

The Manor, Exminster Limited

# The Manor Exminster

## Inspection report

Main Road  
Exminster  
Exeter  
Devon  
EX6 8AP

Date of inspection visit:  
17 February 2016

Date of publication:  
24 March 2016

Tel: 01392824063

Website: [www.stone-haven.co.uk](http://www.stone-haven.co.uk)

## Ratings

Overall rating for this service	Inspected but not rated
---------------------------------	-------------------------

Is the service well-led?	Good ●
--------------------------	--------



# Summary of findings

## Overall summary

The Manor, Exminster provides is a care home which provides accommodation with personal care for up to 25 older people, it does not provide nursing care.

This inspection took place on 17 February 2016 and was unannounced. 24 people lived at the home when we visited. We last inspected the service on 13 and 19 August 2015 and identified four breaches of regulations, which were affecting the care provided for people living at the service. These related to quality monitoring, staffing levels, personalised care and meeting the requirements of the Mental Capacity Act (MCA) 2005. We took enforcement action in relation to the quality monitoring breach, by serving a warning notice on the provider and registered manager. This was because the provider had identified most of the concerns we found, but had not taken effective action to address. The warning notice required the provider to address this by 16 January 2016. We issued requirements for the other three breaches of regulations.

In November 2015, we received an action plan outlining the improvements being made, and have met with the provider to discuss progress. The provider has also been working with the local authority quality monitoring team to improve their systems and processes. This inspection was to follow up the warning notice had been met.

The home does not currently have a registered manager. The previous registered manager no longer works at the home and has applied to cancel their registration. A new manager was appointed in November 2015, and is planning to apply to become the registered manager in the near future. 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 were much more alert and active; they enjoyed a range of activities such as quizzes, games, a movie club, outside entertainment and a weekly exercise class. Care was person- centred, provided at each person's convenience and was focused on their individual needs. Regular residents meetings were being held and people were contributing to decisions being made about their home. Staff were much more visible around the service, they had time to chat with people and attend to their needs at a time and pace a convenient for them. People received their medicines on time and call bells were responded to quickly.

In relation to staffing levels, the manager had reviewed the care and dependency needs of each person living at the home and had appointed two additional care staff, and filled the cleaner and chef vacancies. This meant care staff spent less time on cleaning and cooking duties and had more time to spend with people. A staff member said having more staff in the home had made a big difference. They commented, "The home is much cleaner, we are able to spend more time with people and chat to them. There is a programme of activities every day." The improved staffing levels also had a positive impact on people's wellbeing. For example, one person, speaking about the positive changes the manager had introduced said,

"What a difference". They said they were pleased with the increased activities at the home, and the 'Film club' that afternoon. They enjoyed the residents meetings and were looking forward to trips out to Powderham castle and Dartmoor when the weather got warmer.

The culture of the home was open, friendly and welcoming. The manager set high standards, was very visible around the home and acted as a 'role model' for staff. Staff described the impact of the new manager on the home, and said they were "dynamic, enthusiastic, open to ideas and positive" in their approach. One staff member said, "She has good ideas and she listens to us." The manager worked closely with the local health professionals, who were pleased with the progress being made to improve standards of care. Regular staff meetings were held and minutes showed staff were consulted and involved in changes and improvements being made.

We visited all areas of the home and saw they were clean and there were no odours. Cleaning schedules were in place and were being monitored. The chef had had reviewed the kitchen arrangements, and had made improvements to the menu. For example, making homemade soup, cakes for afternoon tea each day and by adding more fresh fruit, vegetables and salad options to the menu.

The provider had reviewed and improved their systems for monitoring the quality of care and made continuous improvements in response to their findings. The provider had introduced an electronic care record system. The new care records system was person- centred and held more detailed information about each person, their life history, interest and hobbies. Care records were reviewed and updated monthly or more often, as people needs changed. People's mental capacity assessment records had been reviewed and updated, and were much clearer about whether or not each person had capacity. However, further work was needed to capture best interest decisions for people as well as information about deprivation of liberty safeguards (DoLS), although other records were available. The electronic care records system could produce reports which helped the manager to monitor and highlight trends in relation to accidents/incidents and any weight loss, which prompted them to take action to address.

