Plenus Care Ltd

The Manor

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 January 2017 and was unannounced. The manor provides accommodation for people who require personal and nursing care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 25 people. At the time of our inspection there were 20 people living at the home.

There was a registered manager in post. 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.

We saw medicines were handled and administered safely, however guidance was not in place for administration of as required (PRN) medicines such as paracetamol. It was not clear in the medicine administration records (MARs) whether or not people had been offered their PRN medicines

The provider had systems and processes in place to keep people safe. The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Best interests decisions did not detail what decisions people required support with. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

On the day of our inspection people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe from abuse.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. Risk assessments were completed in the residential home. People had access to healthcare professionals such as the GP and also specialist professionals. People had their nutritional needs assessed and were supported to eat enough to keep them healthy. It was not easy for people to make choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to respond in a timely manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place. Staff had received regular support and supervision.

We saw that staff obtained people's consent before providing care to them. People were provided with access to activities and leisure pursuits.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Audits were carried out and action plans were in place to address any issues which were identified. Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Guidance was not in place for as required medicines. Medicines were stored and administered safely.

There were sufficient staff available to respond to people in a timely manner.

Risk assessments were completed.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider did not act in accordance with the Mental Capacity Act 2005.

People received adequate support at mealtimes to ensure their nutritional needs were met.

People had access to a range of healthcare.

Staff received regular training and supervision.

Is the service caring?

Good

The service was caring

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had access to activities.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised.

Is the service well-led?

Good

The service was well led.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an open culture.

The Manor

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 11 January 2017 and was unannounced. The inspection was completed by an 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.

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 what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, six people who lived at the home, three relatives and three care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

Where people were prescribed 'as required medicines' (PRN) guidance was not in place so that staff understood when it was appropriate to administer these medicines. When we spoke with staff they were able to tell us when people required their 'as required medicines. People were asked if they required their as required (PRN) medicines such as painkillers however it was not clear in the medicine administration sheets (MARs) whether or not people had been offered their PRN medicines such as painkillers and inhalers. There was a risk that people would not receive their medicines when they needed them. Another person's MARS stated their tablets could be crushed. However a care plan was not in place to guide staff as to when they needed to do this. In addition advice had not been sought from a pharmacist to ensure the efficacy of the tablets was not affected by being crushed. We checked the provider's policy which stated that plans should be in place and advice sought when medicines were administered in this way. The provider was not following their policy. We spoke with the senior care staff about this who told us the person was able to take their medicines without being crushed and they would ensure the care record and MARS were amended.

We observed the medicine round and saw that medicines were administered and handled safely. We observed staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. We observed a person was struggling to take their medicine and the member of staff administering medicines stayed with them and encouraged them until they were able to take them. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Risk assessments were in place for issues such as falls, nutrition and skin care. Where people had specific issues such as a risk of scalding because they assisted with making drinks, assessments had been completed and guidance provided to ensure staff cared for the person safely. People who used the service told us they felt safe living at the home and had confidence in the staff. One person said, "I feel safe here, I am not worried about anyone hurting me or anything like that." A relative told us, "There is nowhere else in the world where my [my family member] could be looked after better than they are here. 'I can sleep at night now knowing she is alright."

People we spoke with told us staff responded promptly when they needed assistance. During our inspection we observed staff respond to people promptly. Staff told us they thought there were sufficient staff to meet people's needs and spend time with them. The registered manager told us they were in the process of recruiting to two care staff posts in order to ensure the principle carers had sufficient time to carry out their role whilst ensuring there were sufficient care staff to meet people's needs. One person told us, "Yes there are enough" but another said "There are enough when they are here, but if someone goes on holiday they are a bit short." another person explained, "If I want anything I just shout out, there is always someone about."

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that

they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns both internally and externally. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood. The plans detailed how to support people both physically and emotionally on an individual basis, in the event of an emergency situation.

Requires Improvement

Is the service effective?

