

Cygnet Care Limited

Manor House

Inspection report

18 Yarmouth Road
Blofield
Norwich
Norfolk
NR13 4JS

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

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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

The inspection took place on 13 July 2017 and was unannounced.

Manor House is a residential care home for up to 47 older people, some of whom are living with dementia. The home's Statement of Purpose needs revising to reflect that. The service 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.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

Staff continued to protect people from the risk of harm and abuse and understood their obligation to report any concerns or suspicions about this. The management team assessed risks to people's health and welfare and staff took action to minimise these. There were enough staff to support people safely with their care. Staff were recruited in a way that contributed to protecting people from the employment of staff who were not suitable to work in care services. Medicines were managed in a safe way so that people received them as the prescriber intended.

Staff continued to support people competently. They supported people to have choice about their care. People were supported to have choice and control of their lives and in the least restrictive way possible. Staff training and guidance supported this practice. People had a choice of enough to eat and drink and staff supported them to do so if they needed assistance. Staff monitored people who were at risk of not eating or drinking enough and ensured people could access advice about this and other aspects of their health and welfare.

Staff continued to develop warm and compassionate relationships with people and supported them in a caring way. They respected people's privacy and dignity and encouraged people to be as independent as they could be. Staff took prompt action to offer reassurance and support when people were anxious or distressed. People were able to receive visits from friends and family when they wished, and could involve them in discussions about care if they wanted to.

Staff continued to deliver care that was responsive to people's preferences and wishes as far as practicable. Staff knew about people's backgrounds and interests so that they could support people with their hobbies and recreation as well as engaging with them in suitable conversations. People were confident that any complaints they had would be listened to and responded to.

The service continued to be well-led. There was a registered manager in post. In the temporary absence of the registered manager, the directors had appointed an acting manager with considerable experience of working at the home. The directors were providing additional supervision and support from a registered

manager in another service to ensure stability and continuity of standards of care. There were effective systems for checking and monitoring the quality and safety of the service, which took into account people's views.

Further information is in the detailed findings of the report.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Manor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 13 July 2017 and was unannounced. It was completed by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. One of the provider's representatives completed this and returned it when they needed to. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law.

We also reviewed the findings of quality monitoring visits completed by one of the provider's representatives and comments made by people's relatives on a care home review website or directly to us.

During the inspection, we spoke with the acting manager and two of the provider's directors. We also spoke with an assistant manager, two care staff, a domestic staff member, activities coordinator and catering staff. We gathered views from eight people using the service and four visitors.

We reviewed care records for four people, medicines records for six people and recruitment records for three staff. We also checked a sample of records associated with the quality and safety of the service. This included health and safety checks and the findings of the provider's questionnaire for people or their family members, completed in January 2017.

Is the service safe?

Our findings

The service remained safe. Staff continued to support people in a way that contributed to protecting them from the risk of harm or abuse. People told us that they felt safe in the service. For example, one person said, "I feel safe being here, I have everything here that I want. The staff treat me well; I would chirp up if they didn't. I wouldn't sit back and take it." A visitor to the service told us, "I feel [person] is safe. Whenever I have been here ... I have never seen or heard any staff member getting cross with any of the residents. I have never seen any negativity with the staff or residents. They are a cheery set of staff."

Staff, including staff providing ancillary support, had training to recognise and respond to suspicions someone may be at risk of harm or abuse. They recognised their obligations to report any concerns and were confident that any concerns they raised would be followed up.

Risks to people's safety and welfare continued to be managed appropriately. A visitor commented to us, "I have never had any concerns with my [family member] being here. [Person] used to have falls at home that's why [person] came here, but [person] hasn't had any since."

People's care records contained information about risks to which they were exposed such as from falls, not eating or drinking enough and to pressure areas. Although care records for maintaining one person's skin integrity did not indicate how staff were to support them to minimise this risk, staff knew what to do. Staff assisted the person to change position regularly, records in their room confirmed this and they had pressure relieving equipment in place.

