Pretty 333 Limited

Sibbertoft Manor Nursing 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

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This inspection was unannounced which meant the provider and staff did not know we were visiting. The last inspection took place on 20 December 2013 during which we found there were no breaches in the regulations.

Summary of findings

Sibbertoft Manor Nursing Home provides nursing and personal care for up to 41 older people, some of whom may experience dementia related needs. People lived in one of two areas within the home; the main building or the Garden Wing.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection a registered manager was employed at the service.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection two people who used the service had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act 2005 DoLS.

People who lived in the home and their relatives told us they were very happy with care provided. They said they felt safe and were treated with kindness and dignity.

Throughout our visit we saw examples of care and support which enabled people to maintain their independence as far as they could, to feel included in the way the home was run, and to receive care in the way they wished. Staff provided care and support in a warm and compassionate manner.

Staff understood people's needs, wishes and preferences. They were appropriately trained to provide effective and safe care which met people's individual needs. They understood their roles and responsibilities and were supported to maintain and develop their skills by way of regular supervision and training.

People we spoke with and their relatives told us they were able to raise any issues or concerns and action was taken to address them.

The manager consistently assessed and monitored the quality of the service provided for people. This included regularly asking people who lived in the home and their relatives for their views and opinions. Information from the assessment and monitoring process was used to make improvements to the quality of services people received.

Summary of findings

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 is safe.

Good

People told us they felt safe living in the home and with the support they received.

Appropriate recruitment procedures were in place to ensure new staff were suitable to work with people who used the service and there were enough staff on duty to meet people's needs. Risks to people's health and well being had been managed in an appropriate way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that appropriate steps had been taken to ensure people's rights were protected.

Is the service effective?
The service is effective.

Good

People who lived in the home and their relatives told us that the services provided within the home met their care and welfare needs. They were supported to maintain as much independence as possible and to maintain the lifestyles they enjoyed before they moved into the home.

Arrangements were in place for people to have a healthy and nutritious diet and receive appropriate healthcare whenever they needed it.

Staff were appropriately trained and supported to carry out their roles.

Is the service caring?
The service is caring.

Good

People who lived at the home and their relatives told us they were very happy with the care provided. They held the staff in high regard.

We saw positive and caring relationships between the people who lived there and the staff who supported them.

People told us, and we saw, they were treated with kindness, compassion and dignity.

Is the service responsive?
The service is responsive.

Good

People and their relatives told us they were involved in assessing and planning for their individual care needs.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

People and their relatives were encouraged to express their views and opinions about the services provided at the home.

Summary of findings

Is the service well-led?

Good

The service is well-led.

People who lived at the home and their relatives demonstrated they had confidence in the way the home was run. They said the manager was always available for them and they were encouraged to be involved in how things were done.

The manager and staff understood their roles and responsibilities. Staff said they felt well supported by the provider and the manager and enjoyed working at the home.

Appropriate arrangements were in place for monitoring and improving the quality of the services people received.

Sibbertoft Manor Nursing Home

Detailed findings

Background to this inspection

We inspected Sibbertoft Manor Nursing Home on 11 August 2014.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service. Our expert had experience of supporting older people who may experience dementia.

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 spoke with six people who used the service, two relatives, two registered nurses, three care workers and the registered manager.

Some people who used the service were unable to tell us about their care. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care.

We looked at four people's care records in detail. We looked at staff recruitment, training, supervision and appraisal records. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

Good

Is the service safe?

Our findings

People we spoke with and their relatives told us they felt staff kept people safe. One relative told us, "[My relative] is very safe living here."

Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that the manager and staff had received training about the subject. At the time of the inspection two people who used the service had their freedom restricted and care records showed the provider had acted in accordance with the Mental Capacity Act 2005, DoLS.

