

Cedar Care Homes Limited

Saville Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Saville Manor is a care home that provides personal and nursing care for up to 42 older people. The service is provided in accommodation over four floors. At the time of the inspection, 34 people were living at the home.

What life is like for people using this service:

People who used the service and relatives spoke positively and told us they felt safe in the home.

Improvements had been made and people received safe care and treatment. Monitoring records were accurate and up to date, Topical creams, fluid thickeners and equipment were used safely.

Quality assurance risks systems identified shortfalls and actions plans were in place to mitigate risks and make improvements.

Staff had received sufficient training to carry out their roles. Staff demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were supported to access health care services and regular visits were undertaken by their GP.

People's dietary needs were assessed, and people were offered choices at mealtimes. People received the support they needed with food and fluids.

People and relatives were asked for feedback and knew how to complain. No-one was receiving end of life care at the time of our inspection visit.

People received care that was kind and respectful. Care plans were detailed and reviewed each month.

The service met the characteristics of Good in the key questions Safe, Effective, Caring, Responsive and Well-led. and Well-led. Therefore, our overall rating for the service after this inspection has improved to Good.

More information is in detailed findings below.

Rating at last inspection:

Requires Improvement (report published in February 2019 following a focused inspection).

At that inspection, we inspected the safe and well-led domains only.

Prior to the above inspection, at the last comprehensive inspection we rated the service as Good (report published in July 2017).

Why we inspected:

Services rated "requires improvement" are re-inspected within one year of our prior inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people receive.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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.

Saville Manor Nursing 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 team consisted of one inspector, one assistant inspector 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 service.

Service and service type:

Saville Manor is a care home that provides personal and nursing care to older people. 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. 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, so the provider, registered manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we had received for this service. Notifications are information

about important events the service is required to send us by law.

During the inspection we spoke in depth with nine people who lived in the home, briefly with others, and three relatives. We observed how people were being cared for. We spoke with the area manager, registered manager and eight staff that included registered nurses, catering, activities, housekeeping and care staff.

We reviewed a range of records that included five care plans, daily monitoring charts and medicines records. We checked staff recruitment, supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

We received feedback from one health care professional and obtained their views about the service. Their views have been incorporated into the report.

Is the service safe?

Our findings

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

At our last focused inspection in December 2018, this key question was rated Requires Improvement. This was because protocols had not been followed for management of topical creams and fluid thickeners, records of care given were not accurate and equipment was not always safely used. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the legal requirements were met. The rating for this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and when they needed them. A recently introduced electronic recording system was being used and staff told us it was, "Really good, and although we are taking longer to give out the medication at the moment, we can already see the benefits of it."
- People were supported to take their medicines when they needed them. For example, a registered nurse supported a person who liked to have their tablets placed onto a paper napkin. This was so they could see them, and take them one at a time. The person told us, "I like to see what I am taking," and, "They manage my medicines as I have forgotten what I take. It's a relief to have it done (for me). If I had to remember I wouldn't be able to do it."
- Medicines were safely obtained, stored, administered and disposed of. Sufficient storage was provided, and systems were in place for medicines that required cool storage and medicines that required additional security.
- Where people were prescribed medicines to be taken 'as required,' for example, for pain relief, the records provided details of the circumstances in which the medicines may be needed. Some people were prescribed topical creams that were to be applied to their skin. The records were fully completed to confirm they had been applied as prescribed.
- We checked the records for one person who, for over a year, had been receiving their medicines covertly, which meant they did not know they were being given. Appropriate records were in place to support this practice. A registered nurse told us they were now trying to give the person their medicines overtly, so the person knew what they were being given. They had tried different approaches for the person, and were finding an approach that seemed to be working well. The person, on most occasions, agreed to take the medicines they needed. The registered nurse told us they were working towards not needing to covertly administer this person's medicines at all.
- A checking system identified shortfalls and confirmed that actions had been taken when needed. For example, a recent audit noted, 'Always two staff to sign for handwritten MARs (Medication Administration Records).'

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with comments including, "I feel safe here. There are people about,"

and, "I definitely feel safe."

- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance about safeguarding and whistleblowing, with external contact details was readily available and displayed in the nursing office.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition, moving and handling, mobility, malnutrition and dehydration.
- Risk management plans set out the actions needed to mitigate the risks identified. These included completion of monitoring charts for food and fluid intake and for change of position. At our last inspection, these records were not fully completed. At this inspection, the records we checked were fully completed and up to date. The records also included details of safety monitoring checks for equipment such as pressure relieving equipment.
- People who needed support to move with hoisting equipment told us they felt safe when they were being moved. A relative also commented, "Excellent. She was falling, she is now hoisted, no falls."
- The premises were safely maintained, in that regular checks were completed that included electrical, gas, fire, legionella control and safety.
- Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency. Equipment, such as hoists were regularly checked by external contractors.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. A dependency assessment tool was used to assist with determining the staffing levels required each day. We checked the staffing rotas and saw there was consistency in the numbers and skill mix of staff deployed.
- People and their relatives told us there were sufficient staff to provide the care and support they needed, and when they needed it. Comments included, "I have my buzzer round my neck, they come fairly quickly." One person told us staff responded quickly to their calls and at night, "I see them walking round or talking quietly, comforting to know they are around."
- Feedback from staff was positive and included, "If we are short at all, if anyone goes off sick, we all just get on with it and we work really well as a team."
- Staff recruitment procedures were safe. Employment histories were checked and reasons for gaps in employment were explored. Checks were completed with the Disclosure and Barring Service (DBS) so that staff unsuitable to work with vulnerable people, such as those living in care homes, were identified.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.
- The home was clean and well maintained. A senior member of staff told us they made sure their staff team knew exactly what was expected of them. Cleaning schedules and records were maintained, and the senior member of staff checked regularly to make sure they were fully completed.
- The laundry facilities clearly enabled a 'dirty to clean' workflow. This is good practice and reduces the risks of the spread of infection. The area looked clean and well-organised.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- Systems were in place to analyse accidents and incidents and to identify trends to help prevent them from happening again.

- The registered manager discussed lessons learnt and the improvements, as noted above, that had been made since our last inspection. A member of staff told us, "We're all more aware now of making sure we record everything accurately."

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 comprehensive inspection in May 2017 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's feedback confirmed this.

Staff support: induction, training, skills and experience

- People who used the service and relatives told us they thought staff were trained and competent to deliver care they needed.
- When new staff started in post they completed an induction. One recently appointed member of staff told us they had been well supported in their new role. They said, "I have been made very welcome and am really enjoying this. It is my first care job."
- Refresher and update training was planned, and records were maintained. The registered manager told us they had introduced a mandatory 'topic of the month' that all staff were expected to attend. The topic of the current month was dementia awareness training.
- Staff said they felt more supported since the current registered manager had started in post, just over a year ago. Supervisions were completed regularly, and records maintained. The records for one member of staff recorded they and the registered manager had agreed to, 'an extra week of induction to boost [staff name] confidence.'
- Staff told us the registered manager made their expectations clear, and that staff were expected to take responsibility for attending the training that was offered to them. This included role specific training for registered nurses, for example, catheterisation training and syringe driver training. A member of staff showed us the training topics that were displayed, as reminders, on the staff notice board.

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

- Pre admission assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, actions taken included provision of pressure relieving mattresses and support to change position.
- People and their relatives were confident they received the care they needed.
- People's needs were reviewed on a regular basis and when their condition changed. The records showed actions were taken to make sure people's changing needs continued to be met.

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

- People received a healthy and nutritious diet, and were provided with the support they needed to eat and drink. Screening tools were used, and actions taken when people's weight or nutritional needs changed.
- Feedback was positive, and people told us the food had improved during the last year. One person commented, "Food is brilliant, better than home. Have lunch in my room, have a good breakfast, cooked." A

relative whose loved one needed their food softened told us the meals were well presented, and that, "Food is soft, cut up, all individual. She enjoys her food, seldom leaves anything. I have had no reports of concerns about other meals. She drinks ok, uses a straw and beaker."

- The chef told us how they were made aware of people's likes, dislikes, needs and preferences. They told us, "We have daily charts that care staff prepare for every meal." The charts showed what people had chosen to eat, and where people wanted to eat their meals. The chef told us they were always made aware of specific dietary needs and updated when there were changes.
- People were offered choices at mealtimes. Photographs of meals were available and an electronic picture display in the reception area showed pictures of meals for that day. Two people chose to eat meals prepared by their relatives, and according to their very specific and individual needs. One person had a plate of rice and halal meat. A member of staff asked if their food was fine and the person nodded in response.
- We observed meals being served to people in the dining room, the lounge and in bedrooms. Staff asked people before they provided clothes protectors for people who needed or wanted them. A relative had brought in a CD and asked if it could be put on. A member of staff asked people first, before the music was played, then crouched down to speak with people individually to check they liked it.

