

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

The Inspection took place on the 29 March 2016.

Manor Rest Home provides accommodation and personal care without nursing for up to 19 persons some may be living with dementia. At the time of our inspection 18 people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. 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). The manager knew how to make a referral if required.

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. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a GPs and district nurses.

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

People were provided with the opportunity to participate in activities which interested them. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make 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 was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and they were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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.

We inspected Manor Rest Home on the 29 March 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to 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.

We spoke with seven people, three relatives, two members of care staff, the deputy manager, registered manager and provider. In addition we spoke with a visiting healthcare professional. We reviewed four people's care files, three staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, "It's very friendly here, like a family." A relative told us, "The staff keep a close eye on everyone, it is a very safe here."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I had a concern about a member of staff or resident I would report it to the manager." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff said, "If I thought a concern was serious and had not been dealt with I would report it to the police or the CQC." The manager clearly displayed information on a service called 'Ask Sal' which is an independent helpline for staff, people or relatives to call if they had any safeguarding concerns. The manager and provider knew how to report safeguarding concerns to the local authority and were willing to work with them to investigate and resolve any issues.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, and prevention of pressure sores. One person told us, "I kept falling out of bed, so the staff got me a bed rail. I feel a lot safer now." Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required. One member of staff said, "I have just completed my first aid at work course. If anybody were to become unwell I would not hesitate in calling an ambulance if needed."

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, stair lift and fire equipment and held certificates to demonstrate these had been completed. For other maintenance the provider undertook repairs or employed specialist services to complete work. The manager told us when they had a fractured pipe they had a plumber out within the hour to complete the repairs. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff to meet people's needs. A member of staff told us, "We always have enough staff on duty, and we cover all the shifts between us, we rarely need agency staff." We saw throughout the inspection that staff were available to spend time with people and were not rushed with their interactions. One person told us, "I have a buzzer and they tell me to push it if I need anything, I don't like to but when I do the staff come straight away, they never leave you waiting."

The manager 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). One member of staff told us, "I heard about the job from somebody I knew, so I rang and spoke with the manager, I then bought in my C.V and came for an interview, I have worked here for a couple of years now."

People received their medications as prescribed. One person told us, "I only need a sleeping tablet they give it to me every night at 10 o'clock without fail." Senior carers, who had received training in medication administration and management, dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any additional medication such as for pain relief. We saw that medication had been correctly recorded on the medication administration cards. One member of staff told us, "I have had training on how to give out medication and this is updated regularly."

We saw medication was stored securely and the service had procedures in place for receiving and returning medication safely when no longer required.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "I have recently completed a course on dementia awareness, diabetes and first aid." Another member of staff told us they had just completed a three day course on delivering palliative care to people at the end of their life.

The manager was very keen that staff were kept up to date and received regular training. They nominated staff to be champions in certain areas once they have received training so that they can share their knowledge with other staff. For example the deputy manager had completed a course on person centred care planning and they were now taking time to train staff with new ways of writing up care notes. The manager had also enrolled in the Gold Standard Framework for end of life care. This is industry recognised training which provides staff with the skills they need to support people at the end of their life. In addition the provider was supporting a member of staff in obtaining a level 3 qualification in education, which meant they would be able to provide training to other staff at the service. This told us that the staff were being supported to obtain the skills and knowledge they needed to provide care and support to people.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked 'shadowing' more experience staff. This gave them an opportunity to get to know people and how to best support their needs. One member of staff said, "When I first started I shadowed other staff, then I very quickly went on training." Staff told us that they received regular supervision to discuss their performance and any training needs. The provider told us that any new staff would now be enrolled on to the Care Certificate training as appropriate. This is an industry recognised training and induction for staff who are new to working in care.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and their families, and supported them with making choices on how they wish to spend their time. For example they told us how some people preferred to stay in their rooms whilst others preferred to spend time socialising with others in the lounges. In particular one person preferred to stay in bed until the afternoon, we saw that staff respected their wishes and provided lunch for them when they were ready later in the afternoon. People at the service mostly had the capacity to make their own decisions. The manager clearly advertised an advocacy service should people feel they needed support with decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. We saw staff offering people drinks and snacks such as cakes, chocolate and biscuits. People told us they enjoyed the food, one person said, "The food here is lovely." Another person told us, "If you don't like what is on the menu you can have something else, no fuss."

We observed a lunchtime meal, which was a social occasion, with people sitting together and chatting. People managed their food independently with minimal support needed from staff. We saw people were offered choice about their meals and drinks and when they had finished were offered more food if they wished.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight monthly for signs of loss or gains and made referrals where appropriate. We noted from records that one person on first arriving at the service had a low body weight this had now considerably improved. Staff were aware of special dietary requirements people had, for example making sure people with diabetes received food suitable to their needs.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, chiropodist and GPs. The manager told us that they had taken part in a pilot with the G.P to prevent hospital admissions. This had involved the GP doing a full review of people living at the service and maintaining close links with the service to monitor people's health needs. We spoke with a healthcare professional who said, "Staff are very good at making prompt referrals and following instructions for people's care needs." They went on to say, "This is a lovely home, one of the good ones." One relative said, "Staff are good are calling the doctor if necessary and they always keep me informed of what's happening." People we spoke with also said that the staff will call out a doctor if they needed one. One person said, "I am generally fit and healthy but if I needed a doctor, the staff would get one or would go to the doctors with me." This told us people's health needs were being met.

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "I can't fault this place the staff are as good as gold." Another person said, "The staff are wonderful, very good, I love them all." A relative told us, "The staff do a very good job, they are always positive and cheerful."

