Mr & Mrs L E Ansell

The Manse Nursing Home

Inspection report

Kirkgate
Kirkham
Preston
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PR4 2UJ

Tel: 01772686684

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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

People's experience of using this service:

The service had improved since our last inspection.

People's medicines were managed safely and properly. Staff followed infection prevention and control guidelines. People received personalised care that was responsive to their needs and preferences. We received mixed feedback about staffing levels from people who used the service and staff. However, the service had used a dependency assessment tool to calculate staffing which showed staffing was sufficient. The registered manager confirmed they would keep this under close review. There were some areas identified within the home that did not meet infection control guidelines. The manager addressed this during our inspection. People had opportunity to access a range of activities including access to the local community. However, we received mixed feedback about activity provision. The activities coordinator had begun work to ensure the activities provided by the service met people's individual needs.

We received positive feedback from people about The Manse Nursing Home. People told us it was safe and that staff were kind and treated people well. Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence. People's capacity to consent had been assessed in line with legal requirements. Staff had built positive caring relationships with people they supported and their families. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. We received positive feedback about how the service was managed. The provider had auditing systems to ensure they met legal requirements.

More information is in the full report.

Rating at last inspection: Requires improvement (Report published 31 October 2017).

About the service: The Manse Nursing Home is registered to provide 24-hour care for up to 44 people. Bedrooms are located on the first and ground floors and all have ensuite facilities of a toilet and washbasin. Lounges and dining rooms are on the ground floor. The home is close to the centre of Kirkham with easy access to shops and local amenities. There are small gardens to the front and sides of the home, with patios and seating areas, accessible via ramps. At the time of our inspection, 36 people were living at the home.

Why we inspected: This inspection was a planned inspection based on the previous rating.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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 effective Details are in our effective findings below.	Good
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 Manse Nursing Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was carried out by two inspectors and an expert by experience. The expert by experience had experience of caring for people who use this type of service.

Service and service type: The Manse Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager is a registered person. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on the first day and announced on the second day.

What we did: Before the inspection we checked information that we already had about the service and completed our planning tool. We looked at notifications from the provider and sought feedback from the commissioning department at the local authority. Notifications are specific events that the provider is required to tell us by law.

During the inspection we spoke with four people who used the service and one person's relative. We spoke with seven staff, including the registered manager. We reviewed staff training records, five people's care records, medicines records and records related to the management of the service.

Details are in the key questions below.

The report includes evidence and information gathered by both inspectors and the Expert by Experience.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection
● Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
● We observed, and people told us staff practiced good infection control measures.
● However, there were areas of the home and items of furniture that did not meet infection prevention and control guidelines. These had not been identified during a recent audit. We discussed this with the registered manager who implemented a new audit on the second day of our inspection to address this.
● We recommend the provider seeks and follows best practice guidance in relation to infection prevention and control.

Systems and processes
● The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
● The registered manager was aware of their responsibility to report concerns to the relevant external agencies.
● People we spoke with told us they felt safe. One person told us, "Oh yeah, just because of the general surroundings and everyone knocking about."

Using medicines safely
● When we last inspected the service, in August 2017, we made a recommendation the provider should review their systems to ensure staff had guidance available about the use of 'as and when required medicines'. During this inspection we found the information was readily available.
● Staff were trained and administered medicines safely. Staff practice was observed to ensure they were competent.
● The registered manager had introduced checks on medicines to ensure they were managed safely and properly.
● Medicines administration records were accurately maintained.
● People could choose to manage their own medicines, if they were able, and were supported to do so.

Assessing risk, safety monitoring and management
● The service assessed risks to people's safety and well-being. Plans were put in place to lessen risks. This included risks associated with health conditions, mobility and nutrition, for example.
● Staff were familiar with people's needs and plans to manage risk.
● The service had a system to record and analyse any accidents or incidents. This helped to identify and trends or themes. The registered manager referred people to external agencies for guidance and support

when required.

Staffing levels

● During our inspection, we saw there were sufficient numbers of staff to meet people's needs. However, we received mixed feedback about staffing levels. One person told us, "No, definitely not [enough staff]. Sometimes wait a long while, 10 minutes or longer." Another person said, "Think they could do with more [staff]." A further person commented with regard to staffing levels, "It seems to be improving at the moment."

● We also received feedback from staff that there were often shifts where the home was short-staffed, due to staff illness or if staff accompanied people to hospital.

● We discussed this with the registered manager who told us nobody had raised any concerns about staffing levels. They explained staffing levels had not been reduced even though occupancy had decreased. They went on to tell us they had recently implemented a dependency assessment tool which calculated staffing levels based on people's needs. We looked at this in detail and found staffing levels were in line with people's assessed needs. The registered manager told us they would continue to monitor staffing levels closely and seek feedback from people and staff to ensure staffing was sufficient.

● Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Learning lessons when things go wrong

● The management team reviewed accidents and incidents and, once investigated, put actions in place to minimise future occurrences.

● Discussions took place to make improvements and ensure the service learnt from any incidents that occurred.

Good

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.
- The home supported a number of people who were living with dementia. We saw the service ensured assessments of people's capacity to consent were carried out when someone had an impairment of the brain or mind, before decisions were made on their behalf. The process and discussions around decisions made in people's best interests were recorded.
- Where people were restricted, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

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

- People were supported to make their own room homely with their own belongings. People had call bells in their rooms to summon help and equipment, such as hoists, was available to meet people's needs.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.

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

- Peoples needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.

