The Manor House (Halifax) Limited

The Manor House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 8 October 2015 and was unannounced. At the last inspection on 14 May 2015 we found three breaches in regulations which related to staffing, person centred care and good governance. The provider sent us an action plan which told us improvements had been made. At this inspection we found some improvements had been made.

The Manor House Residential Home provides accommodation and personal care for up to 30 older people, some of whom may be living with dementia. There were 18 people living in the home on the day of inspection. Accommodation is provided over two floors and there is a passenger lift available to assist people

Summary of findings

with mobility problems. There are lounges on both floors and a dining room and kitchen on the ground floor as well as communal toilets and bathroom facilities. A laundry is located on the lower ground floor.

The home had a registered manager. 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 home had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible.

At the last inspection we were concerned that there was not always sufficient staff on duty to meet people's needs and that staff did not always receive the training and support they required to carry out their roles effectively. On this inspection we found the provider had increased the number of staff on night duty and placed more emphasis on staff training and supervision. However, we have recommended that the registered manager kept staffing levels under review to ensure they are adequate to meet people's needs.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) that included steps staff should take to comply with legal requirements. The registered manager also told us they were working with the local authority to make sure they were working in line with guidelines. This legislation is used to protect people who might not be able to make informed decisions on their own.

The staff we spoke with had a general understanding of the MCA and DoLS and how they impacted on the care and treatment they provided. However, the training matrix showed not all staff had yet completed training on the subject.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists. We also saw since the last inspection the care documentation in place was more person centred and provided staff with accurate and up to date information.

We found that although people received their medicines as prescribed there were no protocols in place for medicines prescribed "as and when required" (PRN). Therefore there was no guidance in place to inform staff on under what circumstances they should administer the medication.

People told us they found the staff caring, and said they liked living at the home. Relatives gave us positive feedback about the care and support their family members received. Throughout the inspection we saw staff were kind, caring and patient in their approach and had a good rapport with people.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely.

We saw the complaints policy had been available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

Staff told us communication within the home was good and staff were confident senior management would deal with any concerns relating to poor practice or safeguarding issues appropriately.

However, we found that although the quality assurance monitoring systems in place had been improved since the last inspection further work was required to evidence the service was consistently being managed effectively and in people's best interest.

We have made recommendations about staffing and where to seek guidance on they way the premises could be adapted in a way that helps people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety.

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?

Requires improvement

The service was not consistently safe.

Medication policies and procedures were in place. However, there were no protocols in place for medicines prescribed “As and when required” (PRN) to provide guidance to staff on under what circumstances the medicines should be administered.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received. However, we recommended to the registered manager that staffing level be kept under review to ensure there are always sufficient staff on duty to meet people’s needs.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the whistleblowing policy in place.

Is the service effective?

Requires improvement

The service was not consistently effective.

There was a planned programme of staff training, supervision and appraisals in place to ensure staff had the skills and experience to meet people’s needs.

We saw documentary evidence which demonstrated that people were referred to relevant healthcare professionals if appropriate and staff always followed their advice and guidance.

People were complementary about the meals provided. However, their choice was restricted by the provider’s reluctance to offer a cooked meal at breakfast time.

Although some of the people at the home were living with dementia or a degree of cognitive impairment, we did not see any environmental adaptations to assist them with their orientation around the home.

Is the service caring?

Good

The service was caring.

Staff were compassionate and caring in their interactions with people who used the service and their visitors and treated people with respect.

People told us they found the staff caring, friendly and approachable and they liked living at the home.

People’s information was treated confidentially and personal records and reports were stored securely.

Summary of findings

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs. People's needs were continually assessed and care and support was planned and delivered in line with their care plan.

Care plans and risk assessments were person centred and contained good information about how people's care and support should be delivered.

People who were able told us they knew how to make a complaint if they were unhappy and were confident if they made a complaint it would be investigated by the manager.

Is the service well-led?

Requires improvement

The service was not consistently well led.

We found that since the last inspection improvements had been made to the quality assurance monitoring systems and the documentation relating to people's care and treatment had been updated to ensure it provided staff with accurate information.

However, the registered manager recognised and acknowledged that further improvements were still required to evidence the service was managed effectively and in people's best interest.

The 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 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 8 October 2015 and the inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience with expertise in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home.

We usually send the provider a Provider Information Return (PIR) before the inspection. 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 did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at seven people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with eight people who were living in the home, five relatives, three care staff, the cook and the registered manager.

Representatives from Healthwatch Calderdale visited the home on the 28 August 2015 and made no recommendations in relation to the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and that all the staff were kind and caring. The relative of one person said, "I visit the home at different times of the day and have never observed anything which has caused me concern. The staff are patient with people and never rush them. I am very pleased with the care my relative receives."

We saw the provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse.

There was also a whistle blowing policy in place for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed was reduced.

