

Bupa Care Homes (BNH) Limited

# The Manor House Care Home

## Inspection report

Moreton Road  
Wirral  
Merseyside  
CH49 4NZ

Tel: 01516770099

Date of inspection visit:  
14 August 2019  
19 August 2019

Date of publication:  
19 September 2019

## 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

### About the service

The Manor House is a residential care home providing accommodation and personal care for up to 59 older, there were 38 people using the service at the time of the inspection.

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

At our previous inspection in May 2018 the service was in breach of Regulations. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

There were now sufficient numbers of suitably skilled and qualified staff to meet people's needs safely and in a timely way. People felt safe living at the service. Staff understood their responsibilities for keeping people safe and for reporting any concerns they had about people's health and safety. Risk was assessed, and plans were in place to minimise the risk of harm to people and others. Medicines were safely managed. Action was taken to reduce the risk of recurrence when things went wrong or there was a near miss and lessons were learnt.

Staff now received the support and training they needed for their role. Staff received regular support from managers in the form of one to one and group meetings. Staff told us they felt well supported, valued and listened to. People's needs, and choices were assessed and effectively met. People were encouraged to maintain their independence wherever possible. Staff assisted people to maintain a healthy and balanced diet.

People, family members and staff told us the management of the service had improved a lot. They told us that the registered manager was always visible around the service, very supportive and approachable. The processes in place for monitoring the quality of the service were now effective in identifying and actioning areas for improvement.

People received personalised care and support. People had developed good relationships with staff who understood their individual preferences and care needs. The environment was adapted and decorated to meet people's needs. Adaptations and signage were in place to assist people with their mobility and orientation.

People and family members told us that staff treated them well and were kind and caring. People's personal information was kept confidential and their privacy and dignity was respected. People were involved in making decisions about their care and they felt listened to. People and family members were confident about complaining and complaints were dealt with in a timely way and used to make improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published July 2018). The service has improved to good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe 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 Manor House Care 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

The Manor House 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.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five family members/friends about their experience of the care provided. We spoke with four care staff, three ancillary staff, the registered manager, regional manager, clinical services manager and two nurses.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to operate effective systems for improving the quality of service people received.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

### Staffing and recruitment

- People's needs were now safely met by the right amount of staff with the right qualifications and skills.
- The provider acted on relevant feedback from people regarding staffing and made improvements.
- People's needs were now met in a timely way following changes made to the deployment of staff across the service.
- Robust recruitment processes were followed. A series of pre-employment checks were carried out on applicants to check their suitability for the job. Nurses' registrations were regularly checked to make sure they were valid.

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

- Arrangements were in place to safeguard people from the risk of abuse.
- Staff were trained and knew how to recognise and report any safeguarding concerns. Staff knew about the providers whistleblowing procedure and were confident about using it should they need to.
- People told us they felt safe living at the service and family members were confident that their relative was kept safe. Their comments included; "Oh indeed I've never felt this safe anywhere," "Very safe" and "I have no worries about [relatives] safety."

### Assessing risk, safety monitoring and management

- Risks associated with the environment and people's care and support were assessed and control measures were in place to safely manage any identified risk.
- Each person had an up to date personal emergency evacuation plan (PEEP). The plans provided guidance on the safest way to evacuate people from the building in the event of an emergency.
- Safety checks were carried out on equipment and systems used at the service, at the required intervals by a suitably qualified person. Staff had completed training in topics of health and safety.

### Using medicines safely

- Medicines were administered, stored and disposed of safely. Regular medication audits were undertaken to make sure that people's medicines were being managed safely.
- Staff with responsibilities for administering medicines were trained to carry out the task and they underwent regular checks on their competency.
- Medication administration records (MARs) were in place for each person and contained details of their prescribed medicines and instructions for use. MARs were signed after people had taken their medicines.

### Preventing and controlling infection

- Staff had completed training in preventing and controlling infection and they had access to guidance to help inform their practice.
- Staff followed good practice to minimise the spread of infection.
- The environment was clean and hygienic throughout.

### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. A record of accidents and incidents which occurred at the service was maintained and included details of the action taken to minimise the risk of further occurrence.
- The registered manager, clinical services manager and heads of departments held regular discussions around accidents and incidents which occurred and about what actions to take when something went wrong. Information was used for learning as part of staff team meetings.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

At our last inspection the provider had failed to provide staff with the required training and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

Staff support: induction, training, skills and experience

- Staff now received the support and training they need for their job role and to meet people's needs.
- There had been a marked increase in the level of support and training for staff since the last inspection and staff confirmed the level of support and training had greatly improved.
- Staff had completed or were scheduled to complete the training required of them and they had received regular support through one to one supervisions and group meetings. Staff had their competency checked through knowledge checks and regular observations of their practice.

