

Manor Care Home Limited

Areley House

Inspection report

Areley Lane
Stourport On Severn
Worcestershire
DY13 0AB

Tel: 01299877727

Date of inspection visit:
31 May 2017

Date of publication:
05 July 2017

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

Areley House provides accommodation for up to 37 older people some of whom live with dementia. At the time of our inspection there were 32 people living in the home. At the last inspection, in June 2015, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care in ways which helped them to remain as safe as possible. Staff understood the risks to people's safety and people were protected from the risk of harm. There was enough staff to provide support to people to meet their needs and people received their prescribed medicines safely.

The care people received continued to be effective. Staff received training which matched the needs of people who lived at the home. People made their own day to day decisions about their care. Staff checked people agreed to the care offered before assisting them. Support was available to people if they needed help making key decisions about their life. People enjoyed their mealtime experiences and were supported to stay well and had access to health care services.

People had built caring relationships with staff and were encouraged to make their own choices and maintain their independence. People were treated with dignity.

People and their relatives' views and suggestions were listened to. People's care plans reflected their preferences and unique histories and there were opportunities for people to do fun and interesting things. Systems were in place to promote and manage complaints.

People, their relatives and staff were encouraged to make any suggestions to improve the care provided and develop the home further. The registered manager worked with people, their relatives and other organisations in an open way so people would enjoy the best well-being possible. Regular checks were in place to assess and monitor the quality of the service and action taken to drive through improvements for the benefit of people living at the home.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Areley 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 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. At the last inspection on 2 June 2015 the service was rated as good.

This was an unannounced comprehensive inspection which took place on 31 May 2017 and was completed by one inspector.

We reviewed the provider information return (PIR) the provider submitted to us. This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the different communal areas of the home. We spoke with five people who lived at the home and two relatives. We talked with the registered manager, the deputy manager, one senior care staff member, three care staff, two catering staff and a member of care staff who was in the process of being recruited. We also spoke with a visiting nurse and health and social care professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documents and written records including three people's care records, records about the administration of medicines, incidents and staff training records. In addition, we looked how complaints processes were promoted and managed and compliments received. We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included minutes of staff meetings, quality surveys completed by people and their relatives and other stakeholders and provider audits.

Is the service safe?

Our findings

People told us staff took action to help them feel safe. One person said, "I feel as safer as houses. They [staff] help me in everything and care for me." One relative we spoke with told us staff were careful to check their family member's electrical items were safe.

Staff knew how to recognise if people may be subject to harm or abuse. Staff were confident if they raised any concerns for people's safety with senior care staff or the registered manager they would put plans in place to help people stay as safe as possible. Staff knew they could also contact other organisations with responsibilities for helping people. A member of senior care staff told us they also provided personal care to people. The senior care staff member told us this gave them additional opportunities to check people's safety and well-being.

We found staff had a good understanding of the risks individual people at the home experienced. One staff member explained some people were at risk of falls. A further staff member told us some people became anxious. Staff told us about the actions they took so people's safety would be promoted. For example, by ensuring the equipment people needed when they moved round the home was regularly checked. In addition, the actions staff took to reassure people when needed.

Staff had been given information on the best way to care for the people, and equipment was in place so risks to people were reduced. Staff saw when people needed assistance and promptly helped them. We saw staff did not rush people when helping them to move around the home and took time to reassure people when they wanted this.

A newly appointed staff member told us about the recruitment checks which were being done before their employment started. We saw recruitment checks had been done before new staff started to care for people. These checks helped to assure the registered manager new staff were suitable to work with people who lived at the home.

People said they did not have to wait if they needed help from staff. Staff told us there were enough staff to meet people's care and safety needs. Staff gave us examples of when extra staffing was arranged as people's care and support needs changed. One staff member said, "Staffing levels are fine and more will be put on if needed." The registered manager told us they maintained full staffing levels at all times, and did not seek to reduce these if there were less people living at the home. We saw people received help when they wanted it.

