Cygnet Care Limited

Manor House

Inspection report

18 Yarmouth Road
Blofield
Norwich
Norfolk
NR13 4JS

Tel: 01603713965
Website: www.swanandcygnetcare.co.uk

Date of inspection visit:
25 February 2020

Date of publication:
25 March 2020

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
Manor House is residential care home providing personal care for up to 47 people aged 65 and over some of whom may be living with dementia. At the time of the inspection, 36 people were living in the service.

The care home is made up of two units, Manor Lodge a purpose-built extension and the older Manor House. There are some bedrooms on the first floor accessed by a lift. All communal areas, such as lounges, or dining rooms are on the ground floor.

People's experience of using this service and what we found
People and relatives felt safe with the service. There were enough trained and competent staff to meet people's needs. Risks were assessed, and staff understood how to manage them to prevent harm occurring. People received their medicines as prescribed. If things went wrong for example when people had accidents or other incidents, these were reviewed, and systems put in place to safeguard people in the future.

There was a thorough, holistic assessment process which ensured the service was able to meet people's needs when they moved into the home. Mealtime experiences were positive, staff understood people's dietary requirements and all food was freshly prepared. The premises had been adapted to people's needs both physically, with wide corridors and handrails as well as appropriate signage to help people orientate themselves around the home. 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.

Relatives and people told us staff were kind and helpful. One relative told us, "Staff are passionate about working with older people." Staff spent time to get to know people well, they knew people's histories and were aware of people's wellbeing. They could spot signs that people were not well if they were unable to communicate. Staff promoted people's independence, privacy and dignity.

Care was personalised to people's needs. The service monitored, and staff were updated, when people's needs changed. There were communication plans in place to support people's communication where they had difficulties. There was a full activities programme which aimed to reduce people's isolation either in groups or on a one to one basis. The service was skilled at caring for people at the end of their life. Staff had been trained and made sure that additional support was offered at this time, both to the individuals themselves as well as keeping in contact with relatives.

The service was well managed. People, relatives and staff were positive about the management of the service and the input from the provider. Managers were described as open, accessible, and supportive. Managers understood their roles and there were robust systems in place to monitor the quality of care provided. Relatives and people were involved in the service through regular contact with the provider and there was an annual questionnaire used to gather people's views. The provider had an ongoing process to

improve the service in response to feedback, learning, and new information based on best practice advice. The action plan was delivered and monitored through supervisions with the manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection. The last rating for this service was Good (published 15 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manor House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Manor House

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. 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 Care Act 2014.

Inspection team
The inspection was carried out by an inspector and an inspection manager.

Service and service type
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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had recently left and the operations manager, who was also the nominated individual, had been managing the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. A new manager had recently started in post but had not yet submitted their application to become the registered manager. This person is referred to as 'the manager' throughout the report.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of

this information to plan our inspection.

During the inspection
We spoke with one person who used the service and two relatives about their experience of the care provided. Throughout the inspection, we observed interactions between the staff and people living at the service. We spoke with ten members of staff including the company directors, operations manager, the manager, deputy manager, assistant manager, senior care workers, care workers, activity worker and the chef. We spoke with two professionals who were visiting the service.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives about their experience of the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Systems and processes were in place to safeguard people. Concerns had been reported appropriately to the local authority and to CQC. People and relatives told us they felt safe at the service. A relative told us they had, "'No worries about safety at all."
• Staff had been trained and had a good understanding of how to keep people safe from harm and abuse. They knew how to identify and report concerns.

Assessing risk, safety monitoring and management
• Risks relating to people's care were assessed and guidance was in place for staff on how to manage risks such as falls, pressure ulcers, weight loss or people's behaviours. Staff understood what action to take to manage the risks and keep people safe.
• Risks relating to the environment were managed including those relating to environmental hazards, fire and the servicing of equipment to ensure it was safe to use.
• Staff were trained and knew what to do in the event of a fire and participated in regular fire drills.

Staffing and recruitment
• There were enough staff to meet people's needs. People and their relatives felt, and our observations confirmed there were enough staff to support people. One relative told us, "Yes (there are enough staff) and they are always helpful."
• Staff told us they worked as a team to cover any absence which meant they rarely had to use agency staff.
• There were robust systems in place to carry out checks to ensure staff employed were suitable to work in the service.

Using medicines safely
• Systems were in place to ensure people received their medicines as they were prescribed.
• Each person had a care plan which included a photo of the person and described how they preferred to take their medicines, for example 'With water, put the medicines in a pot and I will put each tablet in my hand'
• Where people had medicines 'as required' (PRN) there were separate protocols in place to provide guidance to staff on when to administer the medicines.

Preventing and controlling infection
• The service was clean and free of any malodour.
• Staff understood how to prevent the spread of infection and personal protective equipment such as gloves and aprons were available for staff to use.

Learning lessons when things go wrong

• There were systems in place to review accidents and incidents so that action was taken to prevent things happening again in the future. For example, if people had a fall there was increased monitoring or referral to the falls team.

