

The Manor (Sussex) LLP

The Manor Care Home

Inspection report

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14 June 2019

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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

About the service:

The Manor Care Home is a residential care home providing care and accommodation for up to 21 people. The home provides support to older people who have learning disabilities, some of whom have physical disabilities. Some people may also be living with dementia. On the days of our inspection, there were 20 people living at the home.

The home is a large property situated in Selsey, West Sussex. There are two communal lounges, two dining rooms, a separate activity building on the grounds and a garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 21 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using the service:

People using the service benefitted from caring, dedicated staff. Not all people living at The Manor Care Home were able to verbally express their views to us, but we observed they looked comfortable and at ease with staff. Their non-verbal language, body language, facial expressions and laughter indicated they were happy.

People and their families were placed at the heart of the service and involved in decisions as far as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care was provided safely. The staff team were consistent, staff knew people well and supported them to move safely around the service if needed, and when they were out of the home. People's medicines were well managed.

People's risks were known and managed well, promoting independence as far as possible. Positive behavioural support plans were in place where required for staff to follow to support people's care.

People were protected from discrimination because staff knew how to safeguard people. Staff knowledge of people meant they were alert to signs of change which may indicate someone was not happy.

People lived in a service which had a positive culture and was led by a committed registered manager and staff team.

The Manor Care Home had worked hard to develop good relationships with local professionals supporting people's care for example the local authority, commissioners, primary care and the local learning disability service. Feedback we received was positive about the care people received.

Rating at last inspection:

At the last inspection the service was rated as Good (The last report was published 9 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns, we may bring our inspection forward.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Manor Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The Manor Care Home is a "care home". People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

The inspection took place on 13th and 14th June 2019.

What we did:

Before the inspection, we reviewed information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications we had received. These are events within the service the provider is required to tell us about. We also read the previous inspection report.

During the inspection we spoke with 6 people living at the service. We looked at 3 people's care records and discussed the care of other people with the team leader and Nominated Individual.

We reviewed records of accidents and incidents. We discussed the complaints process and complaints received within the past 12 months. We reviewed audits and quality assurance reports. We checked the maintenance and equipment servicing information.

We observed the care of people where possible and observed staff interaction with people.

We spoke with staff about their training, support and people's needs and reviewed three recruitment files.

We also looked at people's medicine records.

- We spoke with 5 Staff members and received comment cards from 2 staff. We spoke with the team leader, the registered manager by telephone, the nominated individual and three healthcare professionals.

Following the inspection, we spoke to one professional and three relatives by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with.
- Staff had received training in protecting people from harassment, discrimination and harm.
- Key worker meetings, staff meetings, handovers and reviews with external professionals were used as an opportunity to discuss any safeguarding concerns.
- Family members, professionals, advocates and staff supported people to make choices in their personal lives where they were unable to make these themselves.
- People we met and observed being cared for appeared comfortable with staff.
- People's money was managed safely by staff.
- Family all told us people were well cared for and safe at the service, "Really on the ball, very alert."

Assessing risk, safety monitoring and management

- People benefitted from a service that recorded incidents and learned lessons from mistakes quickly to enhance safety. Accidents and incidents were recorded, reviewed and investigated where necessary by the registered manager.
- People's risks were assessed and safely managed. Assessment tools were used to help identify those at risk of skin damage or poor nutrition.
- Risks related to people's behaviour, communication, health, continence and nutrition were documented and known by staff. Professionals, family and advocates were involved in these discussions where appropriate.
- People's behaviour was monitored where required and staff knew how to de escalate and support people to reduce anxiety or agitation. This kept people and others safe.
- Care plans contained clear protocols and staff guidance to help protect people at the service and in the community.
- Support plans and policies at the service minimised restrictions on people's freedom, choice and control as much as possible.
- Frequent in-house discussions and meetings with professionals were used as forums to share information about people, discuss any changes in behaviour and consider care and treatment plans.
- Environmental checks were undertaken to maintain people's safety for example fire and equipment tests. Evacuation plans were in place for people in the event of an emergency.
- People were kept safe as the front door was locked and visitors to the property had their identity checked

and were asked to sign in.

