Plenus Care Ltd

The Manor

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?	Requires Improvement

Summary of findings

Overall summary

The Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for older people and those with mental health conditions or dementia. The home can accommodate up to 25 people. At the time of our inspection there were 16 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection the service was rated, 'Requires Improvement'. We found the provider did not have guidance in place for 'as required' medicines and arrangements were not in place to ensure decisions were made in people's best interests.

At the present inspection the service was 'Good'.

Guidance was in place to ensure people received their medicines when required. Medicines were managed safely.

Where people were unable to make decisions arrangements had been made to ensure decisions were made in people's best interests.

Suitable quality checks were being completed and the provider had ensured that there were enough staff on duty. In addition, people told us that they received person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been completed before new staff had been appointed.

There were arrangements to prevent and control infections and lessons had been learned when things had gone wrong.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received person-centred care. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to access limited activities and community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care. The provider was in the process of developing arrangements to support people at the end of their life.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. However notifications had not been sent to CQC regarding Deprivation of Liberty Safeguards. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been consulted about making improvements in the service. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Arrangements were in place to ensure there were sufficient staff to care for people safely. There were systems, processes and practices to safeguard people from situations in which they may experience abuse.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe. Arrangements were in place to safeguard people against avoidable accidents.

Medicines were administered and managed safely.

The environment was clean. Arrangements were in place to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005. Arrangements were in place to protect people from having their liberty restricted unlawfully.

Staff had received sufficient training to support them to meet the needs of people who used the service.

People had their nutritional needs met. People had access to a range of healthcare services and professionals.

The environment was appropriate to meet people's needs.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity maintained.

Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

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

Is the service responsive?

Good

The service was responsive.

Care records were personalised and regularly reviewed.

People had access to a limited range of activities.

The complaints procedure was on display and people knew how to make a complaint. Complaints were responded to appropriately.

The provider had arrangements in place to support people at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance processes were effective in identifying shortfalls in the care people received and improving the quality of care. Action plans were in place.

Staff were listened to and felt able to raise concerns.

The provider had failed to consistently notify the Care Quality Commission of events in line with statutory requirements.

The previous rating was displayed correctly on the website.

The Manor

Detailed findings

Background to this inspection

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

This inspection took place on 21 February 2018 and was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with nine people who lived at the service, two members of care staff, three relatives and the registered manager. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. We saw evidence of people being supported to maintain their feeling of safety. For example, one person had an electronic fob to gain entry to their room using a fob. We were told that this person had expressed feelings of anxiety about people entering their room and staff had therefore fitted a normal key operated lock. However when using the key proved difficult for the person staff had fitted the fob operated lock. They explained staff could override this if necessary for example in an emergency. Relatives also told us they were confident that their family members were safe. A relative told us they felt their family member was safe in the home because, "The attention these carers give [family member] is second to none, they are always looking in on [family member], checking up on them".

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that they knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the registered persons had established transparent systems to assist those people who wanted help to manage their personal spending money in order to protect people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to manage the risk of falls. Arrangements were in place to protect people in the event of situations such as fire or flood. There was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was a person who liked to assist with meal preparation and risk assessments were in place to ensure they were kept as safe as possible but supported in their wishes.

Staff were supported to promote positive outcomes for people if they became distressed. Guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they were able to tell us about these.

We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines. We observed medicine administration records (MARs) were completed according to the provider's policy. Medicine records also included information about allergies and how people liked to receive their medicines. Information to support staff when administering as required, (known as PRN), medicines was available to staff to ensure people received their medicines when they needed them. Where people received their medicines in food without their knowledge (covert medicines) we observed the appropriate arrangements had been put in place to ensure this was carried out safely and within guidelines.

The provider had ensured that there were enough staff on duty to provide safe care to people. Staff said they thought there was sufficient staff. People told us that call buttons were responded to promptly. One person told us, "You have a button in your room if you want anything at night. I used it once when a lady came into

my room by mistake. They [staff] came quickly".

Another said "I have a call button in my room. I used it twice when I came and was anxious, they [staff] came within two or three minutes. They pop in during the night to check on me. If I'm awake they'll come in and have a chat." The registered manager told us they had put in place arrangements to ensure there were sufficient staff to support people. They said they had taken into account the number of people living in the service and the care each person needed to receive.

We examined records of the background checks that the registered persons had completed when appointing two new members of care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

People told us they felt the home was clean. One person said of the home, "It's clean, it gets cleaned every day." Another person said, "My room is lovely and clean, the home is, they are having it decorated all the time."