We looked at the care records for four people who used the service. Risks to people's safety were identified. There were individualised, up to date risk assessments and management plans for risks such as using wheelchairs and bed rails, fire safety, poor dietary intake and swallowing. One person told us they were involved in deciding how to manage their identified risks and used the example of having bed rails. A relative told us they were informed when risks had been identified and what actions were in place to reduce the risks.

When we looked around the home we saw there were personalised fire evacuation plans in people's rooms as well as in their care records. There were also signs outside people's bedrooms which contained symbols to show how they were to be evacuated in the event of a fire. This meant that people could be evacuated safely in the event of a fire.

Staff we spoke with demonstrated they were aware of the assessed risks and management plans within people's care records. They told us about an electronic communication system within the home which showed when any changes and updates to people's care records were made. We saw that this system enabled the manager to confirm that staff had read the information so as to provide up to date, personalised care.

There were effective systems for ensuring concerns about people's safety were managed appropriately. Records showed concerns had been reported promptly to other agencies such as the local authority and ourselves. All of the staff we spoke with demonstrated an understanding of what abuse was and how to report concerns. They also told us and records confirmed they received regular training about how to keep people safe. This meant that staff were up to date with reporting systems and national guidance.

On the day of our inspection there were enough staff on duty to meet people's needs. We saw people received the care and support which was set out in their care plans. People told us there were always enough staff available when they needed help and support. The manager told us and records confirmed agency staff were not used within the home. They said and staff confirmed several members of the staff team were trained to carry out a variety of roles such as caring and housekeeping. This enabled the manager to be flexible with rotas to ensure there were always enough staff on duty to meet people's needs.

Staff employed at the home had been through a thorough recruitment process before they started work to ensure they were suitable to work with vulnerable people. The process included completion of an application form with a full work history, a formal interview, references, identity checks, professional qualification checks and a disclosure and barring check. They also completed an induction based on a nationally recognised training programme. Staff confirmed this when we spoke with them. They said the induction training had helped them to understand people's needs and how to support them.

Good

Is the service effective?

Our findings

A relative told us, “This is the best place for [my relative]. [My relative] has never looked so well actually. It has been a very positive move for [them] and the wider family.”

Arrangements were in place for people to have a healthy and nutritious diet. Care records clearly listed people’s preferences and needs. We saw assessments had been carried out, and kept up to date, for people’s dietary needs and other needs such as swallowing food safely. Food and fluid charts were in place to monitor those people who had specific needs related to their diet. We saw the charts were completed in full and the information used to review how effective care plans were.

We saw records of what people had chosen to eat and what they had actually eaten. People were offered a range of alternative foods if they didn’t want to eat what they had chosen and they were offered extra helpings. People we spoke with told us things like, “The food is excellent”, “There is a choice of all meals” and “There is enough food and drink.”

We observed lunchtime in the main house, using SOFI. We saw positive interactions between people and the staff supporting them. Staff sat with the people they supported and chatted informally with them throughout the meal. They made sure people were comfortable; they made sure people had the right equipment to help them eat their meal and checked whether people were happy with the food. Where people found it difficult to make choices of food or drink staff showed them different options they knew they liked so as to make it easier for them to choose.

Records showed that people had access to appropriate healthcare services such as GP’s, opticians, dentists and speech and language therapy. People we spoke with, and their relatives, told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. The manager told us the local GP practice provided a surgery once a week within the home. This meant people could see the GP in a timely manner.

We saw that staff received regular support, supervision and appraisal sessions. Staff we spoke with told us they found the sessions useful and helped them to develop their skills. One staff member said, “We can challenge each other’s ideas and practice and feel listened to.”

Staff also told us they received an extensive training package and could request any other training they felt they needed. For example, they described training they had received about caring for people at the end of their lives. They said the training was based on a nationally recognised programme. This meant people received care which was in line with up to date guidance and research.

Records also showed that staff had received training in other subjects which helped to maintain safety for people. For example, we saw training took place about health and safety, fire safety, and medication administration. We saw that all non-nursing staff held or were working towards a nationally recognised care qualification. This meant staff were appropriately trained and supported to meet people’s individual needs.