Staff supported people to receive their medicines when they needed them. One person said, "They [staff] always chat to me about my medicines when they give them to me." Staff were not allowed to administer medicines until they had received training. Senior care staff regularly checked staff competency to administer people's medicines. We saw staff made sure people were receiving their medicines as prescribed, and kept clear records of the medicines people had. All medicines were securely stored and systems were in place to dispose of medicines safely.

Is the service effective?

Our findings

People were care for by staff who knew how to support them. One person said, "Staff definitely know how to help me." The person told us staff often knew before they did what help they required, and this made them feel confident when receiving care.

Staff told us and we saw they regularly undertook training. One staff member highlighted the training they had done was linked to the needs of the people living at the home. The staff member told us about the dementia training they had done and said, "It helps you to help them [people]."

Staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and checked they wanted to receive care, and people's wishes were respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with a health and social professional with responsibilities for assessing DoLS. The health and social professional told us staff knew the needs of the people they cared for well, and were making appropriate applications to protect people's rights. We found where staff needed to deprive anyone of their liberty the necessary action had been taken.

People were positive about their meal time experiences. One person said, "The food here is heaven." Another person said, "There's plenty to eat and drink and lots of cups of tea." A further person told us they had decided to ask for a sandwich instead of a cooked meal. We saw the person's wishes had been respected by staff. Catering staff explained the actions they took to meet people's dietary needs so people would remain well. This included diabetic friendly alternatives for people to choose from.

We saw people's mealtimes were not rushed. Where people needed support from staff, or specialist equipment so they could maintain their independence when eating and drinking, this was provided. We saw people were comfortable to ask for drinks and snacks when they wanted them .

People were supported to see health professionals when needed. One person told us a GP visited the home regularly, so they could always obtain help if they were ill. We spoke with a visiting health professional who highlighted staff knew people's health needs well. They told us staff contacted them promptly if they had any concerns about people's health. The health professional said staff followed the advice they gave, so people would enjoy the best health possible.

One staff member said, "We will pull in the GP if we have any concerns for anyone." A senior care staff member told us they were regularly in contact with GPs, so they could be sure any concerns for people's

health were followed up promptly. The records we saw showed us staff had supported people to see dentists, district nurses and opticians.

Is the service caring?

Our findings

People, their relatives and the health and social care professionals described staff as kind and caring. One person said, "There's nothing to grumble about. The staff here are really good." Another person told us "The owners here are really nice, they are very good to me." A relative said, "Staff are both professional and kind."

People showed us they had built strong relationships with staff who cared for them. We saw people enjoyed chatting to staff and sharing a joke with them and people were relaxed when asking for assistance. One person told us how considerate staff had been when they first came to live at the home. The person said, "Staff took me round the home and spent time with me, so I could settle in and they showed me all the different views from the house."

Staff knew people well and spoke warmly about the people they cared for. One staff member said, "You get to find out about people by asking them and their families. You check their care plans and assessments, and you check these are right by seeing how people react to things." Another staff member told us, "There's a chance to chat to them [people] and this makes people happy."

Staff gave us examples of the ways they let people know they were valued. These included celebrating significant events, people's birthdays and supporting people to keep in touch with people who were important to them. One staff member said, "It's important to people, so you make their relatives welcome, and ask how they are doing, too."

People made their own day to day decisions such as what they wanted to wear, how they wanted their rooms to be decorated and what fun and interesting things they wanted to do. We saw staff gave people gentle encouragement to be involved in the daily life at the home, and took into account people's preferences and decisions. One staff member explained how senior care staff had arranged for knitting needles and wool to be brought, as one person really enjoyed doing this.

The way staff cared for people took their rights to dignity, privacy and independence into account. One person said, "They [staff] make sure I get all the privacy I need." One staff member explained how they ensured people were covered as much as possible during personal care. Another staff member told us about equipment used so people would be able to maintain their independence when eating and walking round the home. Staff had been given guidance on the way to support people to maintain their dignity in their care plans.

We saw people's personal information was securely stored and staff were discreet when taking people for personal care.

Is the service responsive?

