

RKL Living Ltd

Manor House Residential Home

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 ●

Summary of findings

Overall summary

Manor House Residential Home provides care for up to 22 people living with dementia some of who experience behaviours that may challenge others. The home consists of two floors, communal areas and gardens in the village of Middleton in Northamptonshire.

At the last inspection, the service was rated Good; at this inspection we found the service remained Good.

The service continued to provide safe care to people living with dementia. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policies to provide people's prescribed medicines safely. There were enough suitably skilled staff to meet people's needs. Staff had been recruited using safe recruitment practices.

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

People received care from staff that had received training to meet people's specific needs around their dementia. Staff were compassionate and helped to develop positive relationships with people which helped to manage behaviours which may challenge others.

People received a balanced diet from staff that understood their dietary needs. People were helped to maintain their independence and dignity by the use of suitable crockery and support from staff.

People were treated with respect and helped to maintain their dignity.

People were supported to access healthcare professionals and staff were prompt in referring people to health services when required.

People's risks were assessed and staff had person-centred care plans they followed to mitigate these risks. Care plans were updated regularly and people and their relatives were involved in their care planning where possible.

Staff sought people's consent before providing care and people's mental capacity was assessed in line with the Mental Capacity Act 2005. The registered manager understood their responsibilities and referred people appropriately for assessment under the Deprivation of Liberty Safeguarding.

The provider and registered manager continually assessed, monitored and evaluated the quality of the service to identify areas for improvement, and implement change where required.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Manor House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This unannounced comprehensive inspection took place on 4 July 2017 by one inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted and met the health and social care commissioners who monitor the care and support of people living in their own home. We also 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. We took this into account when we made the judgements in this report.

During this inspection we spoke with two people living in the home and we spent some time observing care for 18 people to help us understand the experience of people who lived with dementia. We also spoke with a visiting relative and a healthcare professional. We spoke with six members of staff including the provider, the registered manager, senior care staff, care staff, the activities staff and the cook.

We reviewed the care records of three people that used the service and the recruitment records for two members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People were supported by staff that demonstrated they understood their responsibilities to safeguard people from the risk of harm. Staff knew what to do to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "If I had any concerns I would talk to my senior and I can contact the local safeguarding board if I need to." The registered manager had submitted safeguarding referrals where necessary and investigated concerns where required by the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example the risk of falls. Staff were provided with clear instructions in care plans to mitigate the assessed risks. We observed that people who were at risk of falls had pressure pads that alerted staff when people got up from their chair, staff were very prompt in providing assistance.

There were appropriate arrangements in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Records showed that one person required staff to prompt them several times to take their medication and to keep trying until they did; we saw this meant they received their prescribed medicines regularly.

There were enough experienced staff to keep people safe and to meet their needs. There were appropriate recruitment practices in place which ensured that new staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises including regular fire safety checks; staff had access to people's specific emergency evacuation plans.

Is the service effective?

Our findings

People continued to receive care from staff that had the skills and knowledge to meet their needs. Staff told us that their training in dementia allowed them to understand how people perceived the world when they have dementia, one member of staff told us "The training was a sensory experience, we got to feel what it is like to have dementia, we use it every day, it gives us a good insight." We observed people receiving care from staff that implemented this training in an effective way; people responded favourably to the communication and were compliant with their care.

Staff received supervision which helped them to carry out their roles. Staff told us that they felt supported and had opportunities to develop their skills and knowledge through additional vocational training.

People received food and drink that met their individual needs. People who required special diets such as gluten free or sugar meals free received these at all times. The staff were well informed of people's dietary needs and where people required additional support. We observed that people who required prompting or assistance with their food and drink received this as planned. People maintained their independence with their meals with the help of curved crockery designed to help lift the food off the plate with a fork. Every person received regular drinks which were recorded by staff to monitor people's input.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. The registered manager had made DoLS applications to the local authorities as required.

People were supported to access health professionals for assessments, appointments and care. We spoke with a visiting health professional who told us "The staff are good at spotting when people's behaviours change (due to possible medical reasons). Staff have been trained and have tools to assess people for urine infections and they are prompt in seeking help."