The directors assessed risks within the environment and equipment was properly serviced to ensure it was safe to use. We saw that staff supported people to move and transfer safely. Staff were trained in fire safety and in first aid so they could respond in an emergency.

There continued to be enough staff to support people safely. One person told us they might sometimes have to wait for assistance if staff were busy helping others but they felt they were safe. Another said, "I feel very safe because I have confidence in the people looking after me." A visitor commented, "There always seems to be plenty of staff around." We saw that there were enough staff to respond to call bells promptly.

Recruitment practices continued to contribute to protecting people from the employment of unsuitable members of staff. The provider's representatives and acting manager gave us reassurances that, where there were some gaps in information, this was always explored with staff before they were confirmed in post. We suggested that the checklist for staff recruitment could be used more robustly to support this. It could better contribute as a prompt for any information needing more detail and where it was recorded.

Staff continued to support people with their medicines in a safe way and to administer them as the prescriber intended. People receiving support with their medicines were satisfied with the way it was done. One person said, "Staff give me my tablets, they watch you take them. They never leave them on the table, I get them on time." Another person told us, "The staff give me my tablets I have got no fault with that."

Medicines were stored securely for the protection of the people using the staff. Staff had sufficient guidance in place to support them to give people their medicines safely. We noted one minor shortfall in administration practice when a staff member signed the medicine record before they gave a person their medicines. They agreed that this should not have happened but that they knew the person always accepted their medicines. They were able to explain the checks they would normally make. Where we had a query that the medicines chart suggested a person should have more regular doses of a pain relieving medicine than they were receiving, staff were able to explain the advice given by the person's doctor about its use.

Is the service effective?

Our findings

The service remained effective. People were supported by staff who were trained and competent to meet their needs and promote their welfare.

People and the majority of visitors said they were confident in the skills and abilities of staff. One person told us, "Yes, they [staff] have got all the training." They said that they got on better with some staff than others but felt staff "...look after me so well." A visitor told us that they thought staff were "...brilliant..." in the way they dealt with people who had complex needs. One visitor felt that the person they came to see was less accepting of support from younger, less experienced staff members and may refuse assistance. The person's care records recognised the difficulty and guided staff about the need to encourage the person with their care.

All of the staff we spoke with told us they felt the training they had received provided them with the necessary skills and knowledge to provide people with effective care. New staff completed shadowing shifts and had to be 'signed off' as competent before being allowed to deliver care without supervision. Staff had the opportunity to discuss their training and development needs.

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

We saw that people's capacity to make informed decisions about their care was assessed. The registered manager and acting manager were aware of the importance of protecting people's rights and ensuring any restrictions on people's freedom were minimised. They applied for appropriate authorisations in accordance with the DoLS when they were needed. Staff understood the need to seek people's consent before they delivered care and we saw that they did so. Staff described how people's refusal of support was respected and that they would try later, or with a different staff member. They recognised that sometimes people required support with personal care that was essential and in their best interests. Staff also knew who had made specific advance decisions about treatment if they became unwell and could no longer make decisions about their care.

People had a choice of food and enough to eat and drink to meet their needs. All of the people we spoke with told us they were satisfied with their meals. This included the preparation of food to increase people's calorie intake if they were at risk of weight loss, or to address swallowing difficulties. One person told us, "The food is very good, the only thing is, I am putting on weight! You get two choices for your meals." Another person said, "The food is very good, when it is hot the lady comes round with jugs of squash and water."

There was information about specific dietary needs in the kitchen for the catering staff to refer to. However, there was some lack of clarity in the explanation staff gave us about lactose intolerance. One person's visitor told us, "[Family member] has to have a certain type of milk...some of the staff give the wrong milk. Staff

have given [person] ice cream which they shouldn't have." We concluded that people had enough to eat and drink but that the area of food intolerance would benefit from further guidance and exploration with care and catering staff.

People were supported to access advice about their health and welfare if they became unwell and relatives were kept informed about people's wellbeing. One person told us, "I haven't needed a doctor since being here, I have seen a chiropodist they come round regularly." They went on to explain that the dentist had been out to see them and that there was a visiting optician. A relative commented to us, "Staff always kept me informed of any changes to [person's] condition or medication."