- Staff were observant and checked the environment for trips and falls hazards.
- People's footwear was checked to ensure it fitted correctly which helped reduce the likelihood of falls.
- People's equipment, for example wheelchairs were checked and people wore safety belts to help keep them safe. People told us, "They do support me"; "I'm in my mid 50's so I need a bit more help" and, "They do make sure I use my walker."
- Some areas of the property and communal areas had CCTV for additional security and people's safety.

Staffing and recruitment

- There were enough staff available to support people according to their needs. We observed people were never left alone when they needed staff to keep them safe.
- Family told us, "No staffing concerns" and, "Always plenty of staff"; "Always so cheerful."
- The PIR told us, "Generally being over staffed ensures that any changes in need are able to be met immediately. A non-rolling, flexible rota which changes weekly ensures that all individual needs can be fulfilled without impacting on others."
- The staff team was consistent and stable. Some staff had worked at the service for many years.
- Recruitment was values and skills based.
- Background checks continued to be completed before new staff started working at the service. This helped to ensure staff were safe to work with people and of good character.

Using medicines safely

- People's medicines continued to be stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
- People told us, "If I want paracetamol they always ask me"; "They give me medication, I have high blood pressure and sugar diabetes" and, "They give me tablets for the pain."
- Staff were able to describe the action they would take if they identified a medicines error.
- Staff were trained in medicine management and their competency checked.
- There were PRN protocols (as required medicine sheets) in place. These are instructions detailing when people may require these medicines and how people liked to take their medicine.
- No one at the service had their medicines given without their knowledge.

Preventing and controlling infection

- Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks. Staff had training in infection control and food hygiene.
- People lived in a clean home.

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to the registered manager. These were audited for themes to identify any trends or patterns so preventative action could be taken to prevent a reoccurrence.
- The provider and registered manager had learned from a previous difficult emergency admission and ensured admissions were now always well planned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people, relative and professional feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Holistic assessments had been undertaken prior to people staying at The Manor Care Home. These took into account people's needs and abilities, the support they would require, and the other people who lived at the service. People's physical, mental, social, sexual and cultural needs were considered.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
- Staff worked closely with professionals following their recommendations to improve people's outcomes. A professional told us, "They know people well, call appropriately and follow our instructions."
- Handovers, staff meetings and meetings involved families and professionals discussed people's care. These forums were used as opportunities to review people's goals and wishes and to monitor people's progress and achievements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were arranged. If people were unwell during their stay, the local district nursing team visited.
- The service was looking at opportunities to promote people to live healthier lives and increase well-being. For example, people who were overweight were encouraged to eat healthier diets and mental health training was being considered for staff.
- The service were developing "Champion" roles to enhance care in certain areas to benefit people for example there was a nutrition champion and staff interested in health and safety and infection control. These staff would be able to share their knowledge and skills across the team.
- Family members we spoke with were confident when their relatives were unwell medical help was promptly sought. One relative said, "Any health issues are dealt with promptly."

Staff support: induction, training, skills and experience

- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies

and confidence were observed by the registered manager, team leader and shift leader to assure high standards were maintained.

- Staff training covered the provider's essential training. This included safeguarding, infection control, fire safety and moving and handling and training specific to the people supported at the service for example, catheter care, learning disabilities and diabetes. The management team checked staffs understanding in their supervision sessions.
- Regular supervision (one to one) sessions were embedded within the service. Staff were able to discuss any training needs and future development as well as raising issues around working practices. Staff were well supported by informal and formal discussions about their performance.
- The PIR the provider completed advised, "Identifying specific staff strengths and nurturing those skills empowers staff to remain in our employment for longer periods." Some staff were due to undertake a team leading course to enhance their leadership skills.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat a varied diet. Staff supported people with meals where required. People were given a choice of foods and alternatives were available if they did not like the main meal.
- People's allergies, preferences, likes and dislikes were known. Photos of meal ideas were shown to people to help them choose what they might like to eat.
- The cook had undertaken additional nutrition training to support people with dietary needs and swallowing difficulties.
- Equipment was available to support people to eat independently, for example adapted cutlery, slip mats and plate guards.
- People's nutritional risk and weight was monitored. Some people were prone to weight gain due to their health needs and medication. Referrals to professionals were made promptly when people's needs changed, for example if they had gained / lost weight or their health declined.
- People at nutritional risk had their food and fluid intake recorded and monitored.
- Care plans and guidelines were in place for people at risk of choking. Those at risk of choking were observed by staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised, and whether any conditions on such authorisations were being met.

