

Halcyon Care Limited

Manor Care Centre

Inspection report

Fen Road
East Kirkby
Spilsby
Lincolnshire
PE23 4DB

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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 Care Centre is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 41 people.

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

People lived in a safe environment, the risks to their safety were assessed and managed to allow them to remain as independent as possible whilst staying safe. They were supported by a group of staff who knew their needs and had appropriate training for their roles. People's medicines were well managed and they were protected from the risks of infection. Their nutritional and health needs were well managed and the environment they lived in was well maintained.

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.

People and their relatives told us the staff team treated them with care and respect, and their views on their care were listened to. Staff showed a good awareness of supporting people's privacy.

People received person centred care in a way of their choosing. Their care plans reflected their needs and staff had a good knowledge of people's needs. People were supported to engage in social activities of their choice, and although people told us they had no complaints, there were processes in place to deal with any should they arise.

The service was well-led and the registered manager worked in an open way with people, their relatives, staff and health professionals to provide a good quality of life for people. There were quality monitoring processes in place to monitor practices and maintain good standards of care.

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 17 May 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led .

Details are in our safe findings below.

Good ●

Manor Care Centre

Detailed findings

Background to this inspection

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

This 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

Manor Care Centre 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.

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. This included information from local authority teams and statutory notifications from the service. These are notifications from the service to keep us informed of events at the service. This information helps support our inspections and we used this to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with nine people who used the service, and one relative about their experience of the care provided. We spoke with three members of support staff, the registered manager and the regional manager

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. We viewed a variety of records relating to the management of the service, including quality audits.

After the inspection

We contacted the provider to ask for further information to support our report which they supplied.

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

- People who lived at the service were safe. The systems and processes in place supported staff to keep people safe. All the people we spoke with told us staff ensured their safety. One person said, "Oh darling I am safe here."
- Staff had good knowledge of the types of abuse people could be subjected to. They understood their responsibilities in keeping people safe. Staff had confidence the registered manager would deal with any concerns raised.
- We saw there was learning from events to prevent reoccurrence of risks for people.
- Issues of concern were discussed at staff meetings. We saw minutes of meetings to show issues had been discussed.

Assessing risk, safety monitoring and management

- The risks to people's safety were clearly assessed. When equipment was required to reduce risks to people it was in place and used effectively. For example, when people required bedrails there were risk assessments in place and regular checks on the bed rails to ensure they were fitted correctly and fit for purpose.
- People who required support with their mobility had the necessary aids in place. One person said, "I can walk but need the frame. They never rush me, I can go at my own pace."
- When changes had occurred for one person's mobility due to a fall, staff had made changes to their risk assessment to reflect the level of risk. We discussed the changes with staff and saw the care provided for the person was reflective of their needs and the information in their care plan.
- Environmental risks to people were assessed and regularly monitored. For example, differing needs people had in the event of a fire was documented in the personal emergency evacuation profiles (PEEP's).

Staffing and recruitment

- People were supported by a consistent group of staff. There were sufficient numbers of staff to allow people to undertake their daily activities.. People and relatives told us there were enough staff and when they called for assistance they were supported in a timely manner. One person said, "The staff are good, they don't change much so I can get to know them."
- Staff told us the registered manager worked to ensure there were enough staff. A health professional who visited the service regularly confirmed this, as did our observations on the inspection day.
- Safe recruitment processes were in place to ensure people were supported by fit and proper staff. Staff files showed the registered manager had used the disclosure and barring service (DBS) to make checks to ensure potential staff had no criminal convictions which could affect people's safety.

Using medicines safely

- The processes in place for supporting people with their medicines were safe.
- Staff received training in safe handling of medicines and people received the appropriate level of support they required.
- People received their medicines as prescribed and in a way they chose.
- Medicines were stored safely and in line with manufacturer's instructions. There were regular checks on the environment such as room and fridge temperatures to ensure they were within the safe range for medicines to maintain their effectiveness.
- There were protocols in place for medicines that were taken on an 'as required' basis, however, one or two of these lacked information as to why the medicine might be required. We raised this with the registered manager who addressed the issue and following the inspection sent us evidence to show the relevant changes had been made.

Preventing and controlling infection

- Prior to our visit we had information the local authority had found some issues with infection prevention and control (IPC) during their visit. We viewed the action plan and found these issues had been addressed.
- The environment was clean and well maintained. There were cleaning schedules in place and staff were aware of their responsibilities. The service had recently received a five star hygiene standard rating which is the highest rating they could achieve.
- Staff had received appropriate infection control training for their roles and there were regular checks in place to ensure standards of cleanliness were maintained.
- Staff used personal protective equipment to protect people from acquiring infections.

