

Anchor Hanover Group

The Manor House Barnard Castle

Inspection report

The Manor House
John Street
Barnard Castle
County Durham
DL12 8ET

Tel: 01833630555
Website: www.anchor.org.uk

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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
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

About the service

The Manor House is a residential care home providing personal care to 60 people aged 65 and over at the time of the inspection. The service can support up to 76 people. The home is purpose built with one of the areas on the ground floor specialising in providing care to people living with dementia.

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

The service was well decorated, clean and comfortable throughout. The area of the home designated to care for people living with dementia was not in keeping with best practice guidance for people living with this condition. We have made a recommendation about the environment.

People's mealtime experiences together with the management of food required attention. Although there was no harm caused to people, we have made a recommendation to review the provision of food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us the service provided safe care. Checks were carried out on staff before they began working in the home. The provider had taken steps to recruit additional staff and used agency staff when required. Risks to people were assessed and actions taken to prevent accidents and incidents. The management team review incidents and share learning.

Staff were caring towards people. They understood people's needs and promoted their dignity and independence.

Staff were provided with guidance on how to meet people's needs through detailed care plans. People were given the opportunity to engage in an activities programme. Complaints about the service had been appropriately addressed. Staff had discussed with people and their relatives how they wished to be cared for towards the end of their life.

The management team in the service carried out quality audits to assess standards in the home. Staff told us the culture in the staff team was improving and suggested further improvements. People, their relatives and staff were given opportunities to be involved in the service. There were good working arrangements with other professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 July 2019 under a new owner and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated under the new owner.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Manor House Barnard Castle

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three 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.

Service and service type

The Manor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced on the first day. We gave the provider advance notice of our second site visit.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 11 relatives and friends of people about their experience of the care provided. We spoke with 19 members of staff including the regional manager, the acting manager, the deputy manager, senior care workers, care workers and the chef. The regional manager sent out questionnaires to staff on our behalf. Eight staff responded to our survey. We reviewed 14 people's care plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at testing data and the outcome of complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- The provider had systems and processes in place to ensure people were kept safe. People were protected by staff who knew them well and had been trained in how to safeguard people in their care. Staff had raised safeguarding concerns about people with the relevant external agencies.
- Staff told us they felt confident in raising concerns with the current management team. One staff member said, "I would feel confident, although I have never had to do this" and "I would be confident in informing managers if I needed to."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff kept people safe. They assessed people's personal risks and put actions in place to avoid the occurrence of incidents and accidents. Reviews were carried out each month to ensure risk assessments were up to date.
- The provider addressed the risks of running the service using policies and procedures. For example, guidance was provided to staff on how to manage fire safety and falls in the home.
- The provider had established processes to learn lessons when things went wrong. An analysis of each event was undertaken and staff reflected on their practice to avoid repeat incidents.
- Staff confirmed lessons had been learnt after incidents occurred.

Staffing and recruitment

- Staff recruitment was robust. The provider ensured any new member of staff went through appropriate checks to assess their suitability to work in the care home.
- Staff held different views about the numbers of staff on duty. Whilst some staff said there were enough staff on duty to meet people's needs, staff had contacted CQC to describe low staffing levels. The provider assessed the staffing requirements using a dependency tool. At the time of the inspection the provider was using agency staff and had taken steps to increase staff recruitment.
- Due to national difficulties in recruiting staff in the care sector, reassurances were provided by the management team that staffing levels had never reached unsafe levels in the service. Staff acknowledged there were many changes to the rota at the last minute due to sickness and isolation required by COVID-19 guidance.

Using medicines safely

- Staff managed people's medicines in a safe manner. Systems were in place to address and monitor medicines which people were prescribed on an 'as and when' required basis. Staff used body maps and topical cream charts to demonstrate the use of medicines to be applied to the skin.