The manager had reviewed the medicines management systems at the home, following an audit by an external pharmacy. Improvements made included arranging medicines training for staff, reducing the medicines stocks kept at the home and improvements in recording the application of people's prescribed creams and ointments. A system was in place for reporting any repairs and maintenance issues and improvements to the environment had been made, for example, improved signage so people could find their bedroom more easily and could locate toilets independently.

A director in the company undertook detailed quality monitoring visits every other month. Reports in December 2015 and February 2016 demonstrated ongoing improvements in quality of people's care, and the positive impact of increased staffing levels. The most recent 'Mystery Shopper' visit in February 2016 by an external company also reported positively on the home. They said, 'I would be comfortable placing my parent in their care.' These examples demonstrated the providers quality monitoring systems were working more effectively and there were continuous improvements.

The warning notice has been met. We will carry out a further inspection within the next six months to check the remaining requirements have been met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

Good ●

The service is well led.

The culture at the home was open, friendly and welcoming. Staff worked as a team to support people and felt valued.

People, relatives and staff expressed confidence in the management and said the home was well organised and run.

People, relatives and staff views were sought and taken into account in how the service was run and their suggestions were implemented.

The provider had reviewed and improved their systems for monitoring the quality of care and made continuous improvements in response to their findings.

# The Manor Exminster

## 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.

This inspection took place on 17 February 2016 and was unannounced. One inspector carried out the inspection.

Prior to the inspection we looked at the information we had about the service, such as the providers action plan, feedback we received from health and social care professionals, and from notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met all the people using the service, and spoke with two relatives and friends. We spoke with the manager, and with six staff. We looked at systems for assessing staffing levels, for monitoring staff training and supervision, staff rotas, and at records of two new staff. We looked at five people's care records in the new electronic care record system which had been introduced. We also looked at quality monitoring systems the provider used such as audits, provider visit reports and the results of 'Mystery Shopper' visits. We sought feedback from commissioners, and health and social care professionals who regularly visited the home and received a response from two of them.

## Is the service well-led?

### Our findings

A new manager was appointed in November 2015. The manager said their leadership style was very "hands on." They worked with alongside staff to get to know people, and assessed each staff member's knowledge and skills. They said they were working with staff to make sure they were really organised on each shift and using their time efficiently. They attended the staff handover meeting each morning and were addressing issues as they arose. They were also coaching three senior staff to lead the staff team on each shift, and ensure they supported staff, checked on the care provided and made sure records were kept up to date.

The manager described some initial resistance to the changes, but said things had settled down and people and staff were embracing them. The manager commented, "Its work in progress, still more to be done." The manager said the provider was supportive and was assisting them to make the required improvements. They felt well supported, two of the directors visited the home regularly and they worked closely with other registered managers within the group. They met with one director every two weeks to discuss progress. They said, "He is unbelievable, so open to change." The manager had applied to undertake a level 5 health and social care qualification and was preparing their application to the Care Quality Commission to become the registered manager.

People and staff were universally positive about the impact of the new manager on the running of the home. One person said, "I'm pleased with the new manager, she is making some good changes." They were pleased with the increased activities at the home, and were looking forward to the 'Film club' that afternoon. They enjoyed the residents meetings and were looking forward to trips out to Powderham castle and Dartmoor when the weather got warmer. Others, when asked about the new manager said, "What a difference" and "They are so good to me." Communication we saw from relatives praised the manager for their enthusiasm and positive thinking.

Staff who described the impact of the new manager said they were "dynamic," enthusiastic," "open to ideas" and "positive" in their approach. One staff member said, "The residents are not sitting around half asleep for half of the day," and another said, "People are happier we have lots of laughs." A third said, "(The manager) is approachable, always here, she is full of ideas."

The manager had worked closely with the local community nursing team, who were pleased with the progress being made. They confirmed they were now happy for people with more complex needs to be admitted to the Manor, as they felt there were enough staff with the right skills to care for them. A further meeting was planned to monitor and review progress. The manager has also been working with the local authority quality monitoring team to improve their systems and processes, who also reported positively on the progress being made.

In relation to staffing levels, the manager reviewed the care and dependency needs of each person living at the home. From this they had determined the required staffing levels needed to meet people's needs at different times of the day. The manager said they had four staff on each morning, with three or four staff in the afternoon, and had a waking and 'sleep in' night staff. They said currently, most of the people living at

the home were fairly independent and only needed prompting and a little help. However, they planned to keep this under review and monitor closely. They described how recently, they declined to admit a person to the home, as their assessment of the person's needs showed currently, they did not have enough staff with the right skills to meet their needs.