Our findings

The provider did not consistently act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

It was not clear from the records what decisions were being made on people's behalf. Best interests decisions were not specific. For example a person used bed rails to keep them safe at night however it was not clear whether or not they were able to consent to the use of these or required staff to make the decision on their behalf. Neither a consent form or best interest decision was available. Another person was recorded as consenting to care and treatment, photography and the administration of medicines however they had been assessed as not having capacity to make decisions. The record did not indicate what decisions these were. We spoke with the registered manager about this who showed us a revised document and process which they were in the process of implementing to address the issue. We observed that people were asked for their consent before personal care was provided. Where people were unable to consent this was detailed in the care records and arrangements put in place to ensure that care was provided in their best interest.

At the time of our inspection no one was subject to DoLS however applications had been made for seven people. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed. We observed people were offered a choice of drinks during the day according to their preferences and records of food and fluid intake were maintained appropriately. Drinks were available in both lounge areas and we observed people were encouraged to have a drink throughout the day.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. For example people received nutritional supplements to ensure that people received appropriate nutrition. We saw where people's nutritional status had deteriorated this had been identified and appropriate support provided. For example a person had been at risk of having diabetes and the GP had been contacted and their diet modified to manage this.

When we asked people about the food we received mixed responses. One person said, "It's ok" and "It's not what I am used to." Another person said, "They just tell me what there is and I pick one." We observed lunchtime. Staff chatted with people during lunch and provided assistance where required. People were asked if they had had sufficient and offered more food and drink. The menu for the day was written on a blackboard for people to see what was available and assist them to make choices at mealtimes. People were offered choices of both a main meal and pudding at lunchtime. Where people did not like either choice we observed other options were offered for example a yoghurt and cream instead of ice cream with their pudding. We saw that meals had been discussed with people at the meetings in an effort to ensure what was on offer was what people wanted. the registered manager told us they tried where possible to provide meals

that people had asked for but it was difficult to please everyone.

A system was in place to ensure staff received appropriate training. A visiting professional told us they had observed that staff were competent in providing care for example when supporting people to move. We also saw a comment in the professional survey which said, 'the staff regularly demonstrate a good understanding of people's complex needs.' Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. One staff member said, "The training is really good. The company make it very interesting." Staff received regular training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as dementia care.

The registered manager told us and we saw that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national guidelines. Staff were satisfied with the support they received from other staff and the manager of the service. They told us that they had received support and supervision.

We spoke with a visiting professional who told us the staff at the home were proactive in contacting them and followed any given instructions. We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. Transfer forms were in place to ensure if people were admitted to hospital the information about how to provide their care was available to hospital staff.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. "A relative said, "The staff are very pleasant, they do the best they can, are kind and compassionate." A visiting professional told us a person they had been visiting said they 'felt it was like home'.

We observed staff were caring and showed concern if people were upset. For example a person was worried about their spouse. Staff reassured the person and offered to find out how they were. Another person was upset and due to their communication difficulties was struggling to express why they were upset. We observed staff tried to find out why they were upset and stayed with them to provide reassurance and support until they felt happier. A relative told us, "I came to see [my family member] with my kids and we were all upset and crying. The staff were brilliant and supported us all."

People were involved in deciding how their care was provided and we observed that staff were aware of respecting people's needs and wishes. For example, we observed a person had chosen to have a lie in on the morning of our inspection. We observed when they did get up staff provided them with a tray for breakfast. The staff member said, "I have put you some marmalade in a pot as I wasn't sure if you wanted it or not." Thus allowing the person to make a choice. A care record stated, 'Likes to drink her tea/coffee in own mug.'

One person told us they could talk to staff, "As if they were my family, which they are in a way." We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, we observed staff supporting people to move and saw they did this at their own pace. Staff chatted with people to put them at their ease and also explained to them how they could assist and what was happening. For example they told them when to move forward and where to hold for support.

People who used the service told us that staff treated them well and respected their privacy. We observed staff knocked on people's bedroom doors before entering. Although the home had double rooms these were not used as shared rooms unless people specifically asked to share. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. We noted that there were a number of areas where people could speak with their relatives and meet with health and social care professionals in privacy if they wished to do so. Most of the staff we observed understood the need for confidentiality and spoke with people discreetly. However we observed one occasion when a member of staff was not discreet and spoke loudly to another staff member across the lounge. As a consequence all the people in the lounge area were aware a person was receiving assistance with their personal care. We spoke with the registered manager about this as this had been a concern at a previous inspection. They told us and we saw in records that the issue had been discussed with staff. They said they would continue to address the issue. Records were stored securely and personal information protected.

