

Embrace (England) Limited

# Manor House Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

We inspected Manor House Nursing Home on 5 May 2015. Manor House Nursing Home provides residential and nursing care for people with a diagnosis of dementia, over the age of 65. The home offers a service for up to 102 people. At the time of our visit 49 people were using the service. This was an unannounced inspection.

We last inspected in October 2014 following concerning information we received about the service. At the inspection in October 2014 we identified that people's

care, welfare and nutritional needs were not always being met. Additionally people were not always being treated with dignity and respect. People did not always receive their medicines as prescribed and the provider and registered manager did not have systems to monitor and improve the quality of service people received.

Following our inspection in October 2014 we issued a warning notice to the provider and registered manager to tell them they must take action around people's care and

# Summary of findings

welfare. At this inspection, in May 2015, we found the provider had taken action and made significant improvements. However, there were still some further areas where improvements were required.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by kind and compassionate care workers. Staff knew the people they cared for and what was important to them. People's choices and wishes were respected by care and nursing staff. However, the registered manager was aware improvements were required to ensure all staff fully engaged with people and proactively offered support.

The health needs of people were being met. Staff had received support from healthcare professionals and worked together with them to ensure people's individual needs were being managed. People received support to meet their nutritional needs.

Staff promoted choice around meals and ensured people had more food if they wished. People told us they had enough to eat and drink. Pureed food was not always presented in a way for people to see the individual food colours and to taste food individually. People's dietary preferences were not always followed.

People had access to a range of activities and events. We observed people enjoying activities in the home and the home had a welcoming and relaxed atmosphere. People told us they enjoyed activities and trips out of the home.

Staff ensured people received personal care in privacy. Systems were in place to ensure when people were being assisted by care staff they would not be disturbed. People were involved in their care.

People, their representatives and staff spoke positively about the management of the home and the improvements that had been made.

The registered manager had implemented a number of systems to improve the quality of care people received. These systems were having a positive impact on the lives of people living at the home. Staff were given the information they needed to meet people's needs.

The registered manager had made applications where people were being deprived of their liberty, these had been completed in accordance with the Deprivation of liberty safeguards. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. Staff understood the principles of the Mental Capacity Act 2005.

Most staff had the training they needed to meet people's needs, however some staff did not have the training to meet people's needs. The registered manager had a plan in place to ensure all staff would receive the necessary training. Staff told us they felt supported by the registered manager and the provider.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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?

The service was safe.

There were enough trained and skilled staff deployed to meet the needs of people living at the home. Staff knew to report safeguarding concerns to the registered manager to ensure action was taken.

People received their medicines as prescribed. Staff identified the risks of people's care and ensured people were protected from avoidable harm.

Good



### Is the service effective?

The service was not always effective. People's dietary needs were not always respected.

Staff had received training to meet people's on-going care needs, however some newer staff did not feel they had the support they required. Not all staff had received training on the mental capacity act or training around people's mental health needs.

People had access to plenty of food and drink. Where staff were concerned that people were at risk of malnutrition, they took appropriate action.

Where people exhibited behaviours which challenged, staff took action to protect them and other people. The service sought and acted on the advice of healthcare professionals.

Requires improvement



### Is the service caring?

The service was caring.

Staff spent time with people and treated people with kindness and compassion. Staff ensured people were cared for with respect for their dignity. Staff knew the people they cared for.

Care and nursing staff gave attention to the well being of people and were quick to respond if they felt people were unwell.

Good



### Is the service responsive?

The service was responsive.

People benefitted from a range of activities and stimulation. People were supported to access the home's gardens and spend time with pets.

The registered manager responded to complaints and actively sought the views of people, their relatives and staff.

Good



### Is the service well-led?

The service was well led.

Good



## Summary of findings

The registered manager had implemented a number of changes to the service which had a positive impact on people living within the home.

There were effective quality assurance systems which ensured people's care plans were current and that any issues were identified and dealt with.

People, their relatives and staff spoke positively of the registered manager and the support they provided.

# Manor House Nursing Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 5 May 2015. This was an unannounced inspection. The inspection team consisted of two 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a

notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams. We also sought the views of one healthcare professional.