• Where there were incidents involving conflict between residents' action was taken to safeguard people and reduce the risk of similar incidents happening again in the future.

Good

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 inspection this key question was rated 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• There was a thorough assessment process before people moved into the service to ensure the service was able to meet people's needs. This involved the providers own assessment tool which covered all areas of people's care including immediate history, care needs, medical diagnosis, mobility, and communication. They also gathered information from other professionals as well as visiting the person in their previous home.
• The home was keen to ensure they could meet people's assessed needs before people came into the home. For example, one relative told us when they approached the home they had not taken their relative immediately because they felt they needed more additional trained staff to meet their needs.
• The service's assessment form was regularly reviewed to ensure it was kept up to date with best practice. For example, they had reviewed their care plans relating to oral health care based on recent guidance.

Staff support: induction, training, skills and experience
• Staff were provided with enough training and support to meet people's needs. People told us they felt staff were competent and had the necessary skills to support them. One relative told us "They lift [name] with a hoist and the know what they are doing."
• Training was provided via face to face sessions. The provider told us face to face training helped them to assess staff's understanding. Staff spoke positively about the training and the fact it allowed them to ask questions and facilitated discussions to aid their learning.
• There was a comprehensive nine-week training programme for all staff when they started. This was followed by regular refreshers to ensure staff knowledge and skills stayed up to date. Training was followed up with regular competency checks and observations of practice.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink enough. Food was cooked from fresh, was well presented and mealtimes were a positive experience with music playing and staff supporting and interacting with people.
• The chef understood people's dietary requirements including those at risk of choking who needed a soft or pureed diet, or those at risk of weight loss who required their meals to be fortified. Staff had a good knowledge of peoples likes and dislikes as well as allergies or special dietary requirements.
• If people were at risk of dehydration or malnutrition there was regular monitoring of food and fluids, and people were referred to the dietician if there were concerns.

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

• Staff worked well as a team to ensure that they met people's needs. Staff were allocated to support particular people on a shift but if needs changed or issues arose they swapped around to help each other.
• People were able to access health care services. The community nurse came into the service on a regular basis and GP's also visited the service when necessary. Records showed people accessed a range of health care professionals, including nurses, GP, dieticians, chiropodist and dentists.
• Staff implemented health care advice. Health care professionals, were positive about the care the service provided for people. One professional told us the service was very good on following up their recommendations. They told us the home had "Good high standards and the management is very good."

Adapting service, design, decoration to meet people's needs
• The service was adapted to people's needs. The newer extension had wide corridors suitable for people who used wheelchairs, with a handrail on the wall to assist people whose mobility was restricted. In the older part of the building steps had been removed and replaced with ramps to enable people in wheelchairs to move about the home.
• The home had a light and airy feel. There was access from the living rooms to the extensive gardens which provided level access and safe paved walkways. There was also a raised bed to make it easier for residents to participate in gardening. One relative told us their family member enjoyed gardening and were looking forward to being able to use the raised bed in the summer to plant bulbs and vegetables.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• Staff had been trained in the MCA and understood that if a person did not have capacity for a particular decision, then a decision needed to be made in their best interests. We observed staff gaining people's consent before supporting them.
• Files contained mental capacity assessments relating to different aspects of peoples care and where people did not have capacity, decisions had been made in their best interests involving the relevant people. Where family or friends had legal status such as power of attorney, this was clearly recorded in care plans and these people were involved in people's care.
• DoLS applications had been made where appropriate and these were clearly recorded in people's files.

Good

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 inspection this key question was rated 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; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

• Staff knew people well and had good relationships with people. Staff knew people's histories and used this information to engage with them and build a relationship. One member of staff told us they get to know people, "By talking to them, the more you interact with the residents the more you learn about them, each day is different, you know when they are not themselves, just by looking at them like [name], when [they are] not well will lean on one side, so need to watch and try your best and if they are a bit down or depressed lighten up their mood."

• People's wishes and preferences were considered. Staff tried to accommodate these wherever possible. A relative told us their loved one had been asked if they preferred male or female carers. Staff told us they were aware of who had a preference for gender of carer and always made sure they took this into account when allocating care tasks.

• Staff told us they try to treat everyone the same by respecting their wishes. One member of staff told us, "If one person wants to go to bed early after tea then we will support them to do that, but if another person likes to stay up late then they would take them to the living room."

• People and their relatives were involved in developing their care plans. One relative told us, "I came in and did the care plan with them…agreed what [name] needed and how many times [name] needs looking at, at night" for example.

Respecting and promoting people's privacy, dignity and independence

• Staff promoted people's independence. We observed staff encouraging people to eat and drink by supporting a person's cup rather than holding it for them. A relative said their family member was supported to dress themselves even though they were slow. Another relative told us that their loved one required full care with most activities but were still able to eat independently and this was encouraged by staff.