Staff supported people to obtain advice from their GP, dieticians, physiotherapy, speech and language therapist and district nursing staff. We noted too, how staff consulted with the Dementia Intensive Support Team when they needed additional advice about how best to support people with complex needs.

Is the service caring?

Our findings

The service remained caring. Staff had continued to develop warm and compassionate relationships with people and promoted their privacy, dignity and independence. People were encouraged to make decisions about how they wanted their care delivered, with support from their family if they wished.

One person told us, "They [staff] are very kind and patient." Another said, "The staff are excellent, very kind. They all think the world of me, I get on well with everybody." A relative contacted us to tell us about their family member's experience of respite care. They said, "All of the staff were very kind and helpful." We observed staff engaging with people in a kind way.

When one person became anxious while staff supported them to move, the staff offered reassurance and explanation to alleviate the person's distress. Staff supported a person who became restless and was at risk of a fall to move around the home and garden in a wheelchair. The person became noticeably more relaxed and carried with them a lavender flower they had picked from the garden. Staff were also aware of behaviour that might cause anxiety or distress to other people living in the home and how they could defuse this.

We saw staff offering people choices about what they would like to do, whether they needed any help and where they wanted to spend their time. We heard staff offering people alternatives at mealtimes and about their drinks. There was only one instance when this did not happen in the Manor House, where people were not asked what sort of biscuits they would like with their mid-morning drinks, and were given digestive biscuits. This was in contrast to the choices offered in Manor Lodge.

People's care records showed how they were involved in discussions about their care and what support they needed. Relatives were included in these discussions where people needed extra support or wanted them to be involved. We saw that the manager engaged with one person and their family to discuss the person's care and support and people were able to maintain regular contact with their family and friends. Everyone spoken with said that their visitors could come when they liked. People spent time with their visitors in lounges, dining areas, the garden or their rooms, as they preferred.

Staff continued to promote people's privacy. There was a small quiet sitting area available for people to receive visitors or to discuss their care privately, in a group. We saw that staff knocked on people's doors before entering their rooms and closed doors behind them when people needed assistance with personal care. Practice in protecting people's confidential records did vary during part of our inspection, with a box of daily recording charts being accessible in a small seating area. The manager took action to remove this to the dispensary area where the remainder of care records were securely stored.

We saw that staff protected a person's dignity by covering their knees with a blanket in case the hoist sling rearranged their dress while they transferred. One of the directors took immediate action to address an aspect of people's dignity. This was where staff had conspicuously labelled a bin in one dining room for "bibs." They turned this bin around so that the label was not visible and explained to us how they had

previously replaced it when it was labelled. They undertook to pursue this again with staff to ensure it was not repeated.

We saw people being encouraged to do what they could for themselves with staff intervening when they needed assistance. This contributed to encouraging people with their independence. One person told us, "They [staff] keep you independent as long as they can."

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs. People's needs were assessed before they moved to the home. The acting manager and staff members were able to describe people's preferences, like and dislikes. They considered these in the way they delivered care. Staff understood people's backgrounds and histories and we saw that they engaged people in discussion about this and their family members, while they offered support.

One person told us, "The staff are caring, helpful and interested, the staff know me very well." Another person said, "I am happy with what they [staff] do...they come up at about 7.45am to help me get up. I choose what I am going to wear. I like to be back in my room between 5.30pm and 6pm." Another person explained, "They [staff] come to me about 8.00am. I don't mind that...I like to go to bed about 9pm. The staff put my legs into bed for me." People could have items of furniture or mementoes in their bedrooms, to create a more homely atmosphere and reflect the things and people that were important to them.

A visitor explained to us that they felt an aspect of personal care was not always delivered appropriately. However, they recognised that the person would often refuse to accept prompting or support. Staff understood this and the importance of offering encouragement in line with the underpinning guidance in the person's care plan. Staff told us that they were kept up to date when people's needs changed so that they could deliver appropriate care to each person.