We spoke with eight of the 49 people who were living at Manor House Nursing Home. We also spoke with two people's relatives and representatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two nurses, five care workers, the chef, the activity co-ordinator and the registered manager. We looked around the home and observed the way staff interacted with people.

We looked at eight people's care records, and at a range of records about how the service home was managed. We reviewed feedback from people who had used the service.

# Is the service safe?

## Our findings

At our last inspection in October 2014, we found there was not always enough care or nursing staff deployed to meet the needs of people. We also found that staff did not always report incidents and accidents, which meant people were not always protected from the risk of similar incidents reoccurring. Additionally people were not always receive their medicines as prescribed. These were breaches of regulations 9,11 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider implemented an action plan documenting how they were going to improve the service. At this inspection in May 2015 we found the provider and registered manager had taken actions to meet the standards.

People and their representatives told us there was enough staff to meet their needs. Comments included: "There does seem to be enough staff around" and "I have no concerns, they have time for me." The atmosphere in the home was calm and pleasant. Care staff had the time to answer people's call bells and spend time reassuring people when they were anxious or agitated.

Care and nursing staff told us they had the staff they needed to meet people's needs and spend time with people. Comments included: "Mostly the staffing is very good. Normally we are fully staffed we are able to do everything, however if we're short, when the team is good, it doesn't matter", "the staffing has improved a lot. Sometimes staff phone up sick, they [registered manager] arrange agency cover. Even weekends are good now" and "we have the staff to meet people's needs." The Registered Manager had a system which enabled them to identify how many staff they needed to meet the needs of people within the service. Since our last inspection in October additional activity staff had been recruited and deployed in the home.

Where nursing and care staff had identified specific risks around people's care they had informed the registered manager. Two people living at the home exhibited behaviours which challenged. Care and nursing staff clearly recorded any incidents where these people were anxious. The registered manager was informed and sought the support of specialist healthcare professionals. At the time of our inspection both people had one to one care to ensure their needs were met, and they and other people were protected from harm.

People had assessments which identified risks in relation to their health and wellbeing. These included clear guidance to staff on how to support people safely. Risk assessments enabled people to maintain their independence. For example, detailed risk assessments were in place for one person around their mental health condition in order to support them to maintain their independence as much as possible.

One person was at risk of injury as they were prone to falls. Staff had sought the advice of healthcare professionals for this person, to enable them to walk around the home, whilst reducing the risk of injury. The person had been assessed to wear body protectors. We observed this person walking around the home and they were wearing support to protect them from harm. One care worker told us, "they have protective gear, to prevent them from harm if they fall, however we didn't want to stop them walking."

People told us they felt safe living at the home. Comments included: "I'm perfectly fine and safe here", "I'm happy and safe here" and "I feel safe, yes." One visitor told us they felt their friend was definitely safe in the home.

Staff we spoke with had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the nurse in charge, the manager, or the provider. One staff member said, "I would report any concern to the nurses and the manager. It's all about the safety of the residents." One staff member added that, if they were unhappy with the manager's or provider's response, "I would challenge the situation if I felt no action had been taken, I would definitely speak to CQC." Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the registered manager provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm.

## Is the service safe?

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each

person. Medicine stocks were checked monthly by nursing staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

We observed a nurse assist people with their prescribed medicines. They always ensured people had time and support to take their medicines. They gave people time to refuse medicines and provided encouragement if needed. One nurse said, "We make sure people have the support they need."

# Is the service effective?

## Our findings

At our last inspection in October 2014, we found people did not always receive care which was adequately and effectively planned and delivered. This meant people were at risk of pressure area damage, dehydration and malnutrition. This was a breach of regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider implemented an action plan documenting how they were going to improve the service. At this inspection in May 2015 we found the provider and registered manager had taken actions to meet the standards.

Nursing and care staff had identified where people were at risk of pressure sores to ensure their needs were met. Care staff ensured people were repositioned and had access to pressure relieving equipment, such as pressure mattresses and cushions. Nursing and care staff knew how to care for people, when to assist them to turn and where they needed topical creams (prescribed medicines to moisten and nourish skin) to ensure their healthcare needs were met.

