Anchor Trust

Manor Court

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?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on the 24 and 26 June 2015 and was unannounced.

We last inspected the service on the 2 May 2013 and found no concerns.

Manor Court is a residential service offering care without nursing. Nursing services are provided by the community nursing team. The service is registered to accommodate a maximum of 37 older people who may be living with dementia. On the day we visited there were 33 people living at the service. However, two people were in hospital.

There was a registered manager in place. 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 recordings required to support staff to provide appropriate care were inconsistent in evidencing they were up to date and reflective of people's current needs. This meant staff did not have the information available to

Summary of findings

them to ensure they were delivering care appropriately and as desired by people. The registered manager had identified this as an issue and work had commenced on addressing this.

People's risk assessments and care plans were not up to date nor demonstrated they had been regularly reviewed. The registered manager had recognised this and started to address the concerns. Staff were knowledgeable about the risks people faced and how to keep them safe.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Everyone had a capacity assessment in place in relation to their ability to consent to being cared for by staff at Manor Court. However, records did not evidence people were assessed to make certain decisions, at a certain time. Records also did not show a best interest decision was made involving people who knew the person well and other professionals, where relevant. The registered manager had identified this and had begun to address the concerns. People were always asked for their consent before staff commenced care.

When we spoke with staff they were well informed of people's care needs and how people's care should be delivered. Staff treated people with kindness, respect and patience. People told us their dignity was always respected. People's medicines were administered safely. Staff followed clear infection control policies.

People felt safe living at Manor Court and told us they felt comfortable talking to staff about any concerns. There was sufficient appropriately trained and supervised staff to meet people's needs safely. All staff regardless of their role were trained to meet the needs of people living with dementia. The service was recently awarded the Dementia Kite Mark by the local authority. This demonstrated they had reached an accredited standard of meeting the needs of people living with dementia. Staff were recruited safely and understood how to identify abuse and keep people safe from harm. Everyone felt the registered manager would act on any concerns raised.

People had their nutritional and health care needs met. People were positive about the quality of the food. People's special dietary needs were catered for and staff were flexible about catering for people's desires, likes and dislikes. People could see their GP and other health care professionals as required.

The service had policies and practices in place to underpin the running of the service. There was a complaints policy which was available to all people and visitors. People's concerns and complaints were investigated and only closed when people were happy with the result.

Activities were provided on a group and individual basis to keep people mentally and physically stimulated. People's faith and cultural needs were met.

There were clear systems of national and local governance in place. People, visitors and staff were involved in reviewing the service. The provider and registered manager had audits in place to ensure the quality of the service. Where concerns were found an action plan was developed with regular review to ensure the issues identified were put right. For example, a recent care plan audit identified concerns about the quality of the care plans and an action plan had been developed to address this. This was being overseen by senior managers from the provider.

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?

Good

The service was safe. People had risk assessments in place to monitor their well-being while living at the service. However, these were not always up to date. The registered manager had recognised this and put systems in place to address this.

People felt safe living at Manor Court and staff would act to keep them safe. Staff were trained in identifying signs of abuse and knew what action to take if they had concerns.

People's medicines were administered safely. Staff followed clear infection control procedures.

Staff were recruited safely and there were sufficient staff employed to look after people and meet their needs.

Is the service effective?

Good

The service was effective. People were not always having their ability to consent assessed in line with the Mental Capacity Act 2005. However, the registered manager was addressing this.

Staff were trained, supervised and checked they were competent to carry out their roles effectively.

People had their nutritional and health needs met.

Is the service caring?

Good

The service was caring. People were looked after by staff who treated them with kindness and respect. People's dignity was respected at all times.

People said staff listened to them and they could say how they wanted their care delivered.

People's visitors could come and go at any time. People and visitors confirmed they were always made welcome.

Peoples' end of life needs were planned with them.

Is the service responsive?

