

Hadrian Healthcare (Gosforth) Limited

The Manor House Gosforth

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Manor House Gosforth is a residential care home providing personal care to 44 people aged 65 and over at the time of the inspection. The service can support up to 46 people across two adapted floors, one of which specialised in the care for those living with dementia. People lived in en-suite bedrooms designed to their individual tastes. The service is situated within a residential area of Gosforth and well-integrated into the local community, including shops and a medical centre.

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

Feedback about the service from people and those close to them was remarkably consistent and exceptionally positive. People and relatives told us they almost struggled to praise staff and the care they provided highly enough. One person summarised this by telling us, "The carers make me feel very important to them and I feel honoured to be looked after by them. They sit in your bedroom and have a good chat with you just like a good neighbour. I am just spoilt here". A relative explained the exceptional staff attitude by describing, "I believe many staff here make it part of their livelihood and not just a job".

Distinctive leadership at location and provider level had achieved a service that was outstandingly effective and responsive. The service was innovative and dedicated to ensuring continuous quality improvement to make a real difference for people. Highly person-centred care truly enriched people's lives, helped them to achieve their dreams and led to extremely positive outcomes. A staff member said, "Unless it is physically impossible, we would try and get or do anything for people." People and those close to them were fully involved in the delivery and design of the service. This included the recent full refurbishment of the service to an exceptional standard, as well as involvement in the planning of menus and specially themed restaurant nights.

Personalised scrapbooks captured individual journeys, to also involve relatives and close friends in people's enriched lives and achievements. Daily and monthly newsletters were produced to promote everyone's involvement in the service. This included ongoing communication of the large variety of activities on offer. These involved particularly positive opportunities to connect with the community, including partnership working with a local school. There was a distinctive focus on creating a service that welcomed and embraced people's diversity and promoted equality.

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.

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 22 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

The Manor House Gosforth

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Manor House Gosforth is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 11 people who used the service and seven relatives and friends about their experience of the

care provided. We also reviewed compliments, nomination cards and surveys, which gave us further insight into the quality of people's care and what it was like to live or work at The Manor House Gosforth. We spoke with six members of staff including the registered manager, the assistant manager, the customer service manager, a lifestyle coordinator and care staff. 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 reviewed a range of records. This included people's care and medication records. We looked at staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including quality and safety checks, as well as procedures were reviewed.

Following the inspection

The registered manager sent us additional information, to follow up on and clarify some areas we discussed during inspection, as well as previous surveys and people's individual stories, to share with us the journey of individuals and the service overall.

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; Learning lessons when things go wrong

- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns.
- Appropriate safeguarding investigations had been carried out. The registered manager and provider analysed such events, as well as incidents and accidents. They identified actions to take to prevent reoccurrence. Lessons learned from events were discussed at daily team meetings.
- Safeguarding information was included in the daily newsletter and plain English safeguarding information was displayed in communal areas.

Assessing risk, safety monitoring and management

- People told us staff knew how to keep them safe. One person said, "Staff really support you anytime you need it. When I land on the floor there is a hoist here in seconds to help me up." Risks to people's health and safety had been assessed on an individual basis, showing regular review and learning.
- People were involved in the completion and development of their risk assessments and agreed with staff ways to keep them safe.
- Regular checks were completed to help ensure the safety of the environment and people's care.

Staffing and recruitment

- There were enough staff to meet people's needs and people did not have to wait long to be assisted when they required help.
- Staff continued to be recruited using appropriate checks to ensure they were safe to work with vulnerable people.
- People were informally involved in staff recruitment by introducing them to potential candidates.

Using medicines safely

- People were safely supported to take their medicines at the right time, by staff whose competency was regularly assessed. Staff supported people to be as independent with taking their medicines as possible, which was underpinned by appropriate risk assessments
- Regular audits of medicines were carried out by senior staff, the service's pharmacy and the clinical commissioning group, to identify and address any issues.
- We discussed with managers how some protocols for people's 'as required' medicines could be made clearer and aligned with the service's focus on proactive approaches.

Preventing and controlling infection

- The service appeared very clean and hygienic. People, relatives and professionals told us there were never any unpleasant smells. Staff responded to incidents of incontinence quickly and efficiently, to protect the person's dignity and ensure good infection control.
- Hand-sanitizing stations and personal protective equipment, such as gloves and aprons, were available throughout the service.