Staff supported people who were at risk of dehydration and malnutrition. Staff had identified one person who had lost a significant amount of weight and was at risk of malnutrition. Staff had informed the person's GP and had sought the advice of other healthcare professionals such as dieticians and speech and language therapists. Staff ensured the person was weighed frequently and all food and drink offered was recorded. One care worker told us, "We offer them personal care daily. Food is always taken to them, their appetite has decreased, so we've reported these concerns."

People spoke positively about the food they received. One person said, "the food is quite nice. I always have enough to eat and drink." Another person told us, "I enjoy my food." People were supported to eat and drink. We observed people enjoying food throughout the day. One person asked for a cup of tea and some biscuits, a care worker acted on this request and the person was happy with the support. We spoke with a kitchen assistant who told us, "the residents can have whatever they ask for."

One relative raised a concern about their relative's dietary needs. They told us, "Mum is a vegetarian, but sometimes they offer her the meat dishes, I'm not sure all the staff are aware." We spoke with kitchen staff who told us at the time

of our inspection there was no one living at the service who was vegetarian. We spoke with a care worker and asked them if there was a vegetarian option and they told us, "we are lucky we have no vegetarians on this floor, I think there might be one upstairs, if they want just vegetables I can just give them some from the trolley." This meant the person may not have had a meal option which was appropriate to their dietary needs and preferences.

These concerns were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We observed staff assist people who required a pureed diet, where they were assessed as being at risk of choking. People's food was in a bowl and we saw the food was pureed together so people were unable to tell the difference between food types, such as vegetables and meat. We discussed how food was to be presented with kitchen staff, who told us food was presented separately. Care staff weren't separating pureed food, which meant people were not always able to taste the different flavours and textures of food, however of the people we observed being assisted with this meal, no one was concerned that the food was presented in this way. We discussed this concern with the registered manager who informed us they would discuss these issues with care and nursing staff.

We observed staff assisting people to make choices. A care worker showed people two options for lunch. This enabled people to see and smell the meal before making a choice. We observed one person who did not like their lunchtime meal. A care worker came and supported this person, offering them other choices. This person was given a meal option they wanted and was given support when they requested drinks.

Other people were supported by staff with thickened fluids because they were at risk of choking. Where people had been assessed as at risk, speech and language therapist guidance had been sought and followed. We observed staff prepare people's drinks in line with this guidance.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses,



## Is the service effective?

community mental health nurses, speech and language therapists, and other professionals from the Care Home Support Team (The care home support service provides specialist advice and guidance to improve the care people receive).

Most staff had knowledge of the Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). Staff told us how this affected their role. One care worker said, "We always assume people have the capacity to make a decision. One person may not be able to make a decision about where they live, however they can pick their own food and drinks."

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was held. For one person a best interest decision had been made as the person wished to leave the home, however they did not have the capacity to understand the risks to them outside of the home. A best interest meeting was held and the manager made a Deprivation of Liberty Safeguards (DoLS) application. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

Staff told us they had a range of training to meet people's needs and keep them safe including safeguarding adults,

moving and handling and fire safety. Staff spoke positively about the training they had received. Comments included: "I've had lots of training", "we have lots of e-learning training, however, and this is followed up with an assessment. It's been really useful."

However, some care staff, who had recently started working at the home, did not have knowledge around the Mental Capacity Act or Deprivation of Liberty Safeguards. Other care staff told us they had not had training around some people's needs. One staff member told us they had not received training to support people with mental health needs, however they did not feel this had impacted on the care they provided. We discussed this with the registered manager, who had a plan in place to ensure all care staff would receive the training they needed to meet people's needs.

Care staff told us they felt supported by the registered manager and deputy manager of the service. Staff had access to regular supervision (a one to one meeting with their line manager). One staff member said, "I have supervision every two months. We discuss issues and my needs." Another staff member told us, "I have one to ones every two months. There is always a list of things to discuss. I have the support I need."