- Senior care staff were trained in the management of medicines and were assessed as competent to carry out this task.
- Regular checks were carried out on the stock of people's medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff supported people to eat and drink and had drawn up people's care plans to address people's individual nutrition and hydration needs. Referrals had been made to the appropriate services if a person was losing weight.
- People's dietary preferences were not always catered for on the menu. The service had a four-week menu in place which did not include choices for people who preferred not to eat meat or fish. The service had a 'call bell menu' which included light meals. People were provided with light snacks such as crisps in the downstairs bar area for people who could access them.
- Inspectors found food past use by dates and opened food with no opening date in the kitchens in different areas of the home. Following the inspection staff told us food had been removed from these kitchen areas.
- Observations carried out over a lunchtime period showed staff did not replace the lids to the hot food storage lockers. People who were being supported to eat by staff in their bedrooms were at risk of receiving food which was not served at the right temperature.
- Relatives gave mixed reviews about people's responses to the food. One person said, "My relative is not happy about the food but they've done nothing about it even though she's told them that she's not happy with the food. Other relatives said, "She enjoys plain food", "The food just isn't her to her liking. She says the breakfast is the best meal", and "She complains about the food; she said she would like more variety."

We recommend the provider review the provision of food to improve service delivery.

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

- The home was purpose built with wide corridors for ease of movement. Seating areas were provided at different points on each floor.
- The Chester's area of the home was purpose built and accommodated people living with dementia. The environment did not meet best practice guidance for people living with a dementia. One relative said, "One criticism I have of this unit is it's beige; modern dementia units have old fashioned telephones etc around and bright colours to stimulate the residents."

We recommend the provider review the care home with a view to ensuring the environment enhances the quality of life for people living with dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had assessed people's needs in line with guidance and the law. Staff had gathered relevant

information from different health care agencies, relatives and people to draw up informed care plans.

- People's wishes and choices were included in their care plans.

Staff support: induction, training, skills and experience

- Staff were provided with support using an induction period and training when they began working in the service.
- The provider had transitioned staff onto their training programme and were monitoring staff progress through the training.
- Staff confirmed they were trained to deliver appropriate care. They said, "The training we do covers all aspects of our job in great detail", and "The training is good and relates to my practice to fulfil my role."

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

- Staff made referrals to access healthcare for people whose needs were changing or required more specialised support. Relatives confirmed staff made referrals to other agencies when people's needs changed.
- People's records showed staff were proactive in making referrals to other agencies and had followed up with relevant health care professionals for their decisions and outcomes to ensure people received timely care.
- Staff maintained handover documents between shifts and updated people's care records to ensure people received consistent care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were working within the principles of MCA and DoLS procedures. When people were admitted the managers ensured when required an emergency DoLS was put in place until people could be properly assessed.
- Staff had written care plans around people's ability to consent, what they had consented to and when relatives had been involved in decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well. They showed patience and kindness towards people and listened to what they said. Relatives said, "The staff are very good and supportive when I ring. I think the care is good", and "I think the staff are sound. They always greet me nicely and they're happy and chatty."
- People were clean and well presented in matching clothes. Relatives confirmed this, one relative said, "She always looks nice and clean and tidy."
- Staff knew what caused people to become anxious and gave them the reassurance they needed. People told us the staff were "Very kind" and "Good to me."
- Staff experienced their colleagues providing good care to people. They described the care provided by colleagues as, "Second to none".