Requires improvement

The service was not always responsive. People's current care plans were inconsistent in demonstrating they provided enough information to staff to meets people's needs appropriately. The registered manager had identified this and put systems in place to address the concerns.

Activities were provided to keep people mentally and physically stimulated. People said they had their faith needs met.

Summary of findings

Systems were in placed to react to people's concerns quickly. Complaints were investigated and only closed if the person felt they were happy with the outcome.

Is the service well-led?

Good 

The service was well-led. There was clear governance and leadership processes in place.

The provider and registered manager had clear quality auditing systems in place. Audits took place to check parts of the service were running as expected. Issues were picked up and addressed.

People, family and staff were involved in planning and reviewing the quality of the service.

Manor Court

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.

The inspection took place on the 24 and 26 June 2015 and was unannounced.

The inspection team included three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One of the inspectors was a pharmacist.

We spoke with 11 people and one visitor during the inspection. We also reviewed five people's care records in detail to review whether they were receiving their care as planned. We also spoke to these people were we could, to seek their view.

We spoke with 11 staff, reviewed four staff personal files and training records. We looked at the records the registered manager held in respect of staff supervision, staff appraisals and how they planned training for all staff. The registered manager and two senior staff from Anchor Trust supported the inspection and were available to answer questions.

We also reviewed records held within the service that demonstrated how the registered manager and provider monitored the quality of the service, audits, maintenance records and policies and procedures. We also reviewed the provider information return (PIR) submitted. The PIR 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. However, this was completed by the previous registered manager and did not include current information so we requested the registered manager provide their own current update in the form of an action plan.

Good

Is the service safe?

Our findings

People had risk assessments in place to support them to live at Manor Court. Everyone had risk assessments in place about their risks of falls, staff handling of people, the possibility they may develop skin ulcers and their nutritional status. Individual risk assessments were also completed when a person's health, mental health or equipment posed a specific risk staff needed to be aware of. However, few of the risk assessments had been updated often. For example, each of the nutritional risk assessments had only been updated in September 2014 and March 2015. This was the same for the likelihood that people may develop skin ulcers. The identified risk and linked care plan were inconsistent in demonstrating staff had the right information available to them to keep people safe. For example, one person required constant monitoring of their nutritional status as this was causing a concern. Monthly weights had not been assessed in line with their nutritional risk assessment which meant their needs were not being fully monitored. Another person had recent falls but had not been reflected in their risk assessment. We discussed these issues with the registered manager who advised us they had already identified concerns about people's risk assessments in a recent quality audit. They stated staff had started to update them. They showed us three care records where this had been achieved which demonstrated a clear link between risk, care plan and keeping people safe. They advised they expected to have achieved addressing all care records in this way by the end of September 2015 but all care plans would continue to be reviewed monthly and changes in need addressed straight away.

People told us they felt safe living at Manor Court and staff would look after their welfare. Everybody told us they felt they could share any concerns with staff and these would be acted on. People could lock their doors if they wanted to and had a safe place to store their belongings.

People were happy with how their medicines were administered. People said they were consulted before medicines were received and knew the reasons why they were taking a particular medicine. Medicines were managed, given to people as prescribed and disposed of safely. People had their medicines stored in their rooms in a secure cabinet. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were correctly completed. Body charts were used to indicate the precise area creams should be placed and contained information to inform staff of the frequency at which they should be applied. For one person who lacked the capacity to consent to their medicines and was receiving their medicines covertly, information was recorded that this had been agreed with the doctor and this person's family. However this decision made in their best interest had not been fully documented in the care plan in accordance with the Mental Capacity Act 2005. This was discussed with the registered manager who stated they would address this and ensure the care records were clear. There were regular audits and checks of medication handling and any actions needed were being implemented.

Staff received training in safeguarding vulnerable people. The registered manager had up to date policies in place to safeguarding and support staff to whistleblow if needed. Staff demonstrated they were knowledgeable about how to identify signs of abuse and would take action if there were concerned about people. They stated they would advise senior staff or the registered manager and felt action would be taken.