# Is the service caring?

## Our findings

People and their representatives told us care and nursing staff were kind and caring. Comments included: "I like the staff, they're lovely", "Staff are lovely, some seem quiet, but they are nice" and "I've been impressed, the quality of care is good."

Staff knocked and introduced themselves when they entered people's rooms. We observed one care worker introduce themselves to a person and ask if they could come in. The person acknowledged the care worker and smiled. The care workers asked if the person wanted a drink or would like to go to the lounge. The care worker also ensured the person's choices were respected.

We observed staff treated people with kindness and compassion. We saw care workers spend time with people during the afternoon of our inspection and talk to them about what they would like to do. One care worker was supporting people to make a choice over which DVD they would like to watch. The person then got involved in deciding what they wished to watch and was given time and support to make a decision.

Care staff knew the people they cared for and what was important to them. For example, one care worker told us about how they involved one person in their care. They said, "they like to shave every morning. We try to please them, they like to go out in the garden, and we encourage them to." They also told us about this person's cultural and dietary needs, and how they supported them to have a varied and balanced diet.

Staff understood when people could become agitated and took action to promote people's wellbeing. We observed

one person who was agitated. A care worker identified the person was distressed, reassured them and offered them a walk outside. The care worker assisted them to go into the garden, the person was happy, and enjoyed the time they spent in the garden.

People were supported to spend time as they wished. We observed one care worker talking to a person about their book and asking if they wished to go into the garden or do something with the care worker. The person appeared happy throughout the interaction, however chose to stay in the lounge and read their book. The care worker talked to the person about their book and asked if there was anything they wanted. We spoke with this person who said, "the staff are lovely, I like to read my book, however I love talking to them."

One person had been supported to attend their place of worship in Oxford. Staff knew what was important to this person regarding their faith and talked positively about how they supported them to attend services which were important to them. This person's care plan provided clear information for staff on their religious needs and provided information on how they wished to be supported to meet this need. Care records showed staff assisted the person as they wished.

People told us they received personal care in the privacy and comfort of their room. Staff shut their doors to ensure they had privacy. One care worker told us, "We try and respect people's dignity." We observed one person who was agitated at times throughout our inspection. Staff assisted this person to be comfortable and focused on making sure they were reassured and their dignity was respected.

# Is the service responsive?

## Our findings

People spoke positively about activities within the home. Comments included: "I sometimes watch a film and I like singing", "there are always little bits to do, I like the rabbits" and "I like walking in the garden."

People had access to a range of activities, which were delivered by a team of activity co-ordinators. The activity coordinator and other activity staff assisted people with group and one to one activities. A record of these activities were clearly recorded in people's care files. For one person this showed they were given support to follow their cultural needs, access group activities and have frequent walks in the home's gardens. This meant people had access to activities which met their personal needs and preferences. One activity staff member said, "things have definitely improved."

The activities co-ordinator arranged trips for people and pictures of a recent trip for a wheelchair ice skating trip were on display in the home. The home also provided transport to people's relatives and visitors. One visitor spoke positively about this as it enabled them to visit their loved one on a frequent basis. They said, "the bus always picks me up, I'm very grateful."

The majority of staff we observed were proactive in talking and engaging with people. We observed staff talking with people, reading papers with people and one care worker assisted a person to play the piano. On the ground floor of the home, staff assisted people with activities such as nail painting and petting the home's rabbits. However, we noticed a small number of care staff who did not always engage with people or support them with their welfare needs. While this didn't have a negative impact on people, there were missed opportunities where staff could connect with people. We discussed this with the registered manager, who informed us a number of staff were new to care and maybe low in confidence. The registered manager had a plan to develop staff to improve their confidence and skills so people received more frequent engagement from staff.

People and their visitors told us they knew how to raise concerns. One person's relative complained about their relative getting disturbed in their room. This person was then offered the opportunity and then supported to

move rooms. The person and their relative were satisfied with the outcome of raising the concern. There was guidance on how to make a complaint displayed in the home in accessible locations for people and their visitors. We looked at the registered manager's complaints and complements record and saw all complaints had been dealt with in line with the provider's policy. For example one complaint was thoroughly investigated and led to a full review of one person's care with support from healthcare professionals.