● Care plans were person-centred. Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.

Staff skills, knowledge and experience

● People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role. One person we spoke with said, "They always seem to know what they're doing."

● Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

Supporting people to eat and drink enough with choice in a balanced diet

● We received mixed feedback about the meals provided by the service.

● We asked people what they thought of the meals provided, whether they had choices of what to eat and whether they were involved in choosing what was on the menu.

● Responses we received included, "Adequate. There are 3 choices at tea-time. I'm not rushed. Not involved in choosing menu." And, "Varies, sometimes excellent, other times a bit lacking. In terms of quality the lunch is okay. The evening you have a choice of three meals. I assume they'd have something if I didn't like the choices. Not involved in menu."

● We discussed this with the registered manager and the person who was responsible for preparing meals on the second day of our inspection. They confirmed people had not been involved in choosing what was on the menu and that food provision at the service was currently under review. We received confirmation on the day following our inspection that the chef had spent time with everyone who lived at the home to consult with them regarding the menu. The registered manager confirmed work would be carried out in the following weeks to change the menu to suit people's preferences.

● People were supported by staff to maintain good nutrition and hydration.

● People's nutritional intake was monitored by staff and advice sought from external professionals as appropriate.

Staff providing consistent, effective, timely care within and across organisations

● Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.

● Information was shared with other agencies if people needed to access other services, such as hospitals.

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. People told us they were able to influence the care provided to them.
- However, people we spoke with told us they were not involved in formally reviewing their care plans. We saw records which showed people or, where appropriate, their representatives were involved in making choices and decisions about the care delivered to them, but this was not on a regular and formal basis.
- We discussed this with the registered manager who confirmed they involved people and checked the care delivered continued to meet their needs on an informal basis, through day to day conversation. The registered manager told us they would review their processes following our inspection, in order to ensure people were involved in regular reviews of their care plan.
- We recommend the provider review their systems to ensure people are involved in regular and formal reviews of their care.
- We discussed access to advocacy services with the registered manager. They told us they would support people to access advocacy if they did not have anyone else who could represent them. An advocate is an independent person who can act to ensure any decisions are taken in a person's best interests when they do not have anyone else to support them.
- People said staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required.

Ensuring people are well treated and supported

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "They're alright. Have a lot of jokes, very friendly." And, "They're just nice with you."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- People told us, and we observed, staff knew their preferences and used this knowledge to care for them in the way they liked.
- We observed staff treated people with kindness and respect. We witnessed many positive interactions between staff and people they supported.

Respecting and promoting people's privacy, dignity and independence

- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.

● People's confidentiality was respected and people's care records were kept securely. However, we found some sensitive records we stored in a corridor where they were accessible to anyone. We raised this immediately with the registered manager who removed them and ensured storage arrangements were changed before our inspection visit concluded.
● Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People were empowered to have as much control and independence as possible.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, how people preferred to spend their time and whether they had a preferred name.
- When we discussed people's needs and preferences with staff, they could describe in detail the steps they took to support people.
- We received mixed feedback from people about the activities provided by the service. Some people told us they enjoyed entertainers who visited the home periodically. Other people told us there were games arranged, such as scrabble or dominoes, to help them pass the time. However, some people told us the games and activities did not always meet their needs. Comments about activities included, "Not a lot, very limited." And, "Occasionally play Scrabble, nothing else much. Memory man comes in, enjoy him."
- The service employed an activities coordinator. We spoke with them and they gave us examples of a wide range of activities that they had arranged. These included weekly visits from a local nursery group, craft activities and visits from a local football team for exercise classes. They also told us about in-house exercise activities they had arranged, one to one time they spent with people and trips out into the local town. They told us they had begun work to find out what activities each individual person would like to see available, in order to provide activities which each person would find meaningful.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. Feedback was gained from people and their relatives through day-to-day conversations. The registered manager explained they had tried to use satisfaction surveys as a means to gain feedback but had received a very low response rate. They were in the process of setting up coffee mornings and were looking into other ways of gaining feedback from people and their representatives.
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Staff empowered people and relatives to develop care and treatment plans for end of life care.
- Staff were aware of good practice and guidance around end of life care and understood people's needs, including any religious beliefs and preferences.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well.
- External healthcare professionals were involved as appropriate and specialist equipment and medicines were made available to ensure people were comfortable and pain-free.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. Comments about the management of the service included, "[Registered manager] will come and have a chat, very approachable." And, "[Registered manager] is supportive, available and approachable."
● The provider had auditing systems to ensure they met legal requirements. They had recently introduced a new audit tool which covered every aspect of the service and provided management with good oversight of who was responsible for any actions identified.
● Staff understood their roles and responsibilities and had confidence in the management team.
● There was good communication maintained between the management team and staff.
● Staff felt valued and well-supported by the management team.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
● The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
● Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Engaging and involving people using the service, the public and staff
● People and their relatives told us they were encouraged to comment on the care delivered to them. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
● The registered manager told us they used to use satisfaction surveys as a way of gaining people's feedback. However, they had found very few people or their relatives completed the surveys. As a result, they were looking into how to gain this feedback, alongside gaining feedback from people on a day to day basis.
● Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

Continuous learning and improving care

● The management team were keen to ensure a culture of continuous learning and improvement.
● The management team positively encouraged feedback, reviewed the quality of the service and acted on any identified shortfalls to continuously improve the service. The registered manager was receptive to our feedback during the inspection and took immediate action to make improvements for people who used the service.

Working in partnership with others
● The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.