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

- The service made sure everyone living in the home had access to the healthcare they needed. This included opticians, chiropodists, social workers, tissue viability nurses and dieticians. Oral health assessments had been completed for everyone. People also received regular visits from their GP.
- A health professional told us, "I felt that the nurse I spoke to knew the resident well and she was able to access accurate and up-to-date records regarding his weight".
- For a person with a pressure ulcer, clear and detailed treatment records were maintained. Advice and guidance had been sought from the tissue viability nurse (TVN). The most recent report from the TVN had noted the wound had, 'greatly improved.'

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

- Saville Manor was well maintained, and there was an on-going programme of decoration, furniture and equipment replacement and maintenance. At the time of our inspection, a bedroom was being redecorated.
- Since our last inspection, works had been undertaken to make the garden more attractive and accessible for people who used wheelchairs.
- People's bedrooms were personalised with people's own furniture, photos and other personal items.

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

- 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.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making. Throughout the inspection we heard staff asking people before they provided the supported needed.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.

- Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority. Eight people currently had authorised DoLS in place and for a further five people applications had been submitted to the local authority for processing.

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 comprehensive inspection in May 2017 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 involved as partners in their care.

Ensuring people are well treated and supported

- People looked comfortable with staff and told us staff were attentive to their needs. Relatives also told us that staff treated people well. One relative commented, "They are very caring, very professional."
- It was clear that staff enjoyed their work, and a member of staff gave an example of how a person's quality of life had improved as they got to know and trust the staff team. They told us the person was, "Really low," when they were in hospital, and stayed in bed. The member of staff told us, "I'm so proud now to be able to say that she gets up, sits in her chair, eats better. She makes her needs known."
- During our inspection we saw the registered manager and staff demonstrating acts of kindness and thoughtfulness. They often stopped to chat briefly with people, as they passed by. A member of staff told us, "The residents really love it when [name of registered manager] does his morning walk around the home. He always stops and speaks and everyone loves it."
- A member of staff had provided support for one person who thanked them for their help. The member of staff responded, "You're very welcome. It's a lovely Tuesday today. Will you be going out for a walk later?"
- We read cards from relatives that were complimentary about care provided for loved ones. Feedback included, 'I just wanted to write to thank each and every one of you for the fantastic care you provided for my mum over the last few years. I have nothing but total admiration for all the love, care and support you gave her and the way you handled every situation with such dignity. You are all very special people and make this world a better place,' and, 'To all the wonderful staff at Saville Manor. Thank you from my heart for the kindness, support and gentle care given to my Mum throughout her stay with you and especially during her last few weeks.'

Supporting people to express their views and be involved in making decisions about their care

- Where they were able, people made decisions about their day to day activities. Where they were not able to make such decisions, relatives were asked for their views, and these were recorded in people's care plans.
- For one person assessed as at risk of developing skin damage, the records showed how they often declined the support they needed to change position regularly. The records also noted that the risk of not changing position had been explained, and that the person was able to express their views and make decisions about the care they received.
- A person who did not speak English was supported by a member of staff who spoke their language and was allocated to provide guidance to other staff and communicate the person's views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity, and their privacy was maintained. Staff had received

training and the importance of being polite and respectful to people was included in staff supervision meetings. A relative told us, "Staff go out of their way to do their job and extra, they are so kind and caring."

- We saw staff knocking on people's doors before they entered. In addition, staff told us how they made sure people's privacy and dignity was maintained with one member of staff commenting, "Always knock on the door, tell people, who I am." We also heard staff checking people were ready to receive care, with comments that included, "Good morning. Are you ready? Shall we sit you up for breakfast."

Is the service responsive?

