

Anson Care Services Limited

# The Old Manor House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Old Manor House is a residential care home providing personal care to up to 14 people. Some people were living with dementia. At the time of our inspection there were 10 people using the service.

### People's experience of using this service and what we found

The provider had systems in place to protect people from the risk of abuse and people told us they felt safe.

Medicine management systems were generally safe. However, the storage area for medicines was small and cramped with other equipment being stored in the room. The temperature of the room was difficult to manage. We have made a recommendation about this. The recently introduced electronic medicines monitoring system was being reviewed and monitored to ensure records were accurate.

Risk assessments were completed to help identify and minimise risks people faced. Staff had been recruited safely and during the inspection we observed there were enough staff to respond to people's needs and ensure their safety.

Appropriate recruitment procedures ensured prospective staff were suitable to work in the service.

The environment had been refurbished since the previous inspection. It was spacious and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Incidents and accidents were managed safely. The registered manager took necessary action to keep people safe and minimise the risk of reoccurrence. Steps were taken to learn lessons if things went wrong.

There were processes in place to prevent and control infection at the service. Additional training and systems had been adopted through the COVID-19 pandemic. There were additional cleaning and safe

visiting precautions.

The systems in place to monitor the quality of care within the service were effective. The registered manager promoted a positive person-centred culture and fully understood their responsibilities as a registered manager.

The management team-maintained oversight of complaints and safeguarding concerns. They engaged well with health and social care professionals.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good published 27 July 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well led.

Details are in our well led findings below.

# The Old Manor House

## Detailed findings

### Background to this inspection

#### Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Old Manor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We notified the registered manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be available and there was full access to records.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and deputy manager, 2 staff and 3 residents. Following the site visit, we spoke with 2 relatives. We reviewed a range of records. This included 2 people's care records. We checked 2 people's medicines records and looked at arrangements for administering, storing and managing medicines. We looked at 2 staff recruitment files. We looked at records in relation to staff training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.



## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicine management systems were generally safe. However, the room where medicines were kept was small and was also being used to store a number of electrical items. There was no ventilation and it was difficult to regulate the temperature of the room. The registered manager and deputy manager told us they were aware of the problem and a more suitable storage room had been identified.

We recommend the storage and environmental controls for medicines meet current clinical guidelines.

- The recently introduced electronic monitoring system was being reviewed and monitored to ensure records were accurate.
- People received their medicines in a safe way, as prescribed for them.
- Staff received training and were checked to make sure they gave medicines safely.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- Where people required medicines which required stricter controls, systems were in place to safely manage them.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns. Relatives told us they felt their family members were safe and well cared for. Comments included, "We have peace of mind" and "Yes, we are very happy with [name of person] care and feel [the person] is very safe".
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the

local authority to protect people.

#### Assessing risk, safety monitoring and management

- People's risks were managed safely. People's care plans had individual risk assessments which guided staff to safely deliver care.
- Records guided staff in providing safe care. Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Risk assessments were detailed and up to date. They covered areas such as skin integrity, personal care, mental health and falls risks.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.
- Equipment and utilities were regularly checked to ensure they were safe to use. Staff received training in using equipment safely.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.

#### Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's needs were responded to. Staff told us they thought there were enough staff to support people. Comments included, "Yes the staffing is good. We have time to spend with residents as well as carry out care".
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they felt valued by the provider and registered manager. Comments included, "Have worked here for some time. It is a good place to work. I feel very supported" and "We all support each other".

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.



- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The service had systems in place to support visits from families and friends. Protocols were in place to support any disruption due to Covid-19 outbreaks.

#### Learning lessons when things go wrong

- Appropriate action was taken to learn from the events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as GPs, occupational therapists or physiotherapists, after incidents where people had fallen.

## 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 inspection we rated this key question good. The rating for this key question has remained good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the staff team and staff told us they felt supported by the management team. A staff member told us, "[Registered managers name] makes sure we get all the information we need." A relative told us they found the registered manager and staff to be supportive. They said, "Always keep us up to date, especially if there are any changes".
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people. For example, staff knew each person's individual choice about how they liked to spend their day. A staff member said, "It is a small home and we get to know everybody individually" and "We have the time to spend with residents. We respect everybody's choices".
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.

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

- The ethos of the service was to be open, transparent and honest. The registered manager understood their responsibilities under the duty of candor and reported accidents and incidents. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Registered managers and staff being clear about their roles, and understanding quality performance, risks

and regulatory requirements

- The management structure at the service provided clear lines of responsibility and accountability across the staff team.
- There was good oversight of the governance systems for the service in place.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance. There were regular audits in place to check systems were effective. These were reported to and monitored by the provider.

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

- The service had systems in place to positively engage with all stakeholders.
- The registered manager and staff had a good understanding of equality issues and valued and respected people's diversity.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff. A member of staff told us, "It is important we recognise residents for who they are regardless of the dementia affecting them."

Continuous learning and improving care

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and senior managers completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.