• Staff promoted people's privacy and dignity. We observed staff adjusting people's clothing in communal areas in a sensitive way. Staff described how they covered people with towels when support people with personal care and ensured doors and curtains were closed.

Good

Is the service responsive?

Our findings

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

At the last inspection 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 ensure people have choice and control and to meet their needs and preferences
• People received person centre care that reflected their preferences and interests. For example, one person spoke a second language which they liked to continue to use and a member of staff was able to have conversations with them in this language.
• Staff were well informed about people's care needs and when they changed. Care plans were regularly reviewed and updated. Any changes to people's needs were communicated to staff via handover meetings between shifts.
• Relatives told us that the service asked about their family members background. Some files had detailed information provided by relatives on people's social history. For example, we saw one file with detailed information about a person's role during the war.

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.

• People had communication plans which gave information for staff about how people communicated.
• One member of staff described how a person communicated using simple signs and facial expressions. Staff could describe how individuals communicated non verbally.
• Visual information was available throughout the home, for example signage on doors, and each person had a picture on their room door to help them with orientation around the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• The service employed activities staff to support people to engage in activities both in groups and on a one to one basis. One relative told us their loved one didn't like to come out of their room much but staff tried to support and encourage them to take part in activities to reduce their isolation.
• On the day of inspection, we saw people enjoying a group activity using projected images in the main lounge which relatives joined in as they arrived. There was a regular church service held in the home and the service was engaging with local community groups such as schools and nurseries to facilitate more interaction between the home and the local community.
• One to one activities were available including arts and crafts and drawing. The activities worker told us, "One to one is very important for person centred care, we do reminiscing, looking back through old photos,

or talking about what they have done."
• The provider subscribed to a regular newsletter that provided information in a news style format with pictures about historical events such as this time 30 years ago. They said this enabled younger staff who may not be aware of events in the past to engage in conversation. They said relatives had also found these useful as sometimes they struggled to find topics to talk about.

Improving care quality in response to complaints or concerns
• The provider had a complaints procedure and relatives and people knew who to speak to if they needed to raise concerns.
• Complaints had been thoroughly investigated and action taken to resolve issues in a timely manner.

End of life care and support
• At the time of inspection nobody was receiving end of life care.
• The service used a recognised framework to support people at the end of their life. They worked closely with the local GP surgery to ensure people had the necessary treatment.
• Staff had been trained and understood how to care people at this stage in their life. For example, making sure people were comfortable, doing extra checks and maintaining regular contact with relatives.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 very positive person-centred culture in the service, led by managers and the provider. One relative told us, "Staff are passionate about working with older people."
• The providers were involved in the service and at the time of inspection were supporting the new manager who had recently started in their role.
• The new manager was keen to build on the positive person-centred practice within the home They planned to develop 'activity based' care to provide as much stimulation as possible for people and to promote their independence.
• The provider employed a training manager who provided a comprehensive training and induction programme for all staff, promoting best practice in person centred care. Training was face to face and adapted according to the needs of people living in the home.
• Staff and relatives felt the management was good. One relative told us, "[Manager] was lovely, they were all lovely." A member of staff told us, "[Manager] is always there for us and now we have a new manager…see [them] around a lot I can see a future for them here".
• Staff felt morale was good in the team. One member of staff said, "There is good morale …we always help each other. If we are doing stuff and say can you just help me do this, we all pull together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
• There was a robust process in place to monitor the quality of care including audits of care, health and safety, environment, night cover and home security.
• Quality assurance was led by the provider who had recently appointed a new quality assurance director. The new director was reviewing all quality assurance procedures to ensure that these consistently monitored the quality of care provided in the service.

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; Continuous learning and improving care
• Managers were open and approachable. Staff told us they felt able to raise concerns. One member of staff told us, "The managers are very brilliant, you don't feel frightened you know they are there for you."
• The provider continually reviewed practice and used learning from the other services to bring about improvements in all homes. They regularly monitored best practice guidance and reviewed their own ways of working to ensure they kept up to date. For example, they were currently gathering information about

supporting staff to deal with death and end of life care.
• The home had an action plan which was monitored and delivered through the provider supervisions with the manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were involved in the service through regular contact with the provider and managers. An annual questionnaire was completed to gather the views of people and their relatives. Responses to these were positive. Where there were issues raised the provider investigated them. For example, concerns relating to items of clothes going missing were being addressed through a new system being piloted in a sister home which if effective would be introduced to all the provider's homes.
• Staff felt involved in the service through supervisions and regular staff meetings. Staff told us managers and the provider were responsive to new ideas and suggestions.

Working in partnership with others
• The service worked in partnership with other professionals including GP surgeries, community nurses and dieticians.
• They were actively developing partnerships with the local community to enhance people's care and wellbeing including the local church, schools and youth groups. The provider told us they were keen to improve interaction with the local community for people so that people living in the home could be o be part of the community as well as enabling clubs and groups to come into the home.