Our findings

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

At the last comprehensive inspection in May 2017 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

- Care records were personalised, up to date and regularly reviewed to make sure they still reflected people's current needs. The records also confirmed how people and relatives wanted to be involved in care reviews. For example, it was recorded for one relative, 'I would like face to face consultation on a frequent basis. Please phone me to arrange a mutually convenient date and time.'
- Another relative told us how they had been involved in the care plan for their loved one. They told us, "They asked what she liked doing when more active. They have set routines which suit her. She seems as happy as she can be... I don't think I could have found anything better, would thoroughly recommend."
- Staff attended handovers when shifts changed and they were provided with updated information about people and their needs. Allocation sheets provided details of staff duties and responsibilities and their allocated break times.
- Overall, people spoke positively about the range of activities offered. Some people told us they were offered the opportunity to join in activities on a regular basis, but chose not to participate. One person said, "I like to sit in my chair in my room. I like to read. I like puzzle books. In summer, I use the wheelchair to go to garden. They ask if I want to go to activities but I prefer to sit quietly and read. I rarely use the TV."
- The activities coordinator told us that most activities were 'group' based and one to one activities were mainly provided to people when they were in the lounge. Some people had commented they were sometimes, 'bored.' The activities coordinator told us they were working on making improvements to the support people had when in their rooms. Care staff were allocated, with guidance written into the social and leisure section by the activity coordinator. Care staff completed records, which the activity coordinator reviewed, to make sure people received sufficient support, so they were not socially isolated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication requirements were discussed during the initial assessment when people first moved in to Saville Manor and this was reviewed and monitored. This included how to communicate with people who did not speak English, and how to communicate with people with sensory loss, such as visual or hearing loss.
- People were supported to communicate in ways that were meaningful to them. Following a meeting with people and relatives, visual displays of meals on an electronic tablet had been introduced, to help communicate the meals being offered each day.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, sections of the care plans included references to advance care planning and end of life support.
- We read some lovely comments from relatives thanking staff for their end of life care and support. These included, 'We have been giving some thought to how we can express our gratitude for everything that you have done...We often think how thoughtful and kind you were to her and us, especially over the difficult times when she first joined you and also as she neared the end of her life...You are quite simply a remarkable group of people...We are not sure how many people would be able to do the job you do, with the long hours, enormous patience and the sheer physical hard work. We have nothing but respect for you. Your ability to show compassion given all that you have to do deeply touched us.'

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed and readily available. Everyone we spoke with told us they would feel comfortable raising any concerns and expressed confidence that issues would be addressed. One person commented, "I would talk to the manager. He is here every day."
- We looked at complaints received since our last inspection. They were investigated and responses completed by the registered manager. They told us they also regularly spoke with people who used the service and their relatives during their daily walk around the home. They told us they regularly checked and actively welcomed feedback about the service provided.

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 our last focused inspection in December 2018, this key question was rated Requires Improvement. This was because the provider's quality assurance systems had not always identified shortfalls we had found. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the legal requirements were met. The rating for this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care and working in partnership with others

- Systems were in place to monitor and evaluate the quality of the service provided. Regular audits were undertaken, completed on a daily, weekly and monthly basis. These included care records, medicines management, health and safety, infection control and the environment. Action plans were developed where areas for improvement were identified. Compliance with required actions was closely monitored by the registered manager, the area manager and other representatives of the provider's management and specialist teams.

- It was clear improvements had been made since our last inspection. For example, the staff we spoke with told us they knew and understood what was expected, such as the accurate completion of care records. A member of staff said, "The manager we have now, works with us, and we know what they expect."

- The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.

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

- The registered manager had a strong focus on making improvements to the service people received. Everyone we spoke with told us they knew who the registered manager was and felt they were approachable.

- Staff told us how they felt teamwork had improved, and this had helped to ensure the quality and safety of people was promoted and maintained.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities about informing people, relatives, the Care Quality Commission and other agencies when incidents occurred within the service.

- Saville Manor's last CQC inspection report and rating were easy to access on the provider's website and a paper copy of the report was clearly displayed in the entrance reception of the home. The display of the rating is a legal requirement to inform people, those seeking information about the service and visitors, of

our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were completed for people using the service. Whilst feedback was being collated from the most recent surveys, we saw actions had been taken in response to previous feedback. For example, improvements had been made to the presentation of softened/pureed foods, to make them more visually appealing.
- Staff meetings were held on a regular basis and staff felt confident their views and feedback would be listened to and acted upon. A topic discussed at a recent staff meeting related to moving and handling people and how improvements could be made.
- In addition, staff forums were held every three months. These meetings gave staff from each of the provider's services to meet, discuss best practice, share ideas and raise any issues of concern.