There were sufficient staff to meet people's needs and keep them safe. The registered manager, who started working for the service in January 2015, stated they had identified a gap in staffing levels as part of an audit at this time. They had reviewed the times of the day when more staff were required and put in place a tracking system linked to people's needs to ensure staffing levels reflected need. One staff member told us staffing had increased in recent months due to recruitment and completion of inductions.

Staff were recruited safely to ensure they were suitable to work with vulnerable people. The registered manager ensured all necessary checks were completed and staff did not start work until they were assured they were suitable for the role. Staff then underwent a probationary period which further monitored their suitability for the role.

The registered manager had policies in place to ensure up to date infection control procedures were followed. The service was free of any malodours. Staff were provided with equipment to ensure any spillages of bodily fluids were dealt with separately. Soiled laundry was also dealt with separately from other items and washed on a very hot wash to prevent cross contamination. Staff were provided

Good

Is the service safe?

with aprons and gloves. An infection control audit took place. The registered manager had identified gaps in the availability of liquid soap and handtowels in a recent audit. This had been addressed.

Good

Is the service effective?

Our findings

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how they applied this in their work. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain 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. People's records included an MCA assessment as to whether they could consent to being cared for by Manor Court. However, where this assessment recorded people lacked capacity to consent to their care, further recordings were not in place to ensure staff were acting in the person's best interest. There were no further assessments under the MCA which detailed what people could or not do for themselves. We discussed this with the registered manager who advised they had identified this as an issue and was in process of ensuring this was addressed.

DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. All staff knew what actions they would take if they felt people were being unlawfully deprived of their freedom. For example, preventing a person from leaving the home to maintain their safety. The registered manager had identified people who required DoLS applications to be made to ensure they were not restricting people without the necessary authority in place. Three DoLS applications had been authorised with other applications being considered.

Everyone told us staff also sought their consent before commencing any task with them. They confirmed staff would wait for them to respond they were ready to accept care before continuing. People said staff would respect if they did not want support at that point and return later. We observed staff offering to take a person to the toilet in the lounge which was refused initially but accepted later when reoffered later in the morning.

People had their nutritional needs met. However, where people's weights were taken these were not being entered into people's care records to ensure they were monitored. Staff were weighing people monthly, and more often if required, but people's weight records for January to June 2015 had not been transferred to people's care records and were not linked to people's malnutrition risk assessment. We discussed this with the registered manager and other senior staff from Anchor Trust. They confirmed action would be taken to transfer the records to the care plans which were being rewritten.

People's need for a balanced, nutritious diet was carefully planned. People were involved in giving ideas about the menu and could request foods to meet their own cultural needs. Their likes, dislikes and 'I fancy this today' were catered for. When there were concerns about people's food and fluid intake action was taken to ensure this was reviewed with the person and their GP. For example, one person was causing a concern having not eaten anything for lunch for three days. Other options had been tried but the person was had no desire to eat. The person's GP was contacted and attended to review the person's needs.

People were very complimentary about the food. Comments we received included: "Food is first class. As good as my mother used to make"; "The food is excellent"; "Food is very good with lots of variety"; "The food is very good – plenty of it as well with a wide variety of choice"; "The food is adequate"; "Food is quite good here" and "They feed us very well here". People told us they felt their portion sizes were more than adequate to meet with their needs

Staff encouraged people to eat regular snacks and also to drink often. The inspection took place during a hot weather spell and staff actively encouraged people to drink often to remain hydrated. Where people required support from staff to eat and drink this was carried out sensitively and as required.

There was clear communication from the registered manager to the chef to ensure people's dietary needs were met. The chef presented as passionate to ensure people had food in line with both their needs and desire. They were observed supporting one person at lunchtime who did not feel like having anything that was on offer as they were feeling a little unwell. They made this person their food of choice and checked back with them to make sure they were alright.

