RKL Living Ltd

Manor House Residential 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

This unannounced inspection took place on 25 June 2015. The home provides support for up to 22 people living with dementia. At the time of the inspection there were 19 people living at the home. The home has an Enhanced Dementia Classification (EDC) which enables people to be supported with advanced dementia through to end of life care.

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 about how the service is run.

Summary of findings

People told us that they felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff on duty. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did. Pictorial formats of upcoming events and signage around the home to support with daily living was in place.

Staff had good relationships with the people who lived at the home. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to.

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 was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good

Is the service effective?
The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good

Is the service caring?
The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences and enabled people through the use of pictorial aids.

Good

Is the service responsive?
This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

Good

Summary of findings

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Manor House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 June 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who used the service, five members of care staff, three family members, two members of the management team, a volunteer and a visiting health professional.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and of four people who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

During our inspection we used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People felt safe where they lived. One person said "I feel safe and happy here." One relative told us "[my relative] is absolutely safe here, he is looked after really well." The home had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what the consequences of their actions could be. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People and relatives thought there was sufficient staff available to provide their care and support. A family member said "There is always plenty of staff about, we don't have to look for staff when we visit." The care staff were supported by additional staff including catering and domestic staff and a volunteer. Throughout the inspection we saw there was enough staff to meet people's needs.

People's medicines were safely managed. Medicines were only administered by senior staff. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine. It was the homes policy that two staff administered medicine and we saw this procedure was followed.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on dementia and end of life care. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us "The induction was in depth and included shadowing other staff for a few weeks while I was completing my formal training,"

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Staff we spoke with were positive about the training received and confirmed that the training was a combination of online and classroom based training.

Staff received in depth training on caring for people living with dementia and were guided by good practice guidelines. The team had developed their own dementia principles and these were displayed so visitors to the home were aware of the person centred approach of the team. Care staff said "It is so important we understand dementia and try to understand what a person is experiencing, the training helped us do this."

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home. One staff member said "Supervision is important but I don't wait for supervision to discuss any concerns or ideas I have, we can go straight to the senior or manager with them."

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw that applications had been made for people who required a DoLS to be in place and they were waiting for the formal assessments to take place.

People were complimentary about the food provided. One person said "The food is lovely, all my favourites as well." People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu.

The Chef was knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Care Records showed that people had access to community nurses, GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments. Visiting clinical staff told us that they had no concerns about the care provided; they said that the staff contacted them appropriately and knew the needs of people who used the service. The home had a regular visiting chiropodist and optician.

Good

Is the service caring?

Our findings

People were cared for by staff that were kind and compassionate towards them. All of the people we spoke with praised the staff for their kind and caring ways. We saw staff were proactive in checking on people's welfare as they knocked on people's doors to check if the person was happy or if they needed anything.

Some of the people who were living with dementia were limited in their ability to recall and express their views about the service. We spent time observing the interactions between them and the staff to gain an insight into the care that people received. All of the staff were skilled in communicating with people for whom they cared. For example staff approached people from an angle they could be seen; they also approached people with smiling faces, provided good eye to eye contact and open body language. They also addressed people by their preferred name and used touch to engage and reassure people. This provided people with reassurance and a calm and contented atmosphere; people were stimulated and had confidence to initiate contact with staff and other people who used the service.

Staff had a good understanding of the needs of the people they cared for and we witnessed several acts of kindness towards the people who lived at the home. For example when people became unsettled or distressed staff comforted them and took time to understand the cause of their distress. We saw staff take swift action to address the cause of their distress whenever possible. One member of staff said "Sometimes people need some reassurance and it is so important that we provide that as soon a s possible."

Whenever possible staff supported people to be involved in planning their care and to make their own decisions. People told us how they were able to manage some aspects of their personal care and required support with other parts. One person said "I still try and do some bits for myself but when I can't the staff are lovely and help me."

We observed people being offered choices throughout the day and when people were unable to express their decisions staff were able to use their excellent knowledge of people to help make these decisions.

People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing. One person told us the hairdresser comes every week and that they had booked to have their hair done that week. One family member said "My [relative] is always clean and well shaven and I've never seen anyone look unkempt all the times I have visited."

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area.

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but we saw that a few people had advocacy involvement before they moved in to the home and letters in their files detailed how they could be in touch if they wanted access to the service again.

People were supported to maintain links with family and friends. Staff told us that there were no restrictions on relatives and friends visiting the service. We saw that visiting times were flexible and visitors and were made to feel welcome; visitors were offered a cup of tea and the opportunity to eat with their relative or friend. People were able to receive their visitors in their own rooms or in any of the communal areas.

Good

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. Some people had struck up friendships with others they had met in the communal rooms and had chosen to sit with each other. People had access to newspapers, listened to the radio or watched television, or were able to sit in the garden. Care staff made efforts to engage people's interest in what was happening in the wider world and local community.

Staff were responsive to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Where people required two staff to support them we saw that there was enough staff to facilitate this.

People had access to aids and adaptations to support their mobility and independence, including walking frames and wheelchairs. People living with dementia had access to a range of memorabilia, rummage boxes, music and other artefacts relevant to life in the 1940's and 1950's. People told us they were supported to follow their interests and engage in activities. One person said "We go out in the car and visit places." The activities person told us about visits to where people used to live and how it prompted memories and conversations and this had a positive impact on people's well-being.

There were a range of activities on offer and upcoming events were 'advertised' in the home by using pictures. For example; There were pictures of tennis and strawberries and cream to advertise that the Wimbledon tennis event was coming up, there were also pictures of the royal family advertising that a royal baby was going to be christened shortly. Other activities included gardening and planting seeds, singing and reminiscence sessions, holistic massage and board games.

When people were admitted to the home they and their representatives, were provided with the information they needed about what do if they had a complaint. People were not able to tell us what they would do if they had a complaint, but a relative said "I would go straight to the manager if I had concerns but we have never had any, the care is excellent, we cannot fault it." There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. Relatives said they would not be reluctant to raise concerns, or make suggestions, directly with the provider, registered manager, or with any of the care staff because they were confident appropriate action would be taken.

Good

Is the service well-led?

Our findings

People told us the manager and staff were very good and that they could speak with them at any time. Relatives told us that the manager and staff were very approachable and always kept them informed. One relative said "The manager is very approachable and friendly, they always chat to me and ask if I am okay." One person living with dementia told us "I don't know who the manager is but that person over there is lovely [the person was pointing to the manager]."

Communication between people, families and staff was encouraged in an open way. Relatives told us that the staff worked well with people and there was good open communication with staff and management. The registered manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the home as much as possible. Staff said the manager was very approachable and proactive, one staff member said "The manager is great, they know all of the residents really well and they are really supportive with all of the staff."

People had their say about their experience of using the service. There were systems in place to audit the quality of care provided, such as regular surveys. People using the service and their relatives had regularly received questionnaires asking them to comment on the quality of the service they received. We also saw that letters and cards had been received from relatives that complimented the standard of care that had been provided.

During the inspection we observed that the staff team worked well together and had the resident's needs as their focus. All the staff said that they worked as a team and they enjoyed supporting people. Staff confirmed they received regular support from the manager. One staff member said "The manager is very approachable, if we are unsure of how to approach something she will guide us." Staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The registered manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Staff said they felt valued and felt the manager valued their individuality. One staff member said "The manager is dedicated to the job; she knows everything there is to know and is always available and she listens to our ideas." Another staff member said "I think it is a testament to the manager that staff have worked here for so long and they enjoy coming to work."

Quality assurance audits were completed by designated staff and monitored by the registered manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the home were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.