

Mrs R Hart

Manor Rest Home

Inspection report

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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

Manor Rest Home is a residential care home for 19 people Some of whom may be living with dementia. The service has spacious living areas and is set over two floors with a stair lift in place should this be needed. The service is set in a residential area with easy access to the local community and has a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. The environment was appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff could demonstrate that they knew people well. Staff treated people with dignity and respect.

Records we reviewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The provider had a number of ways of gathering people's views, they held regular meetings with people and their relatives and used questionnaires to gain feedback. The provider carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Manor Rest Home

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 was planned to check 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 the 4 September 2018 and was unannounced. The inspection team consisted of one inspector.

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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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.

During our inspection we spoke with eleven people, two relatives, the provider, two care staff, and the cook. We reviewed three care files, two staff recruitment files, medication records, audits and policies held at the service.

Is the service safe?

Our findings

People and relatives were very complimentary of the service and told us that they felt safe living there. One person said, "I am very happy here, I feel very safe." Another person said, "I feel very safe here, there is always someone around and at night, if I need staff I just press my button and they come and help me." Relatives we spoke with told us that they felt their relatives were well cared for and that they had no concerns.

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "I would report anything to the manager if I had to go outside I know there is a phone line I can call, or I can go to the local council." The provider was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and monitored people's weight assessments for signs of losses and gains. Assessments were regularly reviewed and kept up to date for staff to follow. Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. The provider carried out general maintenance for the day to day up keep of the service. For more specialised work the provider employed the appropriate contractors. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing.

The provider had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again. Information was shared with staff at meetings and through the services communication book.

There were sufficient staff to meet people's needs. The provider had a steady staff base which meant people were supported consistently by the same staff. A relative told us, "What I like about here is it is the same staff so they know everyone really well." Staff told us that they had time to spend with people and did not feel rushed when they were supporting people. Throughout the inspection we saw there was enough staff around to support people.

The provider had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Each new member of staff was subject to a probationary period where they were closely supervised to ensure they had the skills and aptitude to fulfil their role and fit in with the culture and vision of the service.

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered medication which was stored safely in accordance with the manufactures guidance. We observed a medication round and the member of staff spoke to people about their medication and sensitively asked them if they required pain relief. We reviewed medication charts and saw that these were all completed correctly. There was guidance in place for as required medication and homely remedies. Regular audits of medication were completed and policies and procedures were up to date.

Is the service effective?

Our findings

Staff were supported to complete training to develop their skills and help them perform their role. Staff told us that they were supported to complete nationally recognised qualifications, one member of staff said, "I have just finished my diploma, I have done medication training and first aid. The training is very good, anything you are interested in learning the managers will try and find a course for you." Another member of staff said, "I recently did a course on nutrition and weight, it was about how to support people to maintain a healthy weight." The provider told us that they had a blended approach to training which included on-line training, face to face training and linking with training providers who could offer appropriate courses for staff. The provider told us that they had also supported staff to become trainers in some topics so that they could up skill other staff. People told us that they felt staff had the training they needed, one person said, "The staff all seem well trained and know what they are doing."

New staff had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. Staff also completed the Care Certificate this is an industry recognised award that equips staff with the skills and knowledge they need to work in care. Staff had regular staff meetings and supervision with the deputy manager to discuss all aspects of the running of the service and any support or training needs they may have. The provider also completed appraisals on staff performance and asked staff for their feedback. Staff told us that they felt well supported by the management team.

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 Mental Capacity Act 2015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the act. The provider had applied for DoLS assessment when required. Where people had made provisions to have Lasting power of attorney's in place the provider kept copies of these. To support people when necessary the provider had involved advocates with people's care. Advocates are independent from the service and can support people with important decisions. People told us that they were supported as individuals and that their opinions mattered. This told us people's rights were being safeguarded.