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 as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service significantly improved people's quality of life and self-esteem. This was through exceptionally creative, proactive best practice approaches and dedicated support to people's rehabilitation, mental wellbeing and physical health.
- Staff recognised the importance of proactive therapeutic approaches to care and support to help improve people's quality of life. For example, they developed personalised playlists on electronic tablets, of songs important to people and used this to help reduced people's anxieties. Staff used this approach to help people who might be upset in the mornings to have a more positive start to their day instead. This was an exceptionally creative application of best practice standards.
- To improve one person's oral healthcare, staff used a particular song when helping them. The person had previously refused support with oral healthcare, but the use of the song turned the activity into a musical, enjoyable event. Other creative support to promote good oral health included the use of three-headed toothbrushes. All care staff had attended recent NHS oral health training.
- Excellent collaborative working with external health professionals, such as physiotherapists, had led to significant improvements in people's mobility. Two dedicated physiotherapists offered group activities, as well as individual consultation. One person had been unable to walk on their admission to the service. With ongoing support, they had made exceptional progress and were consistently regaining mobility and independence.
- The service was particularly creative at supporting people to feel good and increase their self-worth. For example, staff used highly innovative approaches to turn hand cleaning into an enjoyable experience for people who did not usually like this.
- Feedback from a visiting health professional described staff's care and practice as excellent. They praised staff and their ability to carry out tasks to maintain people's health competently, while also ensuring information provided to health professionals was highly detailed.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet;

- Staff played an essential role in helping people to live healthier lives, which included eating well again and stabilising weight, following moving into the service or after staying in hospital. Staff also ensured people's everyday health needs were met effectively. A family member said, "Before my relative first came into this home, they were very depressed and wandering the streets. Staff have been instrumental in their rehabilitation over the last two years."

- Another family member praised the exceptional difference staff had made to their loved one's life over many years despite their initial diagnosis and stated, "[Relative] was at death's door when they were admitted and within two days of arriving in the Manor House [relative] turned around and the rest is history."
- Staff were exceptionally creative at supporting people to eat and drink well. Positive dining experiences had been instrumental in improving people's nutrition. The service excelled at creating such experiences. The arrangement of an innovative, restaurant like experience, enriched people's dining experience, while addressing cultural needs. This, as well as for example offering people a sherry before lunch, stimulated people's appetite and encouraged them to eat and drink well.
- Themed restaurant nights had been developed out of one person's wish and became a standard at the service, to also enrich further the dining experience of others. One person's greatest wish had been to return to France. The service had transformed a dining room into a French restaurant for one night. To add to the ambience and enrich the cultural aspects of the meal experience, other French speakers had been invited.
- A visitor told us these nights also had a positive impact on others, including family and friends. They said, "They have done so many different ones, including German, Italian, even a Russian one. I suggested Egyptian and they made it happen. Everybody loves them, it is so good to see."
- At the start of each season, a draft menu was created and circulated to people and relatives for their full consultation and input.

Adapting service, design, decoration to meet people's needs;

- People and relatives had been consulted on the full refurbishment of the service. A café area and bar had been introduced, which meant people could still enjoy the ambience if they were not able to leave the service.
- A shop offered a large variety of magazines, snacks and essential items. An honesty box was in use, so people could help themselves independently when they wished to.

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. We found that they were.

- A family member told us, "Recently [relative's] care needs increased, which required the use of DoLS. Staff guided us through this very expertly."
- Staff sought people's consent before offering and providing care. Appropriate applications to the local authority to deprive people of their liberty had been made.

Staff support: induction, training, skills and experience

- People and relatives described staff's high competence in supporting them. One person said, "The staff know about my condition and know exactly how to treat me".
- Staff felt well supported, received a robust induction, regular supervision and training to guide them in

their role. A variety of additional distance learning was available for staff, to explore further areas of interest.

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 as 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