A relative told us "It is exceptionally clean and they are always doing something, repairing this, repairing that, all these chairs are new." Suitable measures were in place to prevent and control infection. Staff had received training and understood how to prevent the spread of infection. Audits including hand hygiene checks had been carried out. However we observed when medicines were administered staff handled the tablets before placing them into a cup for people to take and there was a risk of infection being spread. We spoke with the registered manager about this who told us they would address this.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. For example, where a person had fallen frequently they had been referred to a specialist team for assesment. Staff told us they received feedback on incidents and accidents.

Good

Is the service effective?

Our findings

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed the registered manager had carefully established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. A member of staff told us, "Always learning here." When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, training about dementia care. The provider had recently put in place new arrangements for training in order to improve access for staff. This meant staff could receive training in a timely manner and maintain their skills. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Staff told us they were able to speak with the registered manager at any time if they needed to. Arrangements were in place for staff to receive one to one support. Records showed supervisions on a one to one basis had taken place.

People were supported to eat and drink enough to maintain a balanced diet. We observed lunch and saw it was a calm and relaxed atmosphere. We observed staff supporting a person with their meal. They constantly chatted with the person, enquiring if they were alright and offering reassurance. In addition whilst assisting the person staff ensured they were offered a drink regularly. We observed the person said they did not want any more vegetables and staff offered more meat and encouraged the person to eat, to ensure they received sufficient nutrition.

People told us that food at the home was good, they had a choice and they got enough. One person said, "The food is nice, you get a choice, you can't complain. I always get enough and I'm a hungry devil." Another person said, "The food is very good, surprised me how good it is. You have a choice. They tell you what there is and if you didn't like it then they'd get you something else."

Where people had specific dietary requirements we saw these were detailed in care records and staff were aware of these. For example one person often preferred not to eat their lunchtime meal and staff explained they were offered snacks on a regular basis during the afternoon and evening to ensure they received sufficient nutrition. We saw in the minutes of a residents meeting people were reminded that they could have snacks at any time.

People were supported to live healthy lives by receiving on-going healthcare support. One person told us, "They got the doctor for me when I hurt my leg, caught it on something," and "I went to hospital about two months ago after going to the dentists. They [staff] organised that for me, ordered the transport." Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. Reviews were held with people and professionals who were involved in their care. These included meeting with their GP, personal representatives and other health professionals. This helped to promote good communication resulting in consistent and coordinated care for people.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place decisions in people's best interests. An example of this was when people required specific support with medicines.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found where people were subject to DoLS the appropriate arrangements had been put in place.

We observed staff asked permission before helping anyone. For example, at lunchtime when offering aprons to people staff checked, "Am I alright to pop this on," before assisting people to use the aprons.

There were few adaptations, for example, colour coding, memory boxes, larger, brighter signage, made to assist people who were perhaps confused with orientation about the home. We spoke with the registered manager about this who told us this was a decision made on consideration of the needs of people who lived at the home. They said consideration had been given to the use of more signage and 'colour coded' doors etc. but it was the providers wish to present a more homely, feel. Only one person told us they struggled with this decision saying, "It all looks the same, I do get lost. It makes it look tidier, neater I suppose but they could do with more signs."

We saw that some paintwork was in need of refurbishment and some parts of the grounds and outside paved areas required tidying, however we observed a programme of redecoration was in place to address this.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care they received. A person said, "The staff are very good, very understanding. I stop up to four in the morning, in the lounge watching TV. They look after me, bring me tea or coffee." One person said, "They are very good, doesn't matter what you want, what you need, they'll get it for you, they've not got an easy job but they do it in a nice way." Another person said, "We have a laugh together, they treat us nicely, with respect." Staff told us they thought it was like being in a family when they were working together. One staff member said, "It's a happy place."

People were treated with kindness and were given emotional support when needed. For example, staff explained a person often forgot a relative had passed away and became upset when reminded they had so, consequently a decision had been made not to remind them of this or correct them. We observed a member of staff on noticing a person was slumped down asleep in an easy chair they gently woke the person by speaking quietly and stroking the person's arm and leg and then helped the person move up to a more comfortable and safe position in the chair.

People told us staff were considerate. Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. We observed a person was concerned about the whereabouts of a cream they used. Staff reassured them and explained where it was.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, a care record explained a person was able to express when they would like painkillers. One person had spilt their drink and we observed a member of staff asked them if they wanted support to change their clothing. When they declined we observed staff accepted their decision. We also observed staff asking people what they would like for lunch and a person said they didn't like either choices and staff offered to find an alternative for them. We observed staff reassured the person who was concerned they were being awkward. Staff said, "You are not being awkward if you don't like it we will find something you'll like."