The acting manager explained to us how one person had expressed a wish to change their bedroom so that they had a view of the garden. A suitable room was available and staff supported the person to move their belongings into the new one, taking their wishes into account.

The majority of people felt there were activities taking place that reflected their interests. One person told us, "I don't really get bored because there are so many of us there is always someone to talk to." Another person agreed that they did not get bored living at the home. A third person explained, "I love to read, discussing, talking and remembering the old days, reminiscing." One person living in the home told us how they ensured their hands remained mobile saying, "When I get fed up I do my knitting. By having that it keeps your fingers supple." A visitor said, "[Family member] likes a sing-song, and she has her hair and nails done." One visitor did suggest, "I would like to see a little bit more physical exercise going on, moving arms and legs. It is mostly quizzes, which is good for the mind but you need to keep joints moving." We observed a number of different activities for people taking place during the inspection.

People felt confident that any complaints they had would be addressed. One person described circumstances that led to them making a complaint. They told us, "I spoke to the manager... it was dealt with. The manager told me any worries I must tell them." Another person said, "I don't have any complaints, if I had I would speak to 'administration'." The complaints record showed that one formal complaint was received during the last 12 months. It showed the nature of the concerns and how they were investigated and followed up to ensure they were resolved satisfactorily. One of the directors was involved where this was appropriate. Another director also visited the service regularly and ensured that they checked with a

sample of people and their visitors, whether they had any concerns about the service.

Is the service well-led?

Our findings

The service continued to be well managed and well-led, including during the temporary absence of the registered manager. To ensure continuity, the directors had arranged for an acting manager to assume responsibility for the day-to-day operation of the home, with support from assistant managers and the staff team. The acting manager had considerable experience in the service and displayed a sound knowledge of their role. They also had a good understanding of people's individual needs. The information they gave us was consistent with what we had seen in people's records and what members of the care team told us.

Staff told us that they felt morale and teamwork was good. We did receive a comment that communication sometimes went adrift but they recognised that the management changes needed time to settle. A visitor also expressed the views that this could improve. They told us, "I am not always happy about the communication between staff ... I had told three different people about an appointment time and the importance of it and still [person] wasn't ready when I came to collect [person]." The directors had identified some recent issues that may have affected communication and how things were followed up. They were providing additional supervision and support from a registered manager at one of the provider's other services.

Our review of the information we held, showed that notifications about events taking place in the service had been made appropriately. These were completed by various members of the management team and showed they understood the information they needed to report to the Care Quality Commission.

In the temporary absence of the registered manager, one of the directors also ensured they responded to our requirement to provide information about the service. They did this promptly when they needed to. They had invested resources to improve the service, such as providing a better, more accessible bath for people, installed just before our inspection. They had identified other areas where they could further improve the quality and safety of the service during the coming year.

People felt that the management team and directors were accessible to them and would listen to their views. One person told us, "I am very happy here and I have already recommended it. They look after me well, the food is good, they are a happy crowd they will stop and talk to you. I think it is run very well because the staff all respect our manager." Another person said, "If I can't be in my own home, I am better off being here. I would recommend here to people it is comfortable and lovely surroundings." A visitor commented, "I have recommended this home quite a few times. We have a newsletter every three months and I have completed a questionnaire within the last six months."

The directors of the company visited the service regularly. One of them completed monthly checks and audits, which included discussions with people using the service and their visitors, to see what could improve. They also completed more in depth quarterly audits. The director's audits ensured that the management team within the service was completing the routine monitoring checks they expected and what improvements were needed. In addition to these informal opportunities to discuss people's views, there were formal surveys to gather people's views. One of the directors analysed these so that they could

compare results from year to year, see what had changed, and whether improvements should be made. Our review of their analysis showed the overall findings were higher at the last survey than any year since they took over the service in 2009.

There was a core of long-standing staff members who were confident in their roles and spoke enthusiastically about their work. They said that they felt the management team and directors were accessible to them. They were confident that their views would be listened to and that poor practice would be addressed if there were any issues about staff conduct. They told us they would be happy with one of their family to use the service.