Is the service caring?

Our findings

People received care from staff that showed compassion and care in all of their interactions. People had developed positive relationships with staff that knew them well. We observed many instances of positive interaction and reassurance which helped to manage people's challenging behaviour.

People chose where they spent their time. One person told us "I am not a people person, I like being in my room on my own, but I will socialise when I choose." We observed that other people appeared happy in the company of others in the communal areas where they could take part in activities. There were many photographs of past activities showing people's creative talents and taking part in social gatherings.

People who could express their preferences chose when they wanted to eat. We saw that one person preferred to have their main meal in the evening, so provision was made to ensure they had a snack at lunch time and a hot meal at night.

People were encouraged to maintain their dignity when eating and drinking. Every person using the service received their cold drinks in an ordinary cup, and their hot drinks in mugs. We observed that people (who were all living with dementia) responded well to this and recognised that they were to drink as the cups and mugs were familiar to them. One member of staff told us "Every one drinks from an ordinary cup here, why would they need a beaker?" People were encouraged to be as independent as possible with the food and drink.

People received care from staff that preserved people's dignity when providing care by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. People received care from staff that were respectful of people's personal space; we observed that staff were careful to attract a person's attention and seeking consent before providing people's care.

People were well presented in their own clean clothes, which were changed promptly when soiled. People had personalised their own rooms with pictures and articles that were important to them.

People were supported to maintain relationships that were important to them, visitors were encouraged to visit the home.

Is the service responsive?

Our findings

People were assessed before they moved to the service to ensure that the service could meet their needs. People living with dementia had transferred from nursing homes to Manor House in order to receive care that met their particular needs relating to their dementia and complex behaviours. The registered manager demonstrated that since people had, over time, reduced their medication in favour of positive interaction to help manage their challenging behaviours.

People received care that was planned to meet each person's individual needs. Staff followed care plans that provided instructions on how to meet people's needs, such as challenging behaviours, preventing falls and supporting with meals. People were helped to establish a regular sleep pattern; people went to bed and rose in the morning at the same time every day. One member of staff told us "Some people find they are awake very early in the mornings, and are sleepy by 7pm. We fit into their natural patterns." We saw records that demonstrated how some people went to bed around 7pm and arose at around 5am every day.

People were encouraged to take part in activities both within the home; we saw that photographic evidence and observed that people took part in arts and crafts and puzzles. People had access to choirs from the local community who visited the home to perform, feedback from people who used the service, their relatives and staff were all positive.

People were helped to maintain their mobility; we observed people being supported to exercise around the home. One member of staff told us person told us "We often go out to the park across the road in the evening; it's such a nice place to go."

People who could communicate effectively and people's relatives knew how to make a complaint and had confidence that if they did complain this would be managed appropriately. The registered manager was aware of the provider's policy in relation to managing complaints and encouraged people and their relatives to provide feedback about the home.

Is the service well-led?

Our findings

There was a registered manager who had managed the home since January 2011. 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.

The provider and registered manager regularly assessed, monitored and evaluated the quality of the care provided. This had enabled them to drive improvement by identifying areas for improvement such as introducing different colour plates to indicate people's nutritional needs.

The provider employed an outside agency to carry out an independent yearly review of people's experiences in the home which had provided positive feedback. This included a comment from one relative who told them "We are really pleased with the care and attention all the staff give mum and also the support you give to dad on his daily visits."

During our inspection the lift was out of order, the provider and registered manager had implemented systems immediately to ensure that people who lived upstairs continued to receive care that met their needs. We saw that a lounge had been created upstairs and staff were deployed to provide for all of their needs. The provider had contingency plans in place events that could prevent the service from running smoothly, including the provision for alternatives should the lift require extensive repair.

People were cared for by staff that received support and guidance from a registered manager who had created a culture of person centred care. Staff told us that they were very happy working at the home, one member of staff told us, "I am proud of the staff, we are friendly, it's like being part of an extended family, very warm." The registered manager and deputy manager regularly provided care, they told us this meant they knew people well and understood their needs. A visiting health professional told us that people received the care that met their needs, they told us "They (staff at Manor House) are good at what they do – looking after people with dementia."