People were looked after by staff who were trained to meet their needs. Everyone we spoke with were complimentary about the staff and their ability. Staff were trained in the core subjects identified by the provider. These included safeguarding, manual handling health and safety, fire safety and infection control. All staff regardless of their role

Good

Is the service effective?

underwent specific training in maintaining the values of good care, looking after people with dementia and MCA and DoLS. Staff with specific responsibilities, such as the management of other staff and writing of care plans, underwent training specific to their role and responsibilities. All staff were encouraged and supported to take qualifications specific to their role such as higher qualifications in care and management.

Several people were aware the service had recruited new staff recently but their needs continued to be met. People recalled new staff were introduced to them and were initially accompanied by a more experienced member of staff. Staff confirmed they always shadowed another member of staff and only worked on their own when they were assessed as competent. Staff also stated this could be extended because the new staff member needed more time for the registered manager to feel they were able to take up their role. The provider had systems in place to introduce the Care Certificate at all their services across England. In the meantime, the service was continuing to induct new staff in line with the common induction standards. The Care Certificate has been introduced nationally for all new staff to ensure a standard of care across all services. Prior to this the common induction standards were in place.

Staff told us training was a high priority for the registered manager. One staff member told us: "The company is pretty hot on training – if we're unsure, they try to arrange it." The registered manager had systems in place to ensure staff had regular supervision and appraisals to ensure continued competency of staff to carry out their role. Staff told us their supervision was held every two months and sometimes this was in the form of an observation of their practice. All staff described supervision as something they found beneficial and supported them to carry out their role in a more informed manner.

People had their health care needs met. People told us they could see their GP and other health professionals as required. People saw an optician, dentist and podiatrist or chiropodist as required. People felt they could talk to staff about their health needs and staff would explain to them what the current situation was in respect of their health. People's records detailed input from GPs, community nurses and other professionals as necessary. For example, an occupational therapist's advice was requested in respect of ensuring a person was able to use the toilet independently. The recommended toilet seat raiser was then requested.

Adaptations to the service were made to better be able support people. For example, to assist people living with dementia coloured signs were used in bathrooms and toilets and on doors to help them identify their own room and other parts of the building. En-suite showers were fixed with seats and grab rails; armchairs in the lounge were adapted to meet individual needs and illuminated light switches were used in some rooms to help people find the toilet light switch at night.

A visitor said staff appeared to be well trained, the food was lovely and they were involved with discussions about her relative's healthcare.

Good

Is the service caring?

Our findings

People told us they felt the staff treated them with kindness and respect. Comments we received included: “Everyone gets on fine here”; “Very friendly with no arguments”; “The staff are pretty friendly”; “It’s alright here. The staff are friendly and we have a lot of good laughs with plenty of banter”; “It’s perfectly alright here” and, “We all get on well”.

The atmosphere in the home was calm and people were observed to be comfortable in the company of staff. People chatted to each other and had built friendships with other people living at the service.

People felt they were in control of their care and staff listened to them about how they wanted their care delivered. Without exception people advised that they rose and retired (with or without assistance) at times of their own choosing. People felt staff were flexible in meeting their care needs and would act on any request for a change whether this was a temporary or permanent change.

People told us staff respected their dignity during delivery of personal care, for example they ensured doors and curtains were always closed. Staff were discreet in how they delivered care and respected people’s need for privacy. They used people’s preferred names. One staff member spoke of still offering people opportunities for independence, giving prompt attention regardless of the level of people’s needs or mental ability.

We observed staff treated people with kindness and respect and we also observed where this could be improved. Staff also treated people with patience, humour and would regularly visit people who could be isolated in their room. For example, we observed a staff member sit next to one person, so they were at their level and facing them, then hold a conversation with them. They politely repeated something when the person did not understand what they had said. On the first day we also observed two staff shout people’s care needs across the lounge and talk loudly when an activity was taking place. This was disrespectful and was making it difficult for people with hearing issues to concentrate on the activity. We raised these concerns with the registered manager who addressed them in staff handover. There was a change on the second day with staff acting in an improved manner.