We saw information about access to lay advocacy for people who could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. Lay advocates are

independent of the service and provide support to people to express their opinions and wishes.

Good

Is the service responsive?

Our findings

Activities were provided. During our inspection we observed people taking part in a game of bowls however the member of staff running the game changed throughout the morning to facilitate other tasks to be completed. This was because there was not a lead member of staff employed for activities as they had recently left and the registered manager was in the process of recruiting to the post. We saw records detailed what activities people like to participate in, for example a person enjoyed completing crosswords. The care record detailed this and also clarified they needed to be in large print due to the person's poor eyesight.

People were supported to attend some events in the community if they wished for example one person attended the local church and other people attended a drop in centre in the village. Staff supported people to attend these events and the registered manager told us that if possible they would provide additional staff if people required this. However two people we spoke with told us they were not keen on taking part in activities but would like to go out more, for example to the local pub.
We looked at care records for four people who lived at the home. Care records were personalised and included information about people's life history and experiences. They also included details about important dates for people so that staff could support people to celebrate and acknowledge these dates. This is important because it helps staff to understand people's needs and wishes. For example a person had previously worked in a catering role and we observed staff involving them in relevant tasks such as making tea and clearing tables. The person had also been encouraged to attend training such as food hygiene and we saw certificates of attendance in their care record. This was important because it gave the person a purpose to their day and helped to maintain their skills.

Care plans had been reviewed on a regular basis and where changes had occurred between reviews this was included. However the people we spoke with who used the service were not aware of their care plans. We spoke with the registered manager who told us they were reviewing the care plan system so that they could more regularly speak with people about their care plans. They said they hoped this would keep people involved in planning their care.

Handovers were carried out at shift changes to ensure staff were aware of any changes in people's needs. Staff were aware of people's needs and provided care according to their wishes. For example, one person required one to one support during the day and we observed staff provided this in a sensitive manner. Staff told us they shared the support around during the day so that different members of staff provided it. They told us this ensured that all staff were aware of the person's needs and the person was more integrated.

Relative's told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained.

A complaints policy and procedure was in place and on display in the foyer area. People also had comment/complaints cards available in their bedrooms so that they could raise an issue anonymously if they wished to. However relatives and people who lived at the home told us they would go to the registered

manager or person on duty at the home. At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format which meant that only people who could read were able to access it. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

The registered manager had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. Members of staff, people and relatives told us that the registered manager and other senior staff were approachable and supportive. A visiting professional told us they were always made to feel welcome at the home.

There was an internal audit system in place to check the current service. Checks were carried out on areas such as infection control, falls and medicines. However although audits had been carried out regarding the environment we observed some of the outside areas had items of discarded equipment and packaging. We spoke with the registered manager about this who told us this was awaiting collection which had been delayed due to the bank holidays.

We saw that action plans were in place where issues had been identified so that improvements were made. A system was also in place to ensure policies and procedures were up to date and reviewed regularly. This helped to ensure staff were up to date in practice.

Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. The registered manager told us that they encouraged people and staff to come and speak with them at any time and that they had an 'open door' policy. Staff we spoke with told us the registered manager was very supportive both regarding work and when staff suffered difficult personal circumstances. Regular meetings were held with staff.

Staff told us they understood their roles and felt they were supported to carry them out. The registered manager also managed another home in the same company but had put in place arrangements to ensure the home was managed when they were not at the manor. Two senior carers were employed as principle seniors. Their roles included directing care and putting in place systems and processes to ensure the delivery of quality care. Specific time was allocated so they could concentrate on management issues. Each principle carer also has specific lead responsibilities such as infection control and medicines. We saw they had implemented new systems and processes in these areas to improve the delivery of care.

A number of methods had been put in place to understand people and their relatives' views and experiences of the home. For example, relatives meetings had been held and we saw issues such as activities, meals and the home environment had been discussed. A newsletter had also been introduced in December 2016 to keep people and their relatives informed about events and news at the home. In addition surveys had been carried out with people and their relatives, staff and visiting professionals. The surveys reviewed specific issues such as meals and activities in order to measure people's experience of the services. We saw that responses were positive.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They

told us they felt able to raise concerns and issues with the manager.