showed evidence of changes in people's care needs were identified and assessed which led to current accurate guidance being available to staff. For example, one person's care plan stated they had a dressing to their foot and required a plastic cover to keep it dry during showers. The next review stated the break in their skin had healed and no dressing was now required.

Staff completed daily notes consistently which detailed all aspects of the person's care provision along with details of their mood and how they spent their time. A communication diary was used by staff to which all staff referred to upon commencing a shift. There was also a verbal shift handover where each person who lived at the service was discussed and any outstanding issues were passed on to the new shift. Communication between staff and management was good and there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

We asked the registered manager and the deputy manager about activities at the service. We were told the residents did not like to attend activities on a regular basis. Film nights, outside entertainers, and other events had been previously arranged and attended by some people once but then not again on subsequent occasions. The registered manager had discussed this with people at the service and they told them they were happy reading the paper, chatting, watching TV or playing a game with staff. People confirmed this to us. People told us they enjoyed chatting to each other, the staff and receiving visitors. An extra newspaper had been ordered for the service in response to people's comments. Staff had recognised that some people living at the service did not have visitors or go out in to the community. So staff bought sweets and crisps when out doing their own shopping and bought them in to the service and placed them in a prominent position in the dining room for people to help themselves as they passed by. Staff were heard discussing

which sweets people enjoyed and what would be bought at the next shopping trip. People told us they enjoyed the occasional take away nights which took place at the service when Indian or Chinese food was delivered for them.

People from the community were encouraged to visit the service, such as a chaplain from the local church, a person with their dog for people to stroke and enjoy and a visiting manicurist who offered to paint people's nails if they wished. There was a party planned for Christmas to which relatives and friends of people at the service were invited.

There were some people who spent their time in their beds either due to their healthcare needs or from their own choice. We saw staff regularly visit these people to check on them and help ensure they did not become socially isolated.

The service had received a number of thank you cards and compliments from grateful people and their families. The registered manager told us they had not received any complaints at the service. There was a policy supporting the management of complaints but people told us they had had no need to raise any concerns. People at the service, their relatives and friends were all confident if they raised any concerns to the staff or management they would be listened to and action would be taken to address the issue.

Good

Is the service well-led?

Our findings

People who lived at the service, their relatives, staff and visiting healthcare professionals told us the registered manager was approachable and friendly. Comments included; "They (staff and management) always ring us if there is any changes or concerns" and "We have no problems at all with the staff, their communication is good and they are always happy and cheerful, which is nice."

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager and a stable staff team. The operations manager and the provider visited regularly to support the registered manager and staff.

Staff told us they felt there was always an open door to the registered manager and they could access any support they required. There was an on call system to support the night staff throughout the night. Staff meetings took place which involved all the staff at the service. This gave staff an opportunity to voice their opinions or concerns regarding any changes.

The registered manager worked in the service regularly working alongside the care staff. This meant they were aware of the culture of the service at all times.

There were systems in place to monitor the quality of the service provided. Surveys had been sent to people who lived at the service and people who stayed for short breaks on respite. People were asked about their environment, the food and activities. People who visited regularly to see people who lived at the service were also asked for their views. Responses included; "Absolutely fantastic staff" and "Would recommend this home."

There was a maintenance person employed whose responsibilities included auditing the premises. Water, electrical installations, lifts and moving and handling equipment were all regularly reviewed and serviced. Fire alarms, doors and extinguishers were all regularly checked to help ensure they were working effectively.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service was not supporting staff to receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)HSCA 2008 (RA) 2014