We observed staff supporting people to move and saw this was done safely and at people's own pace. Staff explained what they were doing and how people could assist them when moving. A relative told us about there relative who due to the support of staff their mobility had improved which meant they now required less assistance.

Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. A relative said, "The staff are

good, never known any of them not to be nice to people, never seen anything untoward. They talk to them with respect I'd tell them if they didn't on one visit one lady was walking around and was in a mess. As soon as they [staff] saw her they helped her." Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, staff asked people discreetly if they required assistance with their personal care. A member of staff told us when administering eye drops at lunchtime they preferred to wait until after lunch to protect the person's privacy and avoid interruption of their lunch. People also had access to lockable boxes in their bedrooms so they could keep items of value close to them if they wished.

We found that suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored safely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. We found that people received personalised care that was responsive to their needs. For example, a person preferred to have the hairdresser provide a service in their room rather than in a communal area. Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Individual pen pictures were included in the care record to inform staff about what was important to people. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. We saw this supported people to be involved in the process of recording and reviewing the care they received.

On the day of inspection the member of staff responsible for coordinating activities was not available which meant there were few activities for people to enjoy. Three people we spoke with raised concerns about the lack of activities. A person who was asked if the home provided a programme of activities said, "I don't think they do but I think that's people's own choice, they don't want to do anything." During our inspection we observed a member of staff providing nail care to people and some people playing dominoes. The registered manager told us they were in the process of recruiting to additional hours for activities so that a wider range could be provided.

We saw records of previous activities included events such as carol singing and craftwork. Staff told us during the summer people accessed local facilities such as a café in the village and the community centre. They also told us about special events they had organised for example, one person had been on the stage when they were younger. Staff had managed to get a film clip and showed this as part of their birthday celebrations.

One person liked to participate in the training activities and we saw evidence of their attendance. The same person also liked to cook and help with kitchen activities because of their past experiences. We saw they had been supported to complete the necessary training and participated when they wanted to.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. Furthermore, the registered manager recognised the importance of appropriately supporting people if they chose gay, lesbian, bisexual and transgender lifestyles. Where people preferred a specific gender of staff to support them, staff told us they were able to provide this.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when complaints had been received these had been investigated and resolved to the satisfaction of the complainant.

When we spoke with people they told us they knew how to raise concerns. One person told us "I've no complaints and never had to make any." Another person told us, "If something crops up we talk about it. You can talk to the ones higher up and they solve it". A relative said "They've put complaints forms and things in their rooms but you can always talk to staff". Another told us, "The staff would be alright if you had any issues, you can talk to them". At the time of our inspection there were no ongoing complaints and previous complaints had been resolved according to the provider's complaints policy.

The provider had arrangements in place to support people at the end of their life. However we observed care plans were not in place to explain how people would like to receive their end of life care. The registered manager told us they were in the process of developing these and would work closely with the district nurses to ensure they were appropriate.

Requires Improvement

Is the service well-led?

Our findings

Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents and injuries. However we observed the registered persons had failed to inform us when people were subject to DoLS. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

People and their relatives told us that they considered the service to be well run. A member of staff said, "Things are going well. Staff morale is good." There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that the provider had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. For example, staff had been supported to use technology in order to access some training elements. In addition the provider had introduced incentives to encourage staff to complete the required training. Although staff were required to complete training in their own time they received payment on completion of training.

Staff told us they thought the registered manager was approachable and listened to them. One person told us, "The manager is very approachable, always comes and has a word." We saw that during the inspection the registered manager was seen around the home and engaged with people. It was clear that the registered manager knew people and that they were familiar and comfortable with her.

Staff were confident that they could speak with the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. The registered manager had developed working relationships with local services such as the local authority and GP services.

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example, regular residents and family meetings were held. We also noted that the registered persons invited people who lived in the service and their relatives to complete an annual questionnaire to comment on their experience of using the service.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included celebrating national awareness days such as Parkinson Awareness Week in order to improve staff, relative's and people's knowledge of these issues. The provider had started to participate in the Harm Free Project with the local authority which is aimed at reducing risks in a number of areas such as falls.

A member of staff told us they thought there had been a number of improvements since our last inspection particularly with regard to team working. There were a number of arrangements in place to support effective team working. For example, staff had been invited to attend regular team meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that staff were suitably supported to care for people in the right way. Where issues had been identified at meetings action plans had

been put in place to address these.

Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed. In addition regular checks had taken place to ensure the service met regulation. We saw the results of these checks were reported back to staff at meetings.