- People's care was explained to them before staff offered support.
- Some people were not always able to give their verbal consent to care, however staff explained how they would verbally ask people for their consent and offer pictorial choices if appropriate prior to supporting them. For example before assisting them with their personal care tasks or activity.
- Staff worked closely with professionals and family and best interest meetings were held when required, for example if people needed equipment to keep them safe which might also restrict their movement.

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

- There was an on-going refurbishment plan at The Manor Care Home. We saw some bedrooms had been refurbished to people's liking, one lounge was being redecorated and there were plans afoot to refurbish the activity centre within the grounds.
- We looked at some people's bedrooms and these were all in good condition.
- The garden was well kept with plenty of outdoor space for people to enjoy.
- The service had two lounges and a large dining area. All were spacious for people with wheelchairs and those who required the use of hoists.

Is the service caring?

Our findings

Caring – This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we met and observed looked content and at ease with staff. People also looked happy in the photo's we were shown of people undertaking activities.
- People told us they felt cared for, "Yes (huge smile)" and, "They help me if I want to go out" and, "They go to the office people and tell them." Another said, "I am happy here", they come up and see me and ask me what's the matter and they hug me."
- Relatives confirmed their family members were well treated, "They care for him very well" and, "Well looked after, a very good home."
- A professional told us they would have their relative live at the service they were so impressed by the care and attention people received, "I'd be happy for my family member to be cared for by the team."
- Feedback we reviewed included, "Staff are always very caring and on the ball with when to get medical intervention. I feel the residents are given a high standard of care."
- Staff knew people well and it was clear people mattered to staff.
- Staff were positive and affirming when they spoke to us about individuals who used the service. Professional feedback included, "I have always found the staff very caring and person-centred regarding their care of residents."
- Staff recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
- Some people who lived at the service had limited verbal communication skills. Staff knew people well including their non-verbal sounds, behaviours and facial expressions that indicated how they were feeling. Staff sought accessible ways to communicate with people.
- Communication guidelines were in place. For example, staff guidance included staff to speak slowly and clearly, and the use of pictures, hand signals and giving people the time they needed to process information.
- Visual picture cards were used to support people's choice of food and activities. This was an area the service were further developing.
- People looked comfortable, warm and cared for at the service. People looked clean and dressed appropriately. Professionals shared, "Happy family home."
- Staff knew what might cause anxiety for people, for example too much notice of an event / activity, or too many people. Guidelines were clearly recorded in people's care records to support staff to minimise potential stress.
- People benefited from the care and attention of staff. People looked happy and were smiling as they

engaged in activity with staff. For example, we saw people colouring and chatting together.