- Interactions between people and staff were warm, kind and showed they knew each other well. Staff sat with people for chats, or to read things that were important to them, such as scientific magazine. Staff were honest yet sensitive, for example when discussing with people how they had done in a memory quiz.
- All of the people we spoke with praised the staff highly. Their comments included, "It is not really a job to them, it is just a big family orientated atmosphere. I have a sound relationship with them all and do not know what I would do without them" and "Staff are very caring and at nights if I cannot sleep, staff will even sit and talk to me and offer me a drink."
- Relatives and friends were equally complimentary in their feedback. They told us, "Staff go above and beyond people's care plans. I have seen this over and over again. Staff even held my hand, cuddled and counselled me [when I needed it]" and "Staff never seem to miss anything or leave anyone out. Everyone here gets good attention to detail".
- Managers carried out regular observations of staff practice, to ensure a kind and respectful approach throughout the service.
- People's dining experience had been a real focus for the customer service manager. We observed a very positive lunchtime atmosphere, in a dining room resembling a good restaurant. All staff were very cheerful and talking to people even before meals were served. The friendship between staff and people was evident and created a more 'social club' like atmosphere.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in decisions over and planning of care. One person told us, "I find the involvement with care plans very useful, as it captures any changes in care I need, like my dementia development." A relative explained, "I remember I and my family member discussed in detail their care plan when they first came into the home. We then reviewed it several times as the care altered over the months."
- Staff signposted people to independent advocacy services when required. Independent advocates are those who speak up on people's behalf when needed, for example if they have no family members to do so.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and people were supported to be as independent as possible. One person gave us as an example, "I do have my own limitations due to my health, otherwise I am not restricted by staff in what I can and cannot do and can express my opinions freely."
- Another person told us about key fobs that were available for people to enter and leave the service independently. They said, "My independence is still promoted very well from staff – for example, I still have a

key to get outside when I want. I originally came into this home because I could not do practical things like shopping and staff have filled a big void in my life in this area".

- People's confidential records were stored securely.

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 truly enriched people's lives, as well as making a significant difference to their family members, by helping people to fulfil wishes and aspirations.
- A 'three wishes' programme helped people to fulfil small or big dreams. For example, one person had wanted to fly a plane all their life. Staff supported them to a flight simulator. The person's relatives saw how much they had enjoyed this and arranged a helicopter ride for them.
- The service was remarkable at helping people to relive memories, which enriched their quality of life, mental wellbeing and self-esteem. This included going to exceptional lengths, to ask a celebrity to record a message for one person, helping one person to reconnect with a former place of work or supporting a person to travel first class long distance to visit a city they loved. The service had a 'three wishes' fund, to which staff contributed through charitable events.
- People's journeys and achievements were captured in special, individual scrapbooks. This also had a very positive impact on relatives, who commented, "How beneficial and meaningful it was seeing [relative] in activities as due to their dementia they were not able to verbally communicate any of it" and "[Relative] looks so happy, it is so reassuring to see."
- A large variety of stimulating and engaging activities included different therapeutic sessions, virtual reminiscence, regular visits by a local historian, as well as opportunities to connect with the community. When we visited, children from a local school sang carols for people. There was a weekly reading club, where school children read with or learned to read from people living at the service.
- People told us about activities, "I like [staff name], they really excel and are so dedicated with lifting people's spirits" and "We share a lot of stories with others and quickly build on a circle of friends in this home." A relative stated, "[Name] has a very personal approach and really tries to involve them in activities that interest them. I know that I can rely on [name] to have [relative's] interests at heart."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives highly commended staff's ability to respond with patience and knowledge when people were upset or distressed. Their examples included, "I really appreciated staff noticing when [name] was in a panic. They took them off and got them a gin and tonic, [name] quickly calmed down and was full of smiles when I came back", "[Staff are] extra caring in difficult circumstances. It is reassuring to know [relative] is in good hands" and "[Name] knows their job and the resident well. Their caring nature helps each resident live a safe, fulfilled life."
- Assessments of people prior to using the service were now attended by the lifestyle coordinator. Their role

was that of an enhanced activities coordinator, but their input exceeded this. This added a real understanding of people's need for support to their quality of life, which informed the planning of people's care.

- The service regularly reviewed people's needs and worked in close partnership with people and relatives to make changes. When people required transition to a greater level of care, staff supported people and their relatives in highly personalised ways, with sensitivity to individual needs. This had resulted in increased self-worth and reduced isolation for people.
- People and those close to them praised staff's highly person-centred care and understanding, which put people at ease and truly enriched their lives. A relative's comment remarked for example on staff's ability to, "[find] 'just the right bananas', understanding [relative's] little ways and tactful assistance which significantly added to [relative's] quality of life."
- A dedicated customer service manager spoke with people regularly to identify any additional needs and wishes. Relatives told us how reassuring their knowledge of people was.

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.