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

- Staff supported people to express their views. Staff explained they give people choices about their daily lives and respected their decisions. One relative said, "I've never had a problem with any of the staff they've always been pleasant and approachable."
- Staff told us they enabled people to make choices. They told us they offered choices to people on daily basis.
- Relatives said they were involved in people's care and were kept informed. Relatives said, "They phoned me when she fell and hit her head; so they do keep me informed" and "I feel 100% involved with his care. We wouldn't have him in the care home if we weren't."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They ensured bedroom doors were closed when they were carrying out people's care and provided meals to people in their rooms if they wished to eat in private. People's dignity was preserved by staff who referred to maintaining people's gender preferences.
- Staff had demonstrated they knew how to promote people's independence. Care plans showed staff had engaged with people to find out what they could do for themselves and what they needed support to do. One relative said, "[Person] gets amazing care. We couldn't be more pleased. He loves the people that he's with." A staff member told us they, "I prompt residents to do certain tasks that I think they are capable off however giving them reassurance and guidance along the way."
- People's personal information was stored securely. Electronic records could only be accessed by staff using individual passwords.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had written people's care plans using person-centred information. Staff said people's care plans contained enough detail for them to support the person in the way they wished.
- Care plans showed people had been given choice and control over issues which affected them. They included people's personal preferences such as if they wanted to vote in elections, if they wanted their bedroom door closed or when they wanted to visit the hairdresser.
- We observed people appeared happy and well cared for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information around the home had been adapted to meet people's needs. For example, information about activities included pictures to demonstrate what activities were occurring each day.
- Staff had included in people's care plans how people communicate and the actions staff are required to carry out to enhance people's communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had provided support to avoid people becoming socially isolated. The management team had kept relatives up to date in a timely manner of visiting arrangements through the pandemic. Relatives described the various ways staff had tried to facilitate contact using for example window visits and a pod for visitors to see people.
- The service employed two activities' coordinators to run an activity programme which included culturally relevant activities and was available for people to join in. Whilst some people were happy to join in with the activities, others did not wish to participate in group activities. One member of staff said, "We ask residents if they would like to join in whatever activity is taking place on that day however many residents like to sit in their own room and do their own thing. Also, many residents just like to sit and chat to staff."
- One relative was concerned about a person not having the time from staff to put on their favourite DVDs. Time had been allocated to working with people individually.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. The provider had a complaints policy and processes in place,

complaints were investigated and responses made to the complainant.

- Relatives were confident if they had a complaint it would be addressed. A relative said, "I have no complaints at all. I can't thank them enough" and "I've never had a complaint."

End of life care and support

- Staff had addressed the care people required as they neared the end of their life. Relatives had been engaged in decisions about people being resuscitated in the event of their heart stopping.
- Staff were respectful of people needing end of life care. They spoke about their approach and said, "I think it's important to know the person so we can comfort them in the way they have always lived their life, we always ensure someone is with them at all times so they are not alone. I like to think I make this time as comfortable, reassuring and bearable as possible for the individual" Another staff member said, "I treat them with the upmost respect and ensure I maintain their dignity. I ensure they are comfortable and as pain free as I possibly can. I also ensure that they are not alone when the time comes."
- Staff had respected people's decisions when they did not want to engage with this type of discussion.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were working together to promote a positive culture. Staff said that the culture of the home had improved in recent weeks with good support coming from the managers in the service. Staff experienced managers being responsive to them. One member of staff said, "The culture is right. It is focussed on people."
- Some staff reported that they wished to see further improvements including communication. One staff member said, "Sometimes, although sometimes I feel we are left in the dark with poor communication between management and carers. Information is passed around in circles/clicks rather than everyone be told at the same time." Another member of staff suggested, "One message could be sent out to certain members off staff then it becomes more Chinese whispers by the end. Personally, I feel every single member off staff should be informed directly whether it is face to face or via email."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the need to be open and honest when something goes wrong.
- Information had been shared with relevant agencies when issues had arisen in the service. The provider and the managers had submitted statutory notifications to CQC outlining events in the home and what actions they had taken.

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

- Staff were clear about their roles and to whom they reported. Although staff acknowledged the changes to the management team had caused some uncertainty, they felt well supported by those in management positions.
- There was momentum in the home to continuously learn from people and improve the care provided. A range of audits identified deficits in the service and actions were put in place to rectify any issues. These were reviewed at the next audit to ensure the necessary steps were taken.

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

- The management and staff engaged people and their relatives in the service. Staff held six monthly reviews to monitor people's progress and listen to people and their families. Relatives had been provided

with opportunities to engage in on-line meetings and their feedback had been acted upon.

- Staff had been invited to participate in a staff survey. Their comments and feedback had been collated and an action plan had been drawn up. Staff also attended staff meetings where they contributed to discussions. Staff said they felt listened to by the management team. Staff said, "Yes, I do believe I am listened to. I do have an input with my resident's care, to ensure they have person centred care", and "I feel listened to if I have concerns."

Working in partnership with others

- There was clear working in partnership with other professionals. Staff were able to support the involvement of other professionals using their good knowledge of people's needs.

- Relatives told us staff engaged them as partners in people's care. The changing management arrangements have left some relatives unclear about who to contact. However, they were confident they would receive a response if they telephoned the service.