At the previous inspection in May 2015 we found a regulatory breach in relation to staffing. This was because between 5pm and 8am there were only two care staff on duty to meet people's needs. In addition, our observations at that time showed staff were not always available in the communal areas and feedback from people who used the service and their relatives raised concerns about staffing levels particularly during the night.

At this inspection we found the registered manager had increased the number of staff on night duty and a third care assistant now worked between the residential home and the adjacent nursing home. However, the registered manager confirmed that there continued to be only two care staff on duty; one of them a senior care assistant between 5pm and 8pm.

The registered manager told us that although the rota only showed two staff on duty between 5pm and 8pm either they or one of the providers were always in the home during this period although this was not reflected on the staff rota. This had also been the case when we inspected the home in May 2015. The registered manager confirmed that they would in future record the hours they and the providers worked within the home to clearly show the actual number of staff on duty.

We recommend that the service keep staffing levels on the evening shift and at weekends under review to ensure they are adequate to meet people's needs.

We spoke with the senior care assistant on duty and they told us only two of the eighteen people living at the home required assistance with personal care and felt staffing levels were adequate to meet people's assessed needs.

The people we spoke with had mixed feelings about the staffing levels. Two people told us that they thought there should be more staff on duty. The relative of one person said, "I think there are sometimes not enough staff on duty, especially in the evenings and weekends. I think those are the worst times. The staff are very good and kind and I feel confident that my relative is safe and well cared for. It's just that evenings and weekends staff can be thin on the ground." However, other people felt there were sufficient staff on duty and raised no concerns.

We saw there was a recruitment and selection policy in place. The registered manager told us as part of the process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people.

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The registered manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service.

We looked at four employment files and found all the appropriate checks had been made prior to employment.

Requires improvement

Is the service safe?

The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made.

The provider had a policy and procedure document in place relating to the safe administration and storage of medicines. The registered manager told us the policy was currently being reviewed to ensure it was specific to the needs of the service and followed current good practice guidelines.

We looked at the medicines with the senior care assistant on duty. We saw medicines were supplied from the pharmacy mainly in in a monitored dosage system (MDS), or where this was not appropriate, in boxes and bottles. Medicines, including controlled drugs, were stored securely in a locked clinical room.

We found appropriate arrangements were in place for the ordering and disposal of all medicines. A medicine fridge was used for medicines requiring cold storage and fridge and room temperatures were monitored and recorded daily. Records showed temperatures were within the recommended safety range.

We checked the stock control figures for medicines prescribed “as and when required” (PRN) with the actual stock held and found no discrepancies. However, there was no protocol in place for PRN medication to provide guidance to staff on under what circumstances they should administer the medication. The registered manager confirmed this would be addressed and be included in the new medication policy and procedure document.

We saw risk assessments were in place in relation to people care and welfare and reviewed on a regular basis. Where people were identified as being at risk of harm, assessments were in place and action had been taken to mitigate the risks.

We completed a tour of the premises and inspected a number of bedrooms as well as bathrooms and communal living areas. We found many people had personalised their rooms with small items of furniture, pictures and ornaments which made them look homely.

Requires improvement

Is the service effective?

Our findings

We asked people who lived at the home if they thought staff had the skills and experience to provide their care and support and they told us they felt the staff were competent and well trained. The relative of one person who used the service said, "I have always found the staff to be professional in their approach to providing care and they always keep me informed of any significant changes in my relative's needs."

At the last inspection the registered manager was unable to demonstrate that staff received the training and support required to meet people's needs and for their own personal development. On this inspection we found the registered manager had started to place more emphasis on staff training and development. We saw the majority of training undertaken by staff required them to watch a training DVD as opposed to face to face classroom training. The registered manager told us staff completed a workbook in conjunction with watching the training DVD and were then asked a series of questions to ensure they had understood the training.

The registered manager confirmed that more practical training such as moving and handling was facilitated by a qualified nurse employed at the adjacent nursing home operated by the same provider and specific training such as tissue viability and was provider by external healthcare professionals.

We looked at the training matrix which showed that most staff were up to date in areas such as moving and handling, infection control, safeguarding, health and safety and fire safety. Although there were some gaps, the registered manager told us that they had not yet updated the matrix with the most recent training completed by staff.

The staff we spoke with told us they were happy with the level of training provided at the home and confirmed they now had one to one supervision meetings with the registered manager. At the last inspection the registered manager had been unable to evidence this. However, on this inspection we saw documentary evidence supervision meetings were taking place. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw the provider had a training DVD on Mental Capacity Act 2015 and DoLS and they confirmed a number of staff had completed the training. With the exception of one recently appointed employee the staff we spoke with had a general understanding of the principals of DoLS and how it impacted on the care and treatment they provided on a daily basis. For example, they told us they always asked and gained people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. They also told they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this and we saw consent forms in the care files we looked at.