People were very complimentary of the food. One person told us, "You can't beat the food here, it is lovely, I have never refused a dinner." Another person said, "We get plenty to eat and drink." The service employed a cook and all food was cooked fresh each day for people. The cook and staff monitored what people ate to ensure they were having enough nutrition and hydration. Where necessary some people were provided with additional food supplements such as fortifying or soft diets. Staff monitored people's weight and if they identified an issue with eating and drinking the referred people to the G.P for advice.

People were supported to access healthcare. The provider had developed links with a local GP practice to provide healthcare at the service. In addition, the service had good relationships with the district nurse and mental health team. People were supported to have all their healthcare needs met including attending hospital appointments. One person said, "If I was not feeling well the staff would contact the doctor for me."!

The environment was appropriately designed and adapted to support people. The provider had made adaptations to meet people's needs, for example adding a shower for one person as they identified this as a preference for self-care. Most people had their own room however there were some shared rooms. Rooms were only shared with people's consent and there were curtains in place to provide privacy. One person told us, "I don't mind sharing I like the company, and the curtain soon goes across if needed." There was access to a large garden that was well maintained, we saw people were able to freely access the garden and sit outside if they chose to.

Is the service caring?

Our findings

People and their relatives were very happy with the care they received at the service. One person said, "You will go a long way to find a place like this, I have been to other places and come back here because it is so nice." Another person said, "I went around and looked at other places and thought no, this is the best." A relative told us, "My [person's name] loves it here, we notice a big difference in them after two weeks of being here." People, relatives and staff repeatedly told us that it felt like a family living at the service.

Throughout the inspection we noted there was a very calm and relaxed atmosphere. We saw that staff had positive relationships with people and we saw them laughing together. One person said, "We all get on really well and have a good laugh." We noted that people also enjoyed each other's company and that there were friendship groups that had formed at the service. One person told us, "We always find something to do together and enjoy going out into the garden. Everyone is nice here" We saw in response to a survey a relative had written, "Very caring staff, really looked after my dad in a personal and professional way."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. We saw care plans were very detailed and contained biographies of people's life so far as well as containing all the details of how they preferred to be supported. People were supported to follow the routines they chose such as when to have their meals or when they wanted to go to bed or get up. One person said, "I prefer my own company and like to stay in my room and do my knitting or watch T.V. I do go down and join everyone for meals though." Another person was an avid football supporter the and provider arranged for satellite television to be installed so that they could still support their team and watch matches.

Staff treated people with dignity and respect. We saw that staff took time to talk with people and engaged with them in a respectful way. Staff took time to stop and maintain eye contact with people and had meaningful conversations about their day or any concerns they had. People were supported to take pride in their appearance. A relative told us, "The laundry is always done and people are always clean. The staff notice if anything is needed such as personal care items and let us know or will provide it for them if we are not due to visit." People were supported to maintain their religious beliefs and faith and when requested the provider arrange for faith leaders to come in to provide this support.

People were supported and encouraged to maintain relationships with their friends and family. People told us that their family could visit at any time and that there were no restrictions. We saw that relatives had access to attend the service when they chose and people also went out with their relatives on trips. One relative said, "I come at all different times and always find [person's name] happy and well looked after."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the provider met with them and their family or carers to do a full assessment of their needs to see if they could be met by the service. Care plans were then formulated identifying how people liked to be supported. People had a key worker this is a named member of staff who reviewed their care plans with them each month to ensure all care needs were kept up to date. Before people came to live at the service they or their relatives could look around to see if they thought it would meet their needs. A relative told us, "My [loved one] came here for respite then after going back home they decided that they were lonely and wanted to come back here. They are really happy here and I would recommend this place to other people."

The service was remained responsive to people's needs. The provider was proactive at providing on-going support for people as their healthcare needs changed. They identified where one person was no longer mobile how they would benefit from a more supportive chair to enable them to still be able to join people in communal areas and arranged for one to be purchased for them. They also supported a person access a private appointment for a health review as they identified with them and their family this would be a benefit for them. In addition to responding to health care needs the provider responded to people's wellbeing needs as previously mentioned installing satellite television for one person and an additional shower.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw from records that staff had assessed people communication needs and had recorded how these could be supported. For example, where one person was hard of hearing they had arranged for an amplifier to be used with the telephone when they were communicating with their friends and family. This showed the service was acting within the guidelines of accessible information for people.