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 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

- People's needs had been assessed when they moved to live in the service in line with nationally recognised guidelines.
- For example, people's skin integrity had been assessed using the Waterlow scoring tool which is a nationally recognised tool. The information was reviewed each month and was consistent with other assessments for areas such as dependency and nutrition. The use of these tools provided a holistic approach to people's care. We saw the measures in place following assessments were followed by staff to provide safe care for people.
- People's protected characteristics under the Equality Act were considered and there were policies and protocols in place to guide staff provide appropriate care.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training for their roles. People we spoke with were complimentary about the way staff supported them.
- Staff told us the training they received was very good which included regular updates in areas such as moving and handling.
- One member of staff who had recently joined the service told us they felt well supported during their induction. The training they received was a mixture of face to face and e-learning. They told us there was always someone to go to for support when needed.
- Staff were supported with regular supervisions from the registered manager. They told us the sessions were useful, but they also told us the registered manager had an open door policy and they could discuss any practice issues at any time.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed and people we spoke with told us they enjoyed their meals. One person said, "The food is very nice, I'm always happy with the choice (available)." Another person told us, "I'm on a soft diet but it doesn't limit my choices."
- Records showed people's nutritional needs were regularly assessed and when people required support this was provided. One record we viewed showed the person was a high risk for both nutrition and choking. There was clear information on the support the person required. The care plan gave guidance on how the person could be supported to enjoy a normal diet but still reduce the risk of choking.
- The manager had a good overview of people's weights. When there were changes they referred people to the appropriate health care professional and staff followed the guidance given to them to ensure people received a healthy diet.

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

- People's health needs were well managed and they were encouraged to live healthy lives.
- People's care plans showed any mental and physical health needs were regularly monitored and staff worked with health professionals to support people with these.
- One person had a chronic health condition which meant they had recurring infections. The registered manager worked with the person's GP to have a supply of medicines at the service so should the person show symptoms these could be administered quickly. There was very clear information in the person's care plan and medicine administration record (MAR) to provide guidance to ensure the medicines were administered appropriately.
- Staff told us senior staff were quick to act on any health concerns raised and they felt confident raising any health issues with them.
- People were supported to keep active and were provided with healthy eating options. There was a regular exercise class for people to join if they wished.

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

- The service was adapted to meet people's needs. There was an ongoing decoration and refurbishment plan in place. The provider employed a maintenance person who worked to ensure the service was well maintained.
- The service had clear, dementia friendly signage to help people orientate themselves around the service. There were tactile wall hangings for people to handle in the corridors and communal areas. People had picture frames on their room doors with items that were important to them to help them identify their rooms.
- People's rooms had been decorated and adapted to meet their individual needs. People were able to personalise their own rooms and some people had decorated their rooms for Christmas. The registered manager told us one person found too many items in their room caused them stress. We saw their room had very little in the way of decoration, however, the registered manager told us the person did enjoy spending time in this sparse environment and was often calmed by just sitting quietly in their room.

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 viewed the authorisations, which had no special conditions attached.

- People told us they were able to make their own decisions about their care. Where people required support to make decisions there were assessments in place and people were supported in the least restrictive way.
- Staff showed a good understanding of how to support people with making decisions. They were able to give examples of the different levels of support people needed with their decision making and had good

knowledge of people's mental capacity.

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

- People at the service were treated with respect and kindness. One person said, "I like it here, it's like a new home where everything is done for you. I never want to leave." They told us staff were supportive and caring towards them. Another person said, "I'm very happy here, I couldn't wish for anything nicer, I'd absolutely recommend it." One relative said, "[Name] likes it here. They (staff) are lovely people. I've got to know the staff well."
- People interacted well with staff and engaged with them confidently. We saw numerous positive interactions between staff and the people they supported. For example, one person was helped into the dining room. The staff member waited until they were settled and comfortable before asking what they wanted to eat. They then provided the person with their meal straight away, chatting easily with them throughout the encounter.
- Staff told us they enjoyed working at the service and one member of staff who had been employed recently told us there was a caring attitude toward people and their relatives from staff. The staff member enjoyed working at the service as their colleagues were a, "nice bunch". A senior carer reiterated this view. They told us the senior care workers worked together to create a positive atmosphere among staff and they felt this transferred into good care for people.

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

- People were supported to express their views about their care. Their wishes and choices were considered and people gave examples of how they took the lead in their day to day decisions. Such as choosing when they wanted to go to bed or get up and when they wanted help with personal care.
- Records showed both people and their relatives had been involved in care planning. The registered manager told us it was important for people and their families views on their care to be captured to ensure people received individualised care.
- People's religious beliefs were supported and religious services were held for people who wished to attend. Where people had specific religious needs the registered manager told us they worked with the person, their friends and relatives to ensure these needs were met.
- There was information on advocacy services available for people when this was required. The registered manager told us two people were using the service at the time of the inspection. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was maintained by the staff who supported them.

- People told us staff spoke with them in a respectful way and throughout the inspection we saw staff maintaining people's privacy and dignity when they provided care.
- People were encouraged to be independent. For example, one person liked to maintain and clean their own room. While the housekeeping staff still supported the person, staff made sure the person was able to undertake the jobs they wished to. The registered manager told us the person took great pride in maintaining their room.

