Care Quality Commission

Mrs Nichola and Mr Robert Broadhurst

Manor House

Inspection report

Higher Tremar
Tremar
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Ratings

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

Overall summary

The inspection took place on 11 September 2015 and was unannounced.

Manor House provides care and accommodation for up to 16 older people who are living with dementia or who may have physical and mental health needs. On the day of the inspection 16 people were living at the care home. At our last inspection in December 2013 the provider was meeting all of the Essential Standards inspected.

The home was on two floors, with access to the upper floor via stairs or a chair lift. Bedrooms have wash hand basins and vanity units. There are shared bathrooms, shower facilities and toilets. Communal areas included two lounges, a dining room, a garden and outside seating area.

The service had 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.

Summary of findings

People told us staff were kind and caring, and treated them with respect. Relatives told us they were happy with the care their loved ones received. There was enough staff to meet people's needs and the registered manager increased staffing when required. People received care from staff who had received training and ongoing support to help them in their role.

People were supported to eat and drink enough and maintain a balanced diet. The chef was knowledgeable about people's individual nutritional needs. People who required assistance with their meals were supported. When concerns about people's nutrition had been identified, responsive action had been taken. People told us the food was nice. People's care plans provided details to staff about how to meet people's individual nutritional needs.

People felt safe living at Manor House. The registered manager and staff understood their safeguarding responsibilities. People were protected by safe recruitment procedures as all employees were subject to necessary checks which determined they were suitable to work with vulnerable people.

People were protected from risks associated with their care because staff had guidance and direction about how to meet people's individual care needs. People had personal evacuation plans in place, which meant people were able to be effectively supported in an emergency. The environment was regularly assessed and monitored to ensure it was safe at all times.

People's consent to care was obtained and their mental capacity assessed, which meant care being provided by staff was in line with people's wishes. People who may be subject to deprivation of liberty applications (DoLS) had been assessed and applications applied for. The manager had a good understanding of the MCA and DoLS, however, staff had a limited understanding of how the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) protected people to ensure their freedom was supported and respected.

People had requested improvements to the frequency and variety of social activities, as their social life was not always promoted and social activities were limited. The registered manager was in the process of considering how improvements could be made. People had care plans in place to address their individual health and social care needs. People were involved in the creation and review of their care plan. External health professionals were complimentary of the registered manager and of the care provided by staff. They told us, advice was always implemented as directed.

People's end of life wishes were documented and communicated. People's medicines were not always being managed safely. The registered manager's policy was not reflective of the processes being carried out, documentation was inaccurate and there was no auditing system in place to highlight poor practice so improvements could be made.

People's confidential and personal information was stored securely and the registered manager and staff were mindful of the importance of confidentiality when speaking about peoples care and support needs. People had a lock on their bedroom door to protect their privacy and security of their belongings.

The registered manager explained she was looking at improving the environment to help promote the principles of dementia care. For example, better signage and colour contrast. People were protected by effective infection control procedures.

People knew who to speak with if they had any concerns or complaints and felt confident their concerns would be addressed. Staff felt the registered manager was supportive. Staff felt confident about whistleblowing and told us the registered manager would take action to address any concerns. The registered manager took an active role in the running of the service. In the absence of the registered manager, there was a head of care who took reasonability. People were aware of the management structure and who to speak with.

The registered manager had systems and processes in place to ensure people received a high quality of care and people's needs were being met. There were opportunities for people to provide their feedback about the service, to help ensure the service was meeting their needs as well as assisting with continuous improvement. The Commission was notified appropriately, for example in the event of a person dying or a person experiencing injury.

We recommend the provider considers research and published guidance in relation to the social stimulation of people who live with dementia.

Summary of findings

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 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?

Requires improvement

The service was not always safe.

People's medicines were not safely managed. Medicines were not stored or administered safely and documentation relating to medicines was inaccurate.

People told us they felt safe.

People were protected from risks associated with their care and

documentation relating to their care reflected people's individual needs.

People were protected from abuse and avoidable harm, because

systems and processes were in place to investigate allegations or evidence of abuse.

People were protected by infection control practices.

There were enough staff to meet people's needs.

Safe recruitment practices were in place.

Is the service effective?

Good

The service was effective.

People's changing care needs were referred to relevant health services in a timely manner.

People liked the meals provided and were supported to eat and drink enough and maintain a balanced diet.

People had consented to their care.

People were protected by the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had the necessary knowledge, skills and training to meet people's needs.