Staff encouraged people to maintain their interests and links with the community. Since our last inspection the provider had purchased a minibus with wheelchair access. We saw many photographs of people enjoying days out. A relative told us, "I sometimes volunteer on days out to help with pushing wheelchairs. People told us that they enjoyed different activities at the service. One person said, "In the good weather we have enjoyed being out in the garden." Another person said, "There is always something to do if you want to." We saw people enjoyed reading newspapers, doing quizzes and knitting, along with arm chair yoga. We also saw photos of external entertainers that had visited the service and people told us how much fun they had with them. The provider promoted people's well-being and had pets at the service including a cat, visiting dog, bird and gold fish. Throughout the inspection people demonstrated how fond they were of the pets and we saw this added to their experience at the service. Where people were able and wanted to we saw staff supported them to complete meaningful activities, we heard one person discussing how they would do some ironing. The provider told us that the person like to stay active and be occupied with helping at the service.

The registered manager had a complaints process in place that was accessible and all complaints were

dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However, people told us they generally did not have any complaints. The service also received compliments one read said, "[Person's name] is happy at Manor and is able to verbalise this for themselves. They feel safe and secure here."

People were supported at the end of their life. The provider spoke with people and relatives and were clear about what people wanted at the end of their life. We saw that some people had 'do not resuscitate' documents in place that had been agreed with them and their relatives. The provider had completed training under the Gold Standard framework for end of life care and identified this training had helped them with having conversations with people about what they want at the end of their life.

Is the service well-led?

Our findings

The provider was also the manager at the service they were supported by a deputy manager. A provider is a person who has registered with the Care Quality Commission. 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, relatives and staff were very complimentary of the provider and how the service was run. One person told us, "[Providers name] is always available if you want to talk to them about anything." A relative told us, "[Provider name] has not just helped my loved one they have helped me to."

Staff shared the providers vision and values for the service. One member of staff said, "We want people to feel happy, safe and healthy." Another member of staff said, "We want people to feel happy, to have as much independence as possible and be healthy."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us that they were happy working at the service and that they felt they had a good team, with plenty of support. Staff told us that they attended meetings and had a hand over every day to discuss people's care needs. In addition, for important information to be shared they used a communication book. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The provider gathered people's views on the service daily through their interactions with people. In addition, they held meetings with people and relatives to discuss the running of the service and to get their feedback. We saw from minutes of meetings they discussed trips out and the food amongst other subjects. They also sent out questionnaires for people and relatives to complete. We saw from questionnaires people were asked their opinion on the home, their comfort, privacy and dignity amongst other questions. The provider reviewed and shared the results. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The provider had spent time making links with health professionals to ensure people living at the service got the best outcomes available. For example, linking with the local GP to provide regular reviews of people's care. The provider had taken part in a pilot in association with the GP and NHS to prevent hospital admissions. The pilot was called telehealth and it involved staff collecting baseline observations on people for example their blood pressure and pulse which was then monitored through the telehealth server. The provider told us that the pilot enabled them to identify what was normal for people as a baseline and when these changed it could indicate they were becoming unwell. It had also helped to identify where some people were taking medication unnecessary for example to control their heart rate. We saw that the provider had received positive feedback for their level of engagement with the pilot and as a consequence the pilot had continued.

The provider had also spent time making links with the local community for example a local school came in

at times to put on shows for people. They had also identified a local theatre that provides dementia friendly shows for people and we saw photographs where they had enjoyed attending these.

The provider had many quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, accident and incidents, health and safety, and environment. They used the information to provide them with a good oversight of the service and to see where they could make changes or improve the experience for people living there.