- Staff supported people to use computer equipment, such as tablets, to stay in touch with those important to them.
- A large interactive tablet had been purchased by the provider, to help engage and involve people.
- People's care plans included information of how to best support their communication and understanding. Important information, such as the residents' information booklet, was available in different formats when required, to make it easier for people to read and understand.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint but generally told us they had no reason to. A relative told us, "Honestly [family member] is treated like royalty by staff. I can approach the manager at any time in confidence to resolve even the smallest issues. It sounds like I am putting everyone on a pedestal, but it is true – my relative has a fantastic life."
- Complaints were logged, responded to appropriately and actions were identified to improve the service. One person told us, "If I need any special requests they are implemented straight away."
- In contrast, the service shared with us a list of 35 compliments they had received in 2019, as well as examples of many thank you cards. These mirrored the highly positive feedback we received from those we spoke with.

End of life care and support

- People's care plans were being developed to include detailed wishes and preferences in relation to receiving care at the end of their life. Some care plans already included rich information about this.
- Feedback from professionals and families about how staff cared for people at the end of their life, with professionalism, dignity and respect for people's wishes, was very positive.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service's outstanding effectiveness and responsiveness were a credit to distinctive leadership both at location and provider level.
- People described the exceptional quality of the service by commenting, "I would recommend this home without any hesitation, based on the high quality of care you get and the dedication of staff going out of the box to maintain this care" and "I do not think you will find anything better than this because there is such a professional touch applied to all areas of care."
- The addition of a dedicated customer service manager showed an exceptional commitment to continuous quality improvements and making a difference for people. A visitor told us, "Anything you want, you can ask [name] for. The care everybody needs, no one is left wanting for. The mental wellbeing is taken care of as well as the physical wellbeing."
- The customer service manager reflected daily on how their role had improved people's lives. There were a multitude of examples that showed exceptionally personalised commitment and attention to people. This ranged from ensuring daily high-quality care, to visiting people in hospital when they were not well, ensuring they had access to things important to them or remarkably detailed support to moving into The Manor House, to help people sort their affairs.
- The exceptional culture of the service was led by a highly respected registered manager. A staff member told us, "[Registered manager] is thoroughly passionate and caring. You can hear it when she speaks about the residents. Nobody has ever shown the same passion as [name], we respect her as a boss, but she is also a friend." The registered manager had completed a sponsored 20-mile walk with staff and relatives, to help top up the "three wishes" pot to fulfil people's dreams.
- The service had appointed a specific champion to promote the inclusion of members of the LGBT+ community. They had completed a self-assessment and completed actions to maximise their equality practice. Around the service "Love is love" messages were displayed. These were sensitively pointed out to people taking an initial visit to the service, to promote from the start a culture that welcomed and embraced diversity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was passionate about creating a culture of greater understanding and support. They had signed up to the "Lift the Lid" pledge, which challenges perceptions around intimate relationships and people affected by dementia. The service had implemented the "Time to change" campaign, which helped

to change the way people think and act about mental health problems.

- We asked people how they would describe moving into the service to others. People told us, "I would say you are moving in to a new home with a new life and lots of friends where you are cherished and cared for. Also, staff at every level of the hierarchy are treated with the same respect regardless of rank" and "I would simply say join the happy party, you will not be disappointed."
- The highly dedicated culture of the staff team was evident in "Make a difference" nominations people and relatives had completed, to celebrate individual staff contributions. These included praise such as, "Endlessly flexible, positive and hard-working attitude", "[Makes] a very big difference to people who have similar interests to myself", "Nothing is a problem" and "All the staff are wonderful, we would nominate you all!"
- Regular satisfaction surveys sought the opinion of people, relatives, professionals, stakeholder and staff about the service. These showed significant improvements between 2018 and 2019 to now range between 94 and 99%. Regular meetings, group emails, as well as daily and monthly newsletters kept everyone orientated, involved and well informed. One person told us, "Staff are very informative of daily activities and my meals. I get a sheet of information delivered to my bedroom every morning and this even tells me the weather forecast."
- The service connected with the community through different events and its café, to which members of the local neighbourhood were welcome.
- Staff told us how much they loved working at the service and explained, "From the range of activities, to the food and people going out independently - here it is not like the door is closed, you can still get on with your life."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Ratings from our last inspection were displayed on the provider's website, as well as within the service and notifications about specific events had been sent in line with legal obligations. The registered manager was aware of their legal responsibilities under the duty of candour.
- The most recent compliance visit from the local authority had overall been positive. An effective system of quality assurance checks at service and provider level helped ensured continuous development and improvement of people's care.
- The registered manager was involved in different networks and updated their learning through different sources, including a well-led training programme, to continuously develop best practice and make a difference to people's lives.