The registered manager advised they had spent time when they started to work at the service observing and talking to staff about what they understood about ‘caring’ and how to demonstrate this. They stated a negative atmosphere had developed between some staff and this was affecting how people were then cared for. They advised they immediately started supporting staff to identify how they could care for people better and display this in their attitude and interactions with people. Staff told us they had seen a huge change since the new registered manager had started to work at the service. They told us the registered manager had brought with them a clear vision of what they wanted the service to be. They also had involved staff and people in this leading to a positive change in the atmosphere of the home. Staff felt people were now central to the service.

People told us their family and friends could visit them at any time. People confirmed their visitors were always welcomed positively and warmly by all staff. Visitors confirmed they felt important to staff and were always offered refreshments. We observed a visitor arrived during lunchtime and they were greeted by their first name and offered a drink by several passing staff members.

Staff were trained to support people in their end of life. Staff were attending training provided by the local hospice to inform how to support people at this time. People and their family were encouraged to be included in the arrangements of their end of life care.

Requires improvement

Is the service responsive?

Our findings

People's care plans we reviewed were inconsistent in demonstrating they reflected people's current care needs. For example, people's specific health needs or how staff meet a specific need were not always recorded. For example, there was no information on how staff should care for someone's catheter or use of oxygen to support breathing. They also lacked personal details which would tell staff how that person wanted their care delivered. For example, they did not detail when people would like to get up in a morning or go to bed at night.

People's faith, past history and social needs were recorded but there was no care plan to show how this information was then used to support them to continue to have these needs met. For example, one person's initial assessment stated they were a practising Roman Catholic and would want to see a priest regularly. Another recording stated they were 'non-practising Roman Catholic' but there was no care plan in place to reflect what this meant to the person or detail in their end of life choices what they would like to happen at this time in respect of their faith. However, people told us they had their faith met. People were aware of the monthly opportunity to take part in religious services provided by local religious leaders. One person said: "I have friends who collect me every Sunday and take me to my own church which I greatly appreciate". Another person made reference to the occasional visit of a Catholic priest, which they found comforting.

The registered manager was very open with us at the start of the inspection that people's care plans were not as they wanted us to see them. They told us they had completed a recent audit of people's care plans to find the majority needed rewriting. Anchor Trust, as the provider, had also recently introduced new paperwork and a drive across all its services to make care plans more person centred. Care plans were to be based around people's 'living story' and 'positive approach' to care planning. Staff were in the process of rewriting the care plans and the registered manager showed us three care plans which were up to date and demonstrated people had been involved in this process to ensure their care plans were personalised.

Staff were very knowledgeable about people's needs and their role in responding to these. Staff were involved in reviewing people's needs and said they were able to identity changes in people's condition or presentation. The keyworker role had been revised with both the person and keyworker involved in reviewing and rewriting the care plans. Staff told us they felt this was really useful and should mean people are better looked after by them. Staff also told us they had very detailed handovers between shifts.

People told us the care they received was how they wanted it given. People told us staff responded quickly to their needs. For example, call bells were responded to quickly. People stated the response time by staff was the same during the day and at night.

Activities were provided to support people remain mentally and physically stimulated. A programme of the activities that week was provided in the lounge-dining room area. Pictures as well as words were used to describe the activities on offer to enable people living with dementia better able to choose what they would like to do. Staff were observed asking and supporting people to take part in activities. Each morning a group of people were supported to have the news read to them from the local paper. This kept people in touch with local events and reflected memories of life in Plymouth. Lots of appropriate humour was heard during activities with both staff and people joining in together. One to one activities were also provided such as board games for one person. People told us they could take part in activities as they wanted to. One person told us: "I mainly I like the quiet and peace of my own room but select certain activities to attend".