Our findings

People told us staff encouraged them to let them know what care they wanted how they liked their care to be given. One person said as a result of this, "I am looked after well." Relatives told us they were encouraged to make suggestions about the care their family members received at any time, through discussion with staff. People, their relatives and staff told us their views were listened to and senior care staff took action to revise how people's care was planned, so they would receive the care they wanted in the ways they preferred.

Staff gave examples of the suggestions they made for improving people's care, as their needs changed. Staff told us there were regular opportunities for them to communicate information so people would receive the care they wanted.

We saw staff used their knowledge of people's preferences when caring for them and gently encouraged people to decide how they wanted to be supported and how they wanted to spend their day. Staff gave people time to decide what care and support they wanted so people had the best chance to let staff know their wishes and preferences.

People's care plans reflected their individual histories and what was important to them. Staff had taken into account advice provided by health and social care professionals when planning people's care, so people would enjoy the best well-being and safety possible. People's care plans and risk assessments provided staff with the information they needed to care for people so risks to their well-being were reduced and their individual needs would be met.

People told us there were no restrictions on their family and friends visiting them. One person said, "My mates are made very welcome by staff, and I get to choose who I see." Three staff members told us about special plans which were being made to support one person to enjoy a visit from their family, who lived overseas. One staff member said, "[Person's name] is really excited about seeing them."

People told us they had opportunities to choose from a range of interesting things to do, such as bingo, film screening, and musical events. One person said, "I am here for pleasure, and I get it". Another person told us how much they enjoyed visits from animals. The person said, "I really love the horses and staff see this." Staff recognised some people enjoyed spending time doing practical things of interest on their own. One staff member explained how they supported people to do this and told us how much doing this improved their well-being. We saw staff gently encouraged people to take part in fun things for them to do so they did not become isolated.

No complaints had been received since our last inspection. People and their relatives told us they had not needed to raise any complaints as staff listened and took action when they made suggestions about the care provided. We saw there were systems in place to manage any complaints received. Complaints were promoted through surveys sent to people's relatives and other health and social care organisations.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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 told us they found the registered manager and senior care staff to be approachable. One person said, "I can speak to [registered manager's name] anytime." Another person told us the home was managed well. The person said because of this, "I love living here." Relatives were positive about the way the home was led. One relative told us as a result of this, "[Person's name] loves the atmosphere here."

Staff said they found the registered manager and senior care staff to be supportive and ready to provide advice so people would have the care they wanted. One staff member told us, "They [registered manager and senior care staff] want people to be happy, well looked after and all their needs met." Another staff member highlighted how staff worked as a team, so people would receive the support they needed at the time which was right for them. The registered manager explained effective ways of working with health specialists from other organisations had been developed, so people would benefit from their advice and staff guided by them at important stages in their lives. This included at the end of people's lives.

The registered manager and senior care staff supported staff to understand their roles and to focus on the needs of the people they cared for through staff meetings and one to one meetings with their managers. One staff member said, "We made some suggestions about redecorating, and this was taken on board. Seniors are brilliant, they take on board what staff say."

People, their relatives and staff told us they had opportunities to make suggestions about the care provided and the way the home was run through discussions, care plan reviews and questionnaires. Relatives told us communication was good, and they found the registered manager and senior care staff listened when they made suggestions, so their family members received their care in the ways they preferred. One person said the registered manager and senior care staff often, "Come to see if everyone is ok."

Staff told us about some of the actions the registered manager and senior care staff undertook, so they could be assured people were receiving the care they wanted and were treated with kindness. One staff member said, "They [registered manager and senior care staff] do checks to make sure this happens, and like to make sure staff are ok, too." Another staff member told us checks were also made to confirm the environment at the home and equipment was safe.

We saw the registered manager checked the quality and the safety of the care offered. This included checks people's medicines had been safely administered, and analysis of accidents and incidents, so any trends could be seen. Plans had been put in place where actions had been identified to develop the home further and people's care further. The registered manager told us the provider also checked the quality of care people received during regular visits, and said they had been supported by the provider to drive

improvements in people's care, through advice and resources.