Is the service caring?

Good

The service was caring.

People told us staff were caring.

Staff spoke with people in a respectful manner.

People's confidentiality, privacy and dignity were respected.

People's end of life wishes were recorded so staff had information about how people wanted to be cared for at the end of their life.

Summary of findings

Is the service responsive?

Requires improvement 

The service was not always responsive.

People were not always supported to follow their interests and take part in social activities, which meant people had very little to occupy their time. The registered manager told us action would be taken to address this.

People were involved in the design and implementation of their own care plans which meant care planning documentation was reflective of their wishes.

People's care plans were individualised provided guidance and direction to staff about how to meet people's care needs.

People felt confident to raise concerns or complaints and knew who to speak with.

Is the service well-led?

Good 

The service was well led.

People received a high standard of quality care because the provider's systems and processes for quality monitoring ensured people's needs were met.

People and staff were encouraged to provide feedback about the running of the service.

The registered manager took an active role in the running of the service. There was a management structure in place and staff told us they felt well supported by the registered manager.

Manor House

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.

We visited the home unannounced on 11 September 2015. The inspection team consisted of two inspectors and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection, we spoke with seven people living at the home, one relative, three members of care staff, the head of care, the chef, the registered manager, the registered providers and two community health care professionals. We observed the environment, how people were supported at lunch, and watched how staff interacted with people during this time.

We observed care and support in communal areas, spoke with people in private and looked at three care plans and associated care documentation. We also looked at records that related to medicines as well as documentation relating to the management of the service. These included policies and procedures, staffing rotas, four staff recruitment files, training records and quality assurance and monitoring paperwork. We also reviewed and assessed the environment.

Before our inspection we reviewed the information we held about the home and spoke with the local authority. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law. The provider had completed and submitted 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.

After the inspection we contacted the local authority service improvement team and Healthwatch Cornwall for their views.

Requires improvement

Is the service safe?

Our findings

People's medicines were not effectively managed. People's medicine was dispensed into pots with the person's name on before being administered to the person. This practice is secondary dispensing and could result in medicine errors. The registered manager's medicine policy did not reflect the current administration practices being carried out. People's topical medicine [creams] had not always been dated on opening so it was not clear if they were still in date. The temperature of the room which medicines were stored was not being recorded, so medicines may not be stored in line with prescribing guidelines. The registered manager did not have a medicine audit to highlight where improvements were required. The registered manager explained action would be taken and the dispensing pharmacy contacted for advice.

We found the management of medicines was not managed effectively. Documentation relating to medicine management was not being completed accurately. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe, one person told us, "It's nice and safe because they look after me so well". People were looked after by staff who knew how to recognise abuse and keep people safe from harm. The registered manager and staff had received training in safeguarding and were knowledgeable about what action to take in the event that someone was being mistreated, abused or neglected. Staff felt confident the registered manager would take action, but were also aware of other agencies they could contact. The registered manager's safeguarding policy required updating as it was not reflective of the current Council's process for safeguarding. The registered manager told us she would take immediate action to rectify this.

There was a whistle blowing policy in place to protect staff should they have to report poor practice or professional conduct. Staff told us they were confident the registered manager would take action to address concerns raised.

People were protected by safe recruitment procedures, as all staff were subject to necessary checks to determine that they were suitable to work with vulnerable people.

Staff did not appear rushed on the day of our inspection and the registered manager told us staffing was assessed and amended in line with people's care needs. As a result of people's and staffs feedback a member of staff had been asked to start at 6am, so people who liked to get up early and have their breakfast could be supported.

People had risk assessments in place covering aspect of potential harm people could experience, for example falls and malnutrition. The risk assessment detailed the risk, how the risk could present itself and the action staff were to take to reduce the likelihood of people coming to harm. People's risk assessments were regularly reviewed and were linked to their care plan.

People had personal emergency evacuation plans (PEEPS) in place which meant, in an evacuation emergency services would know what level of care and support people may need.

People were protected by effective infection control procedures. Staff had received training and were provided with personal protective equipment (PPE), such as gloves and aprons. Bathrooms had paper towels, and soap available for people and staff. The registered manager had arrangements in place to dispose of domestic waste and a contract in place for the removal of clinical waste.

The provider had systems in place to monitor the safety of the premises, some of which included fire checks, water temperatures, legionnaire's checks and PAT testing.

Good

Is the service effective?