The rota arrangements had been reviewed and two additional care staff had been employed, and the vacancies for a cleaner and a chef had been filled. The manager said, currently, they were using some agency staff for 'sleep in' duties, so staff could take their remaining annual leave. This meant people were receiving most of their care from staff they knew. The manager was also planning to recruit bank staff for occasional work to cover holiday and sick leave, and was exploring having an apprentice care worker and had advertised for part time maintenance staff.

Full time staff said they now worked a maximum of 45 hours a week and were able to take breaks during their working day. Rotas were planned three to four weeks in advance and showed recommended staffing levels were being maintained. However, some hours that 'sleep in' night staff actually worked were still not represented on the rota, which the manager said they would address. The manager also said they were still experimenting with different shift patterns to find what best met people's needs.

We visited all areas of the home and saw they were clean and there were no odours. Cleaning schedules were in place and were being monitored. The chef had had reviewed the arrangements in the kitchen, and was using the 'Safer food, better business' system to monitor cleanliness and safe storage of food. They were training another member of staff to work in the kitchen in their absence. The chef told us about improvements they had made since they started, such as making homemade soup and cakes and adding more fresh fruit, vegetables and salad options to the menu. They went on to tell us about further improvements planned such as taking photographs of menu options to remind people and help them make choices.

Staff were much more visible around the service, and had time to chat with people and attend to their needs at a time and pace convenient for them. Care was person-centred, and focused on people's individual needs. For example, at breakfast, a staff member sat patiently with a person and prompted and encouraged them to eat their breakfast. During the morning, a person approached a member of staff with a list of things they wanted to discuss, and the staff member sat down with the person and went through their list with them. The person was happy with their response. People received their medicines on time and call bells were responded to quickly. Feedback from friends and relatives about the changes were positive.

The improved staffing levels had also had a positive impact on people's well being, through an increase in the activities provided. An activity board in the dining room showed the activities planned each morning and afternoon for the week. The February 2016 newsletter featured a range of photographs of the activities people had enjoyed such as floor puzzles, flower arranging, birthday celebrations, introduction of new staff and information about a regular chiropody service. On the day we visited, 15 people attended the movie club and enjoyed trying out different popcorn flavours. A staff member did an armchair exercise class each week that lots of people participated in.

For one person, who wished to access the local shops, the manager described the ways in which they were trying to support them to do this safely. The manager also outlined the progress they had made in getting another person, who was reluctant to leave their room to come downstairs and interact with others. The provider had purchased an electronic key board for the home, which the person said they had enjoyed playing. This had reduced the risk of isolation for them and they had entertained others and staff.

Since we last visited the home, the provider had introduced an electronic care record system. People's care records were reviewed and updated when they were transferred to the electronic system, and were updated monthly or more often as people's needs changed. The new care records system was much more person-centred and held more detailed information about each person, their life history, interest and hobbies. Further work was needed to document and demonstrate how each person was supported with these.

All mental capacity assessment records had been reviewed and updated, and was much clearer about whether or not each person had capacity, although further work was needed on capturing best interest decisions for people and information about deprivation of liberty safeguards. The manager confirmed applications for 21 people had been sent to the local authority deprivation of liberty team, as those people would not be able to leave the home without supervision.

The electronic care records system could produce reports which helped the manager to monitor and highlight trends in relation to accidents/incidents and any weight loss, which prompted them to take action to address. For example, one person whose falls had increased had a pressure mat placed in their room, so staff were alerted to go and offer assistance to them when they moved around, to try and prevent further falls. Any injuries were recorded on a body map, so they could be monitored. Records of people's weekly or monthly weights were completed, so people's progress could be monitored. We saw examples of actions being taken in response to any concerns about weight loss. Care records were audited regularly, most recently on 19 January 2016. There was evidence of taking action where concerns were identified and of continuing improvements being made.

The manager had reviewed the medicines management systems at the home, following an audit by an external pharmacy. New prescription sheets were introduced, the amount of medicines stocked on site was reduced and update training arranged for staff. Other improvements included setting up a paper system in people's rooms, so staff could more accurately record the application of skin creams and ointments. This meant the medicines management systems were safer.