Staff training information was displayed within the home so that people who lived there and visitors could be assured staff were appropriately trained to meet people’s individual needs.

Good

Is the service caring?

Our findings

People who lived at the home, and their relatives, told us they were very happy with the care provided. They demonstrated that they held the staff in high regard. Comments were made to us such as, “Care is done with dignity”, “They’re [staff] all very good with care” and “They are [staff] very caring, sweet, loving and compassionate.”

One person said, “They always help with a problem…. Neither are they impatient or reluctant, always willing to help and talk to you with dignity and respect.” This person also commented on how staff always said please and thank you.

Another person told us, “This is the best there is, they do the very best they can and staff are well mannered.”

We saw the results of a relative’s survey carried out in February 2014. All of the responses about how caring the service was were positive; scoring “good” or “very good” on the survey rating scale. One written comment said about the service, “I would highly recommend, first class.”

There was a homely and relaxed atmosphere within the home during our visit. We observed the relationships between people who lived there and staff were positive and caring. For example, we saw a member of staff supported someone who experienced pain in a warm and comforting manner and they responded positively. We also saw staff supporting people in an unhurried and encouraging manner when they were moving around the home.

We saw staff supported people to go to a private area of their choice to be helped with personal care, for example their bedroom. We saw staff made sure people had enough space for private discussions and they spoke with people in quiet voice tones so as to maintain people’s privacy.

We saw people were supported to maintain a well groomed appearance. For example, women had been supported to have their hair styled and make-up applied when they wanted this and gentlemen had been supported to shave when they wanted this. Some members of staff had been trained to cut, blow dry and set people’s hair so people did not have to wait for a hairdresser to visit. The manager told us people did not pay extra fees for the service. People we spoke with told us all of this support meant they could easily maintain the standards of appearance they had before they lived at the home.

People we spoke with told us they had their toiletries supplied by the home as part of the fees they paid. They said they chose the products they preferred to use. The manager confirmed that staff took regular orders from people to ensure there were adequate supplies. We saw good stocks of personalised, branded toiletries were readily available for each person.

Good

Is the service responsive?

Our findings

People who lived in the home and their relatives were involved in assessing and planning for their individual care needs. One person said, "My daughter is kept in touch [with the care plan], who is happy with the plan. I don't know about the care plan as I don't believe in them but I appreciate the care." Records showed care plans were regularly reviewed and amended where needed. Changes to care plans were communicated to staff through the electronic communications system, which enabled them to respond in a timely manner.

One relative told us how the manager and staff had responded when their relative had come to live in the home in an emergency. They said they received all of the information they needed and the manager had given them the best advice and support possible. They added, "They were brilliant, excellent really."

Records showed that people and their relatives had regular meetings so they could express their views about the services provided at the home. Responses to issues were recorded and feedback was given to people and their relatives. We saw one topic discussed was how to support people to maintain contact with relatives who lived far away. As a response the home supported people to use the internet and video links to keep in touch with relatives.

Care plans were in place to meet individual needs such as mobility, communication, religious and social needs, continence and nutrition. Palliative care and advanced care planning was also in place. This meant people would be treated in the way they wished at the end of their lives.

Care files contained a detailed life history for people and we saw staff used the information to help people feel comfortable and relaxed living at the home. For example, we saw staff supporting a person to carry out hobbies and interests related to their past employment. We saw one person was supported to go out for monthly afternoon tea at a local venue which they done for many years before they moved into the home. Another person had brought their pet with them when they moved into the home. This meant people were supported to maintain their preferred lifestyles when they moved into the home.

We sat with people in the lounge during the morning and observed a hobbies and interests session. Staff made sure people were supported to have drinks when they wanted them. People were encouraged and supported to join in activities when they wanted to and some people had individual support with things like reading books. A television, with programme subtitles, was on in another lounge area for people who wanted to watch it. One person who liked their day to run to a schedule told us they were frustrated at weekends when their routines were more relaxed. We spoke with the manager about this who said they would look into the issue with the person.