The registered manager kept a record of compliments from people and their relatives. Compliments were available for staff to look at and clearly showed relatives thought highly of the care their loved ones received.

People's care plans included information relating to their social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. People's care records showed where people and their relatives had been involved in planning their care and documenting their preferences. Each care plan documented if people wished to have a male or a female care worker, and what parts of their personal care they liked to do themselves.

The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs. Relatives told us they were involved in planning their relatives care. We also saw where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. One relative explained how they were involved in discussing their relatives care needs with staff. This was clearly recorded in the person's care plan.

We discussed one person's care file, which was different from other people's records and did not appear to be current to the person's needs and include information on their preferences and care needs. We discussed this with the registered manager who informed us they were aware of this concern and were taking immediate action to remedy it. They also had raised concerns with the provider over this documentation to prevent future occurrences at the provider's other services.

# Is the service well-led?

## Our findings

At our last inspection in October 2014, we found the registered manager and provider did not have effective systems to monitor and improve the quality of the service. Additionally, people and their relatives views were not always acted upon. These were breaches of regulations 10 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following our inspection the provider implemented an action plan documenting how they were going to improve the service. At this inspection in May 2015 we found the provider and registered manager had taken actions to meet the required standard.

The registered manager had effective systems in place to monitor and improve the quality of care people received. These systems included audits around care plans, people's prescribed medicines and infection control. We saw where audits had identified concerns the registered manager had delegated actions to nursing or care staff to make sure these concerns were dealt with. For example, the registered manager had identified concerns around the recording of people's prescribed medicines. Clear instructions were given to nursing staff to follow. Nursing staff were also assessed whilst administering medicines. One nurse we spoke with said, "we look for gaps and we deal with them. We are better at recording when we administer people's medicines."

The registered manager also carried out audits to ensure people's on-going health needs were managed and changes in people's healthcare needs were being identified. These systems included audits of people with pressure area sores and weight loss. This enabled the registered manager to ensure people were receiving the support they needed to maintain their health and wellbeing.

A recent satisfaction survey had been carried out to seek the views of people's relatives. We saw the feedback received from relatives was positive. One relative however used the survey to raise a suggestion that "communication could be better". The registered manager had introduced end of shift debriefs to ensure communications between staff, the registered manager and people's relatives would improve. One person's visitor informed us they felt communication was good from the home.

The registered manager arranged resident and relative meetings which were used to discuss people and their relative's views and concerns. Meeting minutes showed these meetings were used to discuss the refurbishment and our inspection in October 2014. The registered manager used these meetings to ensure people and their relatives had the information they needed around changes to the home. Information was also available to visitors in the home's entrance. This included information around the home's refurbishment and how this work was progressing.

Care and nursing staff notified the registered manager of all incidents within the home through incident reports. Since our last inspection the registered manager had implemented a 24 hour management report which nursing staff completed and submitted to the manager. This ensured the registered manager was aware of any concerns which may need to be reported to safeguarding. This meant that incidents which could cause harm were reported and acted upon to reduce future occurrences.

Team meetings were carried out by the registered manager to ensure care and nursing staff had the information they needed. Meetings also discussed concerns identified during audits and gave clear directions to staff around training, care plans and health and safety. Care and nursing staff told us they could not always attend team meetings, however they always had access to meeting minutes and could discuss the meetings with their line managers and colleagues. One staff member told us, "we get the information we need. Team meetings help with this."

Staff were supported to suggest ideas to help improve the service people received. The registered manager told us the activity co-ordinator suggested a "golden ticket" scheme. This scheme asked care and nursing staff to spend ten minutes talking with or assisting a person using the service with an activity and document what happened in this ten minutes. Staff told us this idea was to focus on people in the home and promote person centred activities.

All staff spoke positively about challenging unsafe practices in the home and knew how to whistle blow if they had any concerns. Comments included: "If I needed to I would raise concerns to safeguarding" and "I'm happy to raise concerns, it's my responsibility, however I feel the manager would deal with any concerns."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> People did not always receive suitable and nutritious needs which met their preferences. Regulation 14 (1)(4)(c).