Some of the quality monitoring systems which had lapsed when we last visited had been reinstated. For example, documenting records of staff induction. Two new staff confirmed they had completed a formal induction, and there were written records to confirm this. The manager had plans to implement the national skills for care certificate. This is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

A representative of the provider undertook detailed quality monitoring visits every other month and produced detailed reports. We looked at the provider's most recent quality monitoring visit reports dated 31 December 2015 and 1 February 2016. These highlighted the manager was busy catching up on paperwork and 'putting new systems in place' and that 'good progress was being made.' The February 2016 provider report said, 'Residents I saw and spoke to were happier, more engaged in activities.' On cleanliness, the report said, 'Looking really good, great to see gloves and apron dispensers now available throughout the home. Other improvements highlighted included better communication with relatives and regular newsletters to update people, relatives and staff about the home. Where the provider report highlighted actions needed, we saw these had been responded to. For example, where quality monitoring had highlighted improvements needed to the environment of the home, these had been implemented. For example, four actions relating to the fire risk assessment had been completed, the vacancy for a maintenance person had been advertised.

Changes had also been made to the downstairs communal areas. The dining room and lounge areas had been swapped around and additional chairs purchased. This meant the lounge area could accommodate



more people and was no longer a busy thoroughfare. The new dining room area was well utilised throughout the day for activities such as puzzles, board games, flower arranging and a place where people met, sat and had a drink and a chat, and read their newspaper. This meant people utilised the communal space better and had better opportunities to socialise with one another and with staff.

A system was in place for reporting any repairs and maintenance issues and the manager said these were responded to quickly. Regular health and safety checks of the building were being completed. The equipment previously stored around the building had been cleared, which made the home feel less cluttered and brighter. New signage had been purchased for each person's bedroom door and for bathroom/shower areas, so it was easier for people living with dementia to find their way around independently. The manager told us about plans to create personalised boxes with each person to display on their room door, to assist further with this. Other improvements included the purchase of an electronic key board, and other things that stimulated people to reminisce such as an old fashioned typewriter. Other improvements planned included getting the electric gates fixed so people could use the outside area safely. There were also plans to build raised beds and buy hanging baskets, so people could do some gardening when the weather gets warmer.

An annual audit programme had been developed for 2016, which showed which audits would be undertaken each month throughout the year. This showed the quality monitoring systems were working more effectively and there were plans in place for making continuous improvements. The provider was in the process of reviewing the information they wanted the manager to report to them monthly, so they could monitor key quality indicators.

Monthly residents meetings had been established and showed people were involved in making decisions about the day to day running of the home, and were contributing their ideas and suggestions. For example, at the meeting on 24 November 2015, people contribute ideas about activities they would enjoy such as a scrabble club, singing, an exercise class, whether to invite the vicar to visit. People were consulted about the menu and plans to ensure the menu was circulated so people would know what the choice was and agreed the Christmas lunch menu. They also discussed that meals needed to be hotter, so changes were agreed to ensure covers were placed on each meal to keep them warm whilst they were being delivered to the dining room or people's rooms.

The 5 January 2016 residents meeting minutes showed that people were consulted and agreed to try the suggested changes to the communal area, by swapping the lounge and dining room areas. People had said at the meeting they had enjoyed the Christmas lunch, the children's choir, magician and belly dancers. Other issues discussed included arranging a classical /jazz singer to entertain people and planning a regular Sunday tea dance. A weekly activity programme was agreed and suggested options for future outings outside the home were explored. This showed people's views were being taken into account and actions taken in response.

Regular staff meetings were being held. Minutes of staff meetings showed staff were consulted about suggested changes to the use of available space, the activities programme and ensuring it was delivered each day. The manager also discussed the staff rota, gave an update on recruitment, discussed care plans and other record keeping, staff training including medicines management, mental capacity and dementia, as well as repairs and maintenance issues.

The provider also sought feedback about the home through "Mystery Shopper" visits undertaken by an external company. Previously, these had highlighted issues about cleanliness and a lack of stimulation for people. The most recent visit done on the 27 January 2016 was very positive about the home and they

awarded them 44 out of a possible 46 points. The report commented, 'Overall, I was very impressed with the physical appearance of the home, being light, spacious and airy, and also the positive and friendly manner of the manager, and I would be comfortable placing my parent in their care.'