Volunteers from the local community supported the service to spend time with people on their own. The service had built relationships with a local school to support an inter-generational understanding of older and younger people's needs. People were talking about this when we were there and said how much they enjoyed the pupils attending.

The service was awarded the Dementia Quality Mark by the local authority on the 21 May 2015. This meant they had reached an agreed standard in meeting the needs of people living with dementia.

People felt they could speak to the registered manager if they had any concerns. People were confident these would be addressed. The registered manager had policies and systems in place to ensure people's concerns and complaints were taken seriously. Staff were encouraged to pick up smaller issues so they could be resolved quickly.

Requires improvement

Is the service responsive?

We saw people's complaints were investigated and people received feedback on this. The complaint was only closed once it was confirmed people were happy with the outcome. Any complaints were monitored by the registered manager and provider to ensure any lessons that could be learnt were used to make improvements across the service.

Good

Is the service well-led?

Our findings

Manor Court is owned and run by the Anchor Trust. Anchor Trust is a large national organisation with multiple care facilities across England. Anchor Trust has a national structure of management in place to ensure each service is managed effectively and in line with their policies and practice guidelines. There was a local senior management team in place at Manor Court which was led by the registered manager. The registered manager attended local and national management forums as required to ensure consistency of management. There was clear evidence of both the national and local management structure ensuring Manor Court was well-led.

Everyone identified the registered manager as being in charge. People spoke well of her with comments such as: "She is there if you need her"; "Lovely, always about the home"; "I know that the manager has a very busy job but she seems to know everybody and stops and speaks to us all" and, "If the manager doesn't have time to pop her head around my bedroom door she will call out my name with a quick greeting when passing along the corridor".

The registered manager confirmed they walked around the service daily. They used this time to talk to people informally to ensure they were happy. Also, they checked on the building to make sure there was nothing that required attention.

Staff were equally positive about the registered manager, who started to work at the service in January 2015. One staff member said: "She has brought in a clear vision of what she wants the home to be and where it is going. She involves staff and has explained her vision. She also listens. The focus is on what we do well and could do better." Another said: "As a new manager she has brought structure to Manor Court". They added the registered manager had looked at what was not working well, spoke to staff and devised a structure. Work had been allocated across the staff team and staff said they had been given time to complete those tasks. For example, in relation to care planning, care plans these had been divided across the team leaders and they now had allocated time 'off the floor' so they had dedicated time to completing the care plans with people.

Anchor Trust had their own quality audit process in place which the registered manager adhered to. There were also regular spot checks from senior managers from Anchor Trust to ensure the service was meeting their requirements. In addition to this, the registered manager had put in place local quality monitoring process as part of their drive to improve standards at Manor Court. This was supported by senior staff from Anchor Trust.

All staff stated they felt special to Anchor Trust and felt able to contribute to the running of the service to make it better. Regular staff meetings took place to facilitate communication. Staff said they could speak to the registered manager in private at any time if a more informal approach was required.

Audits of aspects of care in the home such as care planning, medicines and reflecting on people's falls were all in place. Action was taken if issues were identified from these audits. For example, all care plans were being rewritten as a result of the most recent audit.

People and their families were asked for their feedback on the service at regular intervals. Residents' meetings were also held. Surveys returned in 2015 were very positive about the service. People could recall completing a survey in the recent past. People told us nothing changed, as there was nothing to change. Where people had put forward ideas to enhance their life at Manor Court, action was taken immediately to address this. For example, menus had been put in people's rooms, staff were given more time to speak to people and a 'shop' was being created in the garden so people could purchase items such as toiletries for themselves.

The registered manager had systems in place to ensure the building was maintained. Appropriate contractors were employed to ensure there was a regular audit of fire equipment, utilities and equipment to ensure they were safe.