Our findings

People were complimentary of the food and told us, "the food is lovely; I really enjoy the Brussel sprouts" and "I love bananas at the moment, so they give me extra". People were able to provide feedback about the food and menu choices, at residents meetings or annually via the quality survey.

People who had specialist diets were catered for, and the chef was aware of people's individual needs. One person was "impressed with the range of dietetic foods available".

People were supported to eat and drink enough, and meals were flexible to meet people's individual requests, for example a member of staff told us, they made an early breakfast at 6am for one person who liked it at that time. People were encouraged to drink and prompted when they may forget, "don't forget that cup of tea" was the advice of one member of care staff, to one person. Drinks were freely available in the lounges, however, consideration had not been given to ensuring people had drinks in their rooms, one visitor told us, "there is no water or juice in [the persons] room". The registered manager explained she would take action to address this.

People had eating and drink care plans in place to help staff meet people's needs. When concerns had been identified, responsive action had been taken to seek specialist advice and promptly implement the advice given. People's weights were recorded and when people had lost weight action had been taken.

People's changing care needs were referred to relevant health services, one person told us, ""If I need to go to the doctors or hospital the care home arranges transport for me". People's care records demonstrated a variety of health care professionals were contacted as necessary, for example, community nurses, opticians, chiropodists, and speech and language therapists. A GP visited weekly to help with people's continuity of care. A community nurse told us, staff always acted on advice given to them and a social worker commented, the manager knew the residents very well and promoted choice.

People received care and support from staff who received training applicable to their role, for example dementia training. Staff received an annual appraisal to discuss their role and ongoing development. One member of staff was complimentary of the opportunities they had been given in respect of training. Staff files did not evidence current supervision which is designed to support, motivate and enable the development of good practice for individual staff members. However, staff confirmed they felt well supported and could always go to the registered manager at any time.

There was an induction programme for new staff. The registered manager confirmed they were aware of the new care certificate and told us this would form part of the induction. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

People had consented to their care, by signing their care plans. For people who did not have the mental capacity to do this, decisions had been made in their best interests. People who choose to share a bedroom had been asked to consent to this, and this was regularly reviewed with the person and/or their social worker. The registered manager understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager had applied for DoLS applications as required. The registered manager had discussed the MCA and DoLS with staff; however, staff knowledge was limited. One member of staff told us, "I want to learn more about MCA and DoLS" The registered manager told she would arrange for further training.

The registered manager explained she was looking at improving the environment to help promote the principles of dementia care. For example, better signage and colour contrast.

Good

Is the service caring?

Our findings

People responded in a relaxed way when staff spoke with them and when they were present. People told us, "everybody treats me nice even the boss. They treat everybody the same" and "I sometimes feel down but they always perk me up". One person told us, "I am so pleased I have found this home". Staff spoke in a kind and caring manner, and used humour where appropriate. Staff showed kindness by crouching down beside people when speaking with them, and did not stand over them.

Staff spoke fondly of people and showed kindness in their role. For example, a kiss was given to one person, the person responded positively and smiled. Thank you cards and comments from the annual survey showed appreciation for the care and support staff gave, comments included, "I always feel […] is well cared for in a happy environment", "thank you for being so accommodating and also for being so kind", and "thank you so much for all your loving care".

People's families and friend were welcome. One relative explained they were discouraged to visit at meal times, but felt this was "understandable".

People's privacy and dignity was respected, people had locks on their bedroom doors and staff knocked prior to entering. People's confidentiality was respected; conversations about people's care were held privately and care records were stored securely.

People's choices were respected, and staff did not make decisions for people, for example, people were asked what choice of drink they would like, and whether they would like milk and sugar. Staff involved people in decisions and attention to detail was given, for example, people who wanted their nails painted, were offered the colour "what colour would you like…are you a pink lady, is that too dark"?

People's care plans addressed their individual communication needs, for example when someone required extra time to make decisions, staff were asked to respect this.

People who became anxious were effectively supported. For one person who became confused about money, comfort was given to reduce the person's anxieties. Another person became concerned about why they could not remember things. Time was taken to explain sensitively about the reasons why they may be forgetting, and following the explanation the person was seen to relax.

People's religious beliefs were respected and people were supported to make a choice about whether they wanted to continue their religious beliefs when they came to live at Manor House. People were able to express if they wanted a male or female carer, and their decision had been recorded and respected.

People's end of life wishes were care planned, however, the registered manager wanted to carry out further work and improve staff competence by introducing additional training.