We saw each person had an album of personal photographs which had been developed when they moved in to the home. This meant they had a way to help preserve their memories. One person told us, "I love my book; it helps me remember all of the good things in my life."

A relative commented on the effort staff made to help people maintain and develop their hobbies and interests. They told us, "They really do try with activities. Activities are encouraged, with trips that relatives can go on too." They added, "Special transport for people who need it. There has also been choirs at Christmas, theatre groups and fortnightly keep fit; I am extremely happy with it."

People were supported to be involved with the local community. People who lived in the home and the manager told us about events they had held in the grounds such as the local village fete and local village Easter egg hunt.

There was space within the home for people to entertain their visitors and take meals with them in private if they wished. There was also a well maintained sensory garden which could be easily accessed from the main house and the Garden Wing. People we spoke with told us they enjoyed sitting in the sensory garden when the weather permitted. We saw the garden had been developed as a result of consultation with people who lived there and their relatives.

Where people did not have the capacity to make their choices, wishes and preferences known there were care plans in place to show staff how to support them. Advocacy services were also available to people if they needed someone to help them express their views. This meant people would be able to have their views about their support represented in a clear way.

Throughout our visit we found call bells were answered in a timely manner. Most people we spoke with said staff came quickly when they requested help.

Good

Is the service responsive?

There was a complaints procedure in place which was displayed in the home for people who lived there, and visitors, to see. People who lived in the home told us they knew how to raise concerns and issues. They said the manager and staff always listened to their views and helped them to sort out any problems. Records showed one complaint had been received by the manager since the last time we inspected the home. We saw the complaint had been managed in line with the provider's policy.

Good

Is the service well-led?

Our findings

The manager's working hours were not included in the rota for care and support duties. This meant they were able to concentrate on monitoring, reviewing and developing the services provided within the home.

The manager was supported by a team of registered nurses, care staff, housekeeping and catering staff, maintenance and administration staff. There were also staff who were specifically employed to carry out activities with people who lived there.

We spoke with the manager and five members of staff, each with different work roles. They told us they felt well supported by the provider. They demonstrated that they understood their roles and responsibilities well. Staff also said they felt well supported by the manager. All of the staff we spoke with said they enjoyed working at the home. One member of staff said, "I've never been happier at work." Another member of staff said, "There's an open communication system between us all, we can raise issues and know we'll be listened to."

We saw there was a system of monthly team and individual staff awards. Awards were given to teams or individuals who had made a positive impact on how the home supported the people who lived there. Staff told us they felt their work was valued and recognised and they felt respected by the provider and manager.

Throughout the visit the manager was visible around the home, speaking with people who lived there and staff.

People said the manager was always around checking everything was running smoothly. One person said, "If you need anything just ask and Matron [the manager] comes to sort it out. I can speak to anyone if I have any concerns."

People who lived at the home and their relatives told us they had confidence in the way home was run. One relative said, "The manager's door is always open, you can see her anytime. You are encouraged to get up and be involved and we have meetings with the manager."

The manager told us there were arrangements in place to regularly assess and monitor the quality of the service provided within the home.

An annual audit plan was in place. This showed which audits were to be carried out each month and was signed by the person who completed the audits. Audit topics included, medication arrangements, care planning, catering arrangements, accidents and incidents, maintenance and fire safety systems. Where any shortfalls were identified there was an action plan to show how they would be addressed. Audit records also showed when the actions had been completed.

There was an up to date plan in place to show what actions would be taken to maintain a service for people if there was a disruption to utilities such as gas or electricity, and if the building could not be occupied. This meant that people's accommodation needs would be consistently met.

We saw records of annual satisfaction surveys for people who used the service and their relatives. We also saw minutes of regular meetings held with them. These records showed positive responses and comments from everyone who took part.