- Care plans contained information about people's abilities, skills and backgrounds. Staff knew people's likes and dislikes for example favourite foods, activities and those who preferred male or female staff to support them.
- The service had created "All about Me" booklets with additional information about people as they got to know them. Information was sourced from those who knew people well.
- Seasonal special events like Halloween and Christmas were celebrated. People's birthdays were known and celebrated.
- Some staff had undertaken training on equality and diversity and staff demonstrated respect and understanding for the people living at the service and their diverse needs.
- One person told us, "I do not want to go to church, church comes in once a month."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as far as they were able, for example washing the areas they were able to reach, shampooing their hair and supporting with household tasks such as laundry and laying the table.
 - Staff were mindful of people's privacy and dignity and gave them space when it was appropriate and safe to do so.
 - People were supported to make sure they were dressed appropriately for the weather if they were going out.
 - If staff were entering people's rooms, they knocked on people's door before entering their room.
 - Staff knew to close curtains when providing care and to cover people up to maintain their dignity when providing personal care.
 - People's religious needs were asked about as part of the assessment and staff respected people's beliefs.
 - People's sexual needs were asked about, known and discussed as part of their care if appropriate.
 - Staff, professionals, family and advocates were involved in supporting people to express their views and decisions about people's care. Staff had people's best interests at heart.
 - People's routines were known and recorded. Those with close family, friends or those with the legal authority to make decisions on behalf of people were consulted and involved appropriately.
 - Family were welcomed. Staff maintained links with people's family, invited them to review meetings and special occasions at the service and they were always available for informal discussions about people's care.
- The service kept in touch with family unable to visit by email and newsletters. A bbq was planned for July for family and friends.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- The assessment process was thorough to support people's transition to The Manor Care Home. People were assessed prior to their move to the service. The assessment checked people's needs could be met by the service and their preferences for care were known.
- Care plans were detailed and contained information which was specific to people's individual needs, the routines they liked and those important to them.
- People's preferences were respected for example if people preferred a female to wash them, this was arranged. One person said, "Yes, because I don't like a man to wash me."
- People's social needs and aspirations and how the service would support people to meet these goals were in progress. For example, one person had been to Brighton shopping and another had identified a spa treat as a goal staff were working towards.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. For example, there was some information around the service with pictures and larger font for those with sight difficulties. We discussed with the provider and senior staff expanding this area of provision.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others as required.
- People enjoyed activities to their personal taste and individual needs. For example, many people went to the onsite activity centre. Other's enjoyed activities to their personal liking for example, colouring, music lessons and outings in the local area.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place to manage complaints. This was visible to people who used the service in an easy read format in visual faces.
- There had not been any complaints since the previous inspection.
- People who were able to verbally share their views told us they would speak to staff if they had a complaint.

End of life care and support

- The service was working with professionals to develop end of life care planning ensuring care would be dignified and pain free during people's last days and weeks.
- Some senior staff had received training in end of life care.

- Where appropriate, people had written plans in place regarding resuscitation.
- Feedback we reviewed was positive about the care and compassion shown to people at the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

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

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

- People and staff were positive about the leadership at the service, "I find it's changed a lot since I first came here, 'it's changed for the better, 'everyday something different."
- Staff told us the registered manager and nominated individual were honest, approachable and always available for advice. The registered manager was on leave during this inspection however, we found the nominated individual was knowledgeable about all the people they supported, passionate and committed to ensuring good quality care.
- Feedback from relatives and professionals confirmed the service was well led, "Well-led and organise"; "Highly approachable, really rate it."
- Staff shared, "In my opinion, this care home is well run with a strong management, especially the manager and team leader who spare no efforts to provide a high standard of care to the residents."
- The atmosphere at the service was warm, welcoming, friendly and inclusive. All staff put people first. The people at the service had a voice through regular one to ones / keyworker sessions with staff.
- The provider and registered manager were visible and known to people, professionals and staff at the service. The provider visited frequently and was in frequent contact with the registered manager.
- Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements.
- Staff were respected and valued for their contribution. One told us, "We work together, with the management to provide a caring, professional and safe environment for the residents."
- Systems had been developed to ensure performance remained good. For example, there was an auditing schedule and an overarching quality assurance tool. The governance system included regular checks on the environment, medicines, care plans and risk assessments and any incidents. Structures were in place to support staff through team meetings, supervisions and ongoing training and development.
- The views of people where possible, families and professionals were sought through key worker meetings, advocates and quality assurance surveys.
- The registered manager was aware of their regulatory responsibilities. For example, notifications were made appropriately, and the Provider Information Return had been submitted on time.

Continuous learning and improving care

- Links with the local community were established to provide the range of new and on-going opportunities for people and staff.
- The provider and registered manager attended local provider meetings and conferences when possible to stay abreast of changes. Best practice websites and the Commission's website supported the provider and registered manager to stay up to date.

Working in partnership with others

- The service had close working relationships with the local learning disability service, primary care team and local authority. Professionals we spoke with were all positive about the care and leadership at The Manor Care Home.