Requires improvement

Is the service responsive?

Our findings

During our inspection, people spent the majority of the day sitting in the lounge with the TV on. One person sat alone for the duration without any social stimulation. Some people participated in a game of catching a ball and were seen to enjoy it, and others were offered to have their nails painted. However, people's daily records did not always show opportunities were given for social stimulation. Records of a residents meeting also showed people had asked for "more quizzes", "card games" and "film afternoons with popcorn and ice creams". The registered manager told us people did not always want to participate and did not want to go out. However, through our discussions, the registered manager was positive about making improvements.

People's care plans, where possible, included a life history. Information about what the person had achieved prior to moving into Manor House, assisted staff to have meaningful conversations with people. This was particularly useful when a person lived with a dementia.

People had care plans in place which reflected their current needs. Care plans addressed health and social care needs and gave staff clear guidance and direction about how to meet a person's individual needs.

People's care plans were reviewed as necessary with the person and or their family. External professionals were also involved in people's review. On the day of our inspection a review had been conducted, the social worker was impressed at how the registered manager had put the person at the centre of the meeting and promoted their right to speak for themselves.

People's changing care needs were discussed at daily handovers as well as regular staff meetings to help ensure the care being provided was responsive to people's needs. A communication board also gave staff and the registered manager important information at a glance. On the day of our inspection, the board had prompted the registered manager to read a person's care plan because of an event which had occurred during the night.

People felt confident to raise concerns and knew who to speak with, one person told us, "I have never had to complain about anything but if I had, I would go to the manager". A relative told us, "I do know how to complain…it depends on the seriousness of the concern. I would go to the manager first".

The complaints policy set out the provider's formal procedure to investigate and respond to people's complaints. The service had not received any complaints and the registered manager felt this was because of the frequent communication she and the staff had with people and their families. She told us, "communication is really really important". The registered manager explained she had an open door policy and encouraged families to come and speak with her at any time, she told us "it is important residents feel that they can come and speak to me". This was observed on the day of our inspection. The complaints procedure was displayed for people and visitors. It was however, displayed high up on the wall which was difficult to see and was not in a format that may be suitable for people who live with dementia to understand. The registered manager told us she would take action to address this.

We recommend the provider considers research and published guidance in relation to the social stimulation of people who live with dementia.

Good

Is the service well-led?

Our findings

People knew who the registered manager was, one person told us, “yes I know the managers name. She is lovely”.

Staff felt supported by the registered manager, one person told us, “best boss I have ever had”.

Staff felt the home was run in the best interests of people because the registered manager and staff work effectively as a team. Several staff commented, “there is good teamwork”.

The registered manager is also the owner of Manor House. She was available through-out the inspection and told us she was passionate about knowing the people and their individual needs. This was observed, as the registered manager attended a care review of one person during our inspection. In the absence of the registered manager, there was a head of care who took responsibility for the day to day management of the home. People and staff were aware of the management structure and who to speak with.

The registered manager told us “I want to provide good care”. She explained she used the “mums test”, to help ensure the service was of a high standard, and one that she would want for her own family. There were systems in place to help monitor the ongoing delivery of the service, these included, audits and staff meetings. The registered manager also felt by working alongside staff, it assisted in the assessment of the quality of the service. The registered manager took time to sit with people during our inspection, which was also used as an opportunity to obtain feedback and make informal observations. The concerns identified in respect of medicines, demonstrated an ineffective monitoring system in respect of the management of people’s medicines. The registered manager told us she would address this.

People were asked to complete an annual survey to help the registered manager establish if people were satisfied with the care and service they were receiving. The registered manager told us, “it provides confirmation of how we have performed through-out the year”. The outcome of this was not displayed for people to see, however, the registered manager told us it had been shared. The registered manager had taken action to make improvements following the last survey; this had been in respect of housekeeping, cleaning and staffing.

The registered manager had notified the Commission of significant events which had occurred in line with their legal obligations. The registered manager had apologised to people when things had gone wrong. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service was underpinned by a number of policies and procedures made available to staff. There was a whistle blowing policy in place which protected staff should they make a disclosure about poor practice.

The registered manager continued to make environmental improvements for people, the entrance had been decorated and a new wet room floor had been laid in a shower room. The registered manager was also keen to change the flooring in one area of the home, to make it feel “more homely”.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The management of medicines was not managed effectively. Documentation relating to medicine management was not being completed accurately.