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, we saw many occasions of this, and of staff using appropriate interactions such as touching people's arms or shoulders to reassure when talking with them. We observed staff being caring towards people, offering them blankets for their knees and making sure they were comfortable when sitting in the lounges. People and staff we spoke with were very complimentary of staff and how caring they were. One person told us, "Nothing is too much trouble for them." Another person said, "I am very happy living here, I feel very lucky." A relative told us, "They really spoil mum, making sure she is okay."

Staff knew people well including their preferences for care and their personal histories. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others. Staff knew people's preferences for carrying out every day activities for example when they liked to go to bed and when they liked to get up. One person told us, "I prefer to stay in my room; I only like to come down for lunch." We saw that staff respected the person's wishes but that they also encouraged them to socialise with others at least once a day so that they did not become isolated. A relative told us, "We are very glad we found this place, there is a great atmosphere here." We noted people were smartly dressed and well groomed. One person told us how they liked having their nails painted and their hair styled. We saw throughout the day the hairdresser was at the service checking to see if people would like their hair styled or cut. One gentleman at the service had a significant hair make over, we saw all the staff take time to approach him to pay him compliments on his new look. The gentleman was very pleased with the attention his new look had gained, smiling and joking with everyone.

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. One person told us, "The staff take great care of everyone, I have never heard them get angry or upset, they always treat people with respect."

People's diverse needs were respected. People also had access to individual religious support should they require this. One person told us that they received regular visitors from the church.

People were supported and encouraged to maintain relationships with their friends and family. The service encouraged visitors at any time of the day. We saw people also enjoyed going out with their relatives in the community. The service was very spacious with different areas that could accommodate visits, including outside space.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. One relative told us that, "My relative first came here for respite care, but when things became worse at home we knew fulltime care would be better, it's a big relief now they are here." Another relative said, "We were given a list of homes to look at, but when we came here, straight away we knew it was different, we are very lucky to have found this place." People and their relatives told us that care needs were discussed with staff and that the service was able to meet the care needs that they had. Staff told us that they were key workers to people; this meant that they were specifically involved in planning people's care. The care plans were individual to people's needs and described how to best support them to maintain their safety and independence. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. A relative said, "When [person name] became less mobile, the staff moved them to a room downstairs. They get around fine now and can easily get to their room." The manager had recently read research on how music can soothe, calm and help engage people with dementia who were distressed. The manager went on to tell us how she had sourced the type of music one person had enjoyed and put this on a music player for them to listen to using head phones. At certain times of the day the person listened to their music whilst reading a newspaper and this had greatly reduced their levels of anxiety. During our inspection we saw the person wearing the head phones and we could see from their expression they were enjoying listening to the music. In addition the provider had recently purchased a minibus that was suitable for wheelchairs, so people could more easily gain access to the community.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Where appropriate people were encouraged to take part in meaningful activities around the service for example, we saw one person enjoyed assisting the cleaner with sweeping the floors. Other people liked to assist with hanging out washing, laying the tables or doing washing up. People did this by their own choice and it gave them a sense a purpose. One person told us, "I enjoy helping out." People were supported to follow their own interests, some people enjoyed reading or doing puzzles, which were then framed and hung up. Another person used to enjoy sailing and they were supported to go to the seaside once a week to see the boats. The service in addition had external entertainment coming in for people's enjoyment, this included armchair yoga, and singers. The manager told us that once the weather was warmer they would be making use of the new minibus to take people out on more trips to the community.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the

manager. We saw where complaints had been raised these had been dealt with quickly and effectively. Staff new how to support people with making complaints and if people wished to complain anonymously there was a suggestion box people could use.

The service also received a number of compliments, one we read said, 'I have found all the staff to be very kind, extremely patient and caring, and are to be congratulated on this fine care home.'

Is the service well-led?

Our findings

The service had a registered manager and who was very hands on and visible within the service. The manager had a very good knowledge of all the people living there and their relatives. People, their relatives and staff were very complimentary of the management. One relative told us, "They run this place like a real home, they are very good, everyone is treated very well." People we spoke with described the manager and provider, as being 'very good'.

The manager and provider were very passionate and enthusiastic about the service, and staff shared the manager's vision and values. One member of staff told us, "We want people to feel happy here as if they were at home." Another member of staff said, "We want people to feel comfortable and happy here, able to laugh and talk with us."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We have a good team, we all work well together. I like working here." Staff had regular supervision and meetings to discuss people's care and the running of the service. One member of staff said, "We have regular supervision and staff meetings, we discuss everything to do with care, training and the running of the service and if we have any personal issues." Staff felt the manager was very supportive to their roles and listened to their opinions. For example, staff told us how they had been asked their opinion before new dining room furniture had been purchased. One member of staff told us, "I suggested always having a mobile phone on charge ready to use in case anything happened or if we needed to go hospital, so we now have one always on charge by the front door ready to take out." Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened. 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 manager gathered people's views on the service not only through meetings, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors, staff and other healthcare professionals. The provider completed these questionnaires yearly and used the information to implement any changes needed, for example updating decor. They also shared positive comments they received back with staff so that they had feedback on the care they were delivering. One comment back from a health professional said, 'The staff give high quality person focussed care'. We saw that people were involved in how their rooms were decorated and furnished. The manager told us they provided colour charts and fabric samples to help people chose what they would like. This showed that the management listened to people's views and responded accordingly.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans and medication management. The provider also carried out regular health and safety and environment audits. They used this information as appropriate to improve the care people received.