However, although some of the people at the home were living with dementia or a degree of cognitive impairment, we did not see any environmental adaptations to assist them with their orientation around the home. The registered manager told us they had not yet had time to address this matter which had also been highlighted at the last inspection.

We recommend that the service explores the National Institute for Health and Care Excellence (NICE) quality standards for people living with dementia under Quality Standard 30 (QS30: Supporting people to live well with dementia) and Quality Statement 7 (design and adaptation of housing) on how premises can be

Requires improvement

Is the service effective?

designed or adapted in a way that helps people with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety.

There was evidence within the care records we reviewed to show people had access to other healthcare professionals such as GPs, district nurses, dentists, chiropodists and the community matron. The registered manager told us the staff team had a good working relationship with other healthcare professionals.

We saw nutritional risk assessments were completed on admission and people's weight was monitored. The staff we spoke with told us they monitored individual people's food and fluid intake if they had concerns and involved other healthcare professionals if appropriate. The senior care assistant told us no one was nutritionally at risk and only two people required assistance at mealtimes and this was because they had difficult cutting up their food. We saw cold drinks were freely available throughout the day in the lounge areas.

At the last inspection we found the provider did not offer people a cooked breakfast during the week and only offered a bacon or egg sandwich at the weekend. This was discussed with the registered manager at the time of the inspection as this limited people's choices about what they would like to eat.

On this inspection we found this situation had not changed and when we arrived at the home we found breakfast cereals had already been put into individual bowls by the night staff and placed on the dining tables. We observed the meals and found in addition to the cereal people were only offered porridge, jam or marmalade sandwiches and toast. We asked the staff why people were not offered the opportunity to choose what cereal they wanted and were told it had always been done that way as they knew where people sat in the dining room and what they liked to eat. We asked the staff what would happen if someone requested a cooked breakfast during the week or at the weekend and were told they would ask the chef but they didn't think it would be provided. When we spoke with the registered manager about this they said that they did not advertise that they provided cooked breakfasts and felt that a smaller breakfast would encourage people to take a better lunch which the provider felt would be better nutritionally. However, they agreed to seek the views of people who used the service and act accordingly.

We observed the lunchtime meal served in the dining room at noon. The tables were set with tablecloths, fabric napkins, cups and saucers and we saw some people had specially adapted cutlery. The meal was pork with stuffing and mashed potato. Other vegetables were served silver service, and gravy was in gravy boats on the table. The food served was well presented, hot and looked appetising. People were assisted to pour gravy if they requested. People were asked what they wanted, including drinks and appeared to enjoy their food.

Good

Is the service caring?

Our findings

The people we spoke with told us they were very happy living at the home and were pleased with the care and support they received. Relatives told us that they were able to visit their family members at any reasonable time of the day and they were always made to feel welcome and there was always a relaxed and friendly atmosphere.

One visitor told us; “We have absolutely no complaints whatsoever. We feel fully included in all discussion about my relatives care and we see all the notes. Even when they don't know we're here, we've heard them talking to people so kind and patient. We know that my relative is happy here and has made friends. We always feel relaxed about going away, knowing they are well cared for and happy. It's a family home and has a family feel. We looked at another place which was too flashy and clinical. This feels like home. We like that they have a proper dining room and lay the tables up lovely. It makes people feel good.”

Another visitor said; “I feel confident that my relative is safe and well cared for. They have made proper friends and I'm included in discussions about their care plan. The staff are all very kind and good. We've got to know them well. It's a bit dated and there's often not much stimulation, but they are happy here.”

Throughout the inspection we saw staff treated people with respect and approached them in a way which showed they knew the person well and knew how best to assist them. People appeared comfortable, well dressed and clean which demonstrated staff took time to assist people with their personal care needs if required.

We looked at four people’s care plans and found they contained information about people’s past and current lives, their family and friends and their interests and hobbies. We saw specific information about people’s dietary needs, their likes and dislikes, their lifestyle and the social and leisure activities they enjoyed participating in. This showed that people were able to express their views and were involved in making decisions about their care and treatment.

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They were also able to explain how they helped to maintain people’s dignity, privacy and independence. For example by addressing them by their preferred name and always asking for their consent when they offered support or help with personal care.

Throughout the inspection we saw staff respected people’s privacy and dignity when they supported them with personal care. We saw staff responded quickly to any requests for assistance and people appeared relaxed and comfortable in their presence.

We saw information relating to people’s care and treatment was treated confidentially and personal records were stored securely in the office to make sure they were accessible to staff. A relative told us that confidential information was always discussed away from other people which they found reassuring. .

The registered manager told us that no one who used the service required an advocate. However, they confirmed that they would assist people to gain access to an independent advocacy service if appropriate.

Good

Is the service responsive?