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 receive personalised care from staff who were knowledgeable about their needs.
- The information in people's care plans reflected the care they required. Where people had specific needs these were clearly documented. For example, one person's needs had changed and they required a higher level of support. Their care plan gave a clear account of how their needs had changed and how staff should manage the person's needs. Staff showed a good understanding of how to support the person.
- Staff worked to ensure people were treated equally, taking into account the protected characteristics of the Equality Act. This included providing staff with guidance on how to support people living with dementia. One person who had early stage dementia still wished to take part in their care plan reviews but struggled to read their plan. Staff took time to read the care plan to the person so their views could be captured.
- People told us they made their own choices about their everyday care and we saw the care provided was very person centred. For example, one person liked to have their breakfast and then go for a bath and we saw them being offered that choice. Another person said, "I go to the hairdresser every week and I can have a shower when I like."

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

- People told us they were supported to develop and maintain relationships with other people who lived at the service and their relatives. Some people enjoyed sitting together and joining in the activities together.
- People told us they enjoyed a variety of social activities. One person said, "There's something on every day. I like the art and exercises best. There's one or two entertainers every month, they're usually good too." Another person said, 'I like a laugh and a joke. I look forward to the exercises every Thursday and I love it when the dogs visit.' People also had the choice of whether they joined in different activities. One person said, 'I don't do much activity but I'm happy and relaxed. We get to go out in the garden in the nice weather.'
- The registered manager told us there was a diverse programme of activities designed to suit the needs of everyone living at the service. They told us they worked with people to plan the different activities which included animals being brought in for people to enjoy, crafts which included knitting, card making, or people's personal hobbies. Regular choir practice and karaoke sessions also took place and quiet periods of sensory touch and reminiscence helped a lot of people if they became anxious or frustrated. The service also hosted a number of fairs and families were invited to be involved in these.

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.

- The registered manager worked to provide people with accessible information, such as having large print books in their library, and talking books. They also had pictorial information available for areas such as menus.
- Support plans provided staff with information about people's communication and sensory needs. We saw staff using this information when they supported people. For example supporting people to wear their hearing aids.

Improving care quality in response to complaints or concerns

- People and relatives knew who to complain to if they had any concerns. Staff we spoke with understood their responsibility in ensuring any concerns were dealt with. Staff told us they would ensure any complaints were recorded and raised with the registered manager.
- There was a copy of the complaints procedure displayed at the service. We viewed the record of a complaint the registered manager had dealt with which showed they had worked to resolve the concerns.

End of life care and support

- Where appropriate, people's end of life wishes had been discussed with them and their families, and their wishes recorded in their care plans.
- The registered manager told us they discussed different aspects of people's care wishes, such as their religious needs and who they would like with them at the end of their life. The registered manager told us it was important to them and their staff they got to know people well so they had an understanding of their wishes. A health professional we spoke with told us they felt the staff managed people's end of life needs very well.

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; 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

- The management team at the service worked with people and their relatives to provide an open, person centred approach to the care people received.
- Throughout our visit interactions between staff and people were clearly person orientated and there were examples of how this had led to good outcomes for people. For example, people engaging with activities or being supported with their meals. The comments from people about their care were all positive. People were aware of who the registered manager was, and felt they were able to talk with them about any issues of concern..
- Staff told us the registered manager and the regional manager who frequently visited the service were approachable and open. Both worked to encourage a positive culture at the service.
- The registered manager had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and via their website, where a rating has been awarded. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

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

- There was a comprehensive quality monitoring system in place at the service. This resulted in a good oversight of the quality of the service. Both the registered manager and the regional manager undertook a range of audits to maintain this oversight.
- The monthly analysis of falls had established trends or patterns, and analysis of the trends were undertaken. One person who had increased falls had their medicines reviewed with a positive effect. The registered manager looked at timings of falls and found there was an increase when people were all going into meals. This led to the team reviewing their practice to ensure people had the best support.
- The quality monitoring system also included audits of the environment, medicines, people's weights, care plans and equipment. When issues had been identified an action plan was in place and we saw the actions were completed in a timely way.
- The registered manager was well supported by the regional manager and provider. They worked together to provide a good quality service for people.

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

- The management team worked to ensure people, relatives and staff were engaged in the running of the service. Feedback from people included their opinion on the décor, the choices on the menus and their choices of activities. This was gathered through meetings and questionnaires. We saw people's views had been considered, for example the range of activities included the choices people had expressed.
- Staff told us they felt involved in the running of the service and the meeting minutes we viewed showed the range of topics discussed and the high attendance of staff. Areas such as meal times management, infection control and areas of responsibilities had been discussed with an action plan and crib sheet produced to prompt staff actions.

Working in partnership with others

- The service worked to maintain good links with the local community.
- The registered manager worked in partnership with health professionals to ensure good outcomes for people. One health professional who came to the service regularly told us staff knew people well and they followed medical guidance and were very responsive.
- The registered manager told us they worked with another service where people with learning and physical disabilities lived. People from the service visited The Manor and everyone enjoyed this. The registered manager also employed some people from this service to undertake jobs in the garden, laundry and helping with the tea trolley. The provider had been awarded the Roy Castle employer award from the service and told us they felt the partnership benefited everyone.