Our findings

At the last inspection we found the care plans in place gave little guidance to staff on how to meet people's needs and in many instances just stated 'needs full assistance'. The care plans were not person centred and it was difficult to see how staff could promote people's independence and provide appropriate care and treatment with such limited information.

However, on this inspection we found the care plans had been rewritten and provided clear and comprehensive information about people's needs and preferences. Where specific needs had been identified care plans and risk assessments were in place and provided detailed information about how best to support the person including how to meet people's communication, personal care and dietary needs.

We saw the pre-admission assessment used by the service which showed family members had been involved in the assessment process. The assessment identified how the person liked to be addressed; identified their needs and what was important to them.

The staff we spoke with told us the care plans were now person centred and provided them accurate and up to date information and guidance on how to meet people's needs. People who were able told us they and/or their relatives were involved in the care planning process and were kept informed of any proposed changes to their care plan.

Throughout the time of our inspection we saw staff responded appropriately if people requested assistance or support. We saw people were involved in their care and staff always explained what they wanted to do and asked for people's consent before carrying out care or giving support. We saw one member of staff explain to a person they were about to transfer from a wheelchair to an armchair, so the person was prepared and knew exactly how the staff were to give support.

We saw visitors came and went freely, and several took their relative out for lunch or a walk as it was a lovely day. Some people told us that they sat outside in the garden in summer. One visitor told us that the local primary school came in to sing and a person from the local church sometimes visited to make cards with people. One person told us the church was important to her, and that staff would take her to church over the road "when possible."

The registered manager told us the service did not employ an activities co-ordinator and it was the responsibility of the care staff to organise a range of activities for people. On the afternoon of the inspection we saw there was a quiz held in one of the lounge areas. Some people we spoke with mentioned that they also played bingo, and one person said, "We had a rhythm and blues man here the other day, so we were all jazzing around."

We spoke with a number of people who preferred to stay in their room for periods during the day. One person told us; "I don't go in to the lounge because it's just full of people asleep in chairs." Another person said; "I stay in my room mostly, I do knitting and crosswords and natter with the staff. I go to the dining room at mealtimes and we have a good gossip then."

The staff we spoke with told us they engaged people in activities whenever they had time and whenever possible encouraged them to participate in activities in the local community. However, they acknowledged that given the time more stimulating social and leisure activities would be arranged for people.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complaint would be dealt with.

Requires improvement

Is the service well-led?

Our findings

The people we spoke with and their relatives told us they had confidence in the registered manager and felt able to approach them at any time if they had any concerns about the quality of the service or facilities provided.

At the last inspection we found the service was not managed effectively and the quality assurance monitoring systems in place were not robust. On this inspection we found the registered manager had started to implement a more thorough quality assurance system and they confirmed that an external consultant was due to visit the service in the near future to offer advice and guidance.

We found the registered manager was open and honest with us about where they found improvements were still required to evidence the service was managed effectively and in people's best interest.

There was a clear management structure at the service which involved the registered manager, providers and senior day and night staff. At all times throughout the day and night senior staff were on duty and a member of the senior management team was on-call to staff if required.

Staff spoken with were fully aware of their role and the purpose of the services delivered at The Manor House. The service's Statement of Purpose was present on the wall of the registered manager's office. This described the purpose of the service and what facilities people who used the service should expect to be provided.

Our observations of how the registered manager interacted with people who used the service, their relatives and healthcare professionals spoken with during the inspection showed us that they were professional in their approach to managing the service and listened to what people had to say.

We saw that systems were in place to monitor and maintain equipment and the environment. For example, records demonstrated that regular checks of weighing scales, hoisting equipment, slings and elevators were checked and serviced in line with the supplier's recommendations. We saw the fire detection system was serviced annually with visual checks completed throughout the year.

Accidents and incidents were recorded and any identified risks to people who used the service would be updated on risk assessment documentation and staff informed at handover. The registered manager told us the accidents and incidents record was looked at for trends to continually improve the service. We saw evidence of this within the documentation we looked at.

People, family members and other stakeholders had been asked to complete questionnaires and surveys to give their opinions on the service they had received. We looked on the notice board in the hall way and saw there were several different types of surveys for people to fill in. We saw the information received was looked at by the registered manager and if necessary action had been taken to address concerns raised. At the time of our inspection the service had received five responses from the 'satisfaction survey' since the start of 2015. The registered manager told us they had struggled to get people to fill these forms in because if people had any concerns, they vocalised them to the management.

The registered manager told us as part of the quality assurance process; on a monthly basis a staff member would sit with people and review their care. Part of this process involved completing a survey. We saw all questionnaires and surveys completed by people indicated a positive experience overall. For example 11 out of 11 surveys checked said they enjoyed the food and management were easy to approach. This showed us peoples overall impression and experience was a positive one and improvements were continually sought after.

We saw the provider had the current CQC rating on display in the entrance hall of the home as required.