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

- People's needs, and choices were assessed to determine if they could be effectively met at the service.
- The service completed their own assessments and worked with other health and social care professionals to complete assessments. Outcomes of assessments were used to effectively plan people's care.
- Care plans clearly set out people's needs, intended outcomes and how they were to be met. Advice and guidance from other professionals informed care plans.
- Monitoring charts were in place and used effectively to monitor and evaluate aspects of people's care.

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

- People's nutritional and hydration needs were assessed and planned for using a nationally recognised tool.
- Staff followed guidelines provided by dieticians and speech and language therapists when supporting people at risk of a poor diet and/or swallowing difficulties.
- Staff understood people's dietary needs, likes and dislikes. People were given a choice of food and drink and staff assisted them as required.
- People told us they got, plenty to eat and they commented positively on the choice and quality of food. Their comments included; "The food here is very nice indeed and we get plenty of it" and "It's home cooked and always very tasty."

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

- People were supported to access healthcare services when needed. Information about people was shared when needed with other services such as hospitals, GPs and specialist nursing teams.
- Records were maintained of healthcare professionals involved in people's care and any contact they had with them.
- Staff made prompt referrals to other healthcare services where this was needed. Two visiting healthcare professionals told us staff worked well with them and always followed their advice and guidance.
- People told us they received good healthcare. Their comments included; "They [staff] are on the ball when it comes to my health" and "They [staff] make sure I get to my appointments."

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

- The service was adapted to meet people's needs.
- There were adaptations and clear signage throughout the service to support people with their mobility and orientation.
- The service was decorated to a high standard and the lighting was bright.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Managers and staff had completed MCA training and they understood the need for consent. People told us they were given choices and their choices were respected. One person told us, "The staff tell me what they are doing and ask me if it's ok" and another person told us, "Staff never do anything without my permission."
- A mental capacity assessment had been completed for people to understand their capacity to consent to care and treatment. Where people lacked the capacity to make their own decisions, they were made in the person's best interest in line with the law and guidance.
- Staff knew which people had a DoLS in place and what it meant for the person. Care plans included the conditions of the DoLS and how staff were to support these.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

- People were supported to express their views and be involved in making decisions about their care along with relevant others such as family members. This was done through regular care reviews, surveys and residents' and relatives' meetings.
- People and family members were better informed about up and coming meetings. The details were displayed around the service and letters were sent out in advance inviting people to the meetings.
- People and family members told us they freely expressed their views and were involved in decisions about their care. Their comments included; "I feel very involved" and "I'm always asked what I think."
- Information was available to people about advocacy services should they need to access this type of support. Advocates are independent of the service and support people with their decision making.

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

- People and family members told us staff treated them well and with respect. People's comments included; "All the staff are very polite, and very caring" and "They [staff] treat me like royalty."
- Staff provided people with support and interacted with them in a kind and compassionate way. Staff sat next to people and engaged them in discussions of interest. The discussions staff initiated showed they knew people well.
- Staff greeted people and checked on their wellbeing and comfort. Visitors to the service were welcomed and offered refreshments. Family members were invited to join their relative for a meal and they told us this was usual.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us that staff respected and promoted their privacy and dignity. Their comments included; "They [staff] always knock and wait for me to call them in before coming into my room," "They [staff] never make me feel embarrassed, they always make sure I'm covered up as much as possible when helping me with personal care" and "They [staff] respect our privacy when we visit [relative]"
- People were given the opportunity to express their preferred gender of carer and this was respected.
- Staff encouraged people to be as independent as possible. One person told us, "I like to do as much for myself as possible and they [staff] know that" and "They [staff] make sure everything is at hand, so I can do things for myself."
- People's personal information was kept confidential and discussions with and about people took place in private.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

- The quality and content of care plans had improved since the last inspection. Care was now planned in a personalised way. They detailed people's abilities, choice and preference, likes and dislikes and things of importance.
- People were empowered to make choices and have as much control and independence as possible. Their comments included; "The care is spot on and just how I like it" and "They [staff] know me very well how I like things done."
- People, and where appropriate, relevant others such as family members were involved in the development and reviewing of care plans. Reviews were regular and care plans were updated to reflect any changes in people's needs or at the persons request.

### Meeting people's communication needs

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

- The registered manager told us of the different ways they supported people with a sensory impairment to have access to information including their care plans. This included large print documents.

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

- People received the support they needed to develop and maintain relationships and follow their interests and hobbies.
- Dedicated staff were employed to organise and facilitate activities and events for people around their interests and hobbies. They offered people a variety activities and opportunities to celebrate their birthdays and other seasonal events.
- People were supported to follow their beliefs and maintain relationships with those who were important to them.

### Improving care quality in response to complaints or concerns

- Information about how to complain was made available to people and others.
- A record of complaints received by the service was maintained. Complaints were acknowledged and dealt with in a timely way and used as an opportunity to improve the quality of the service.

### End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and family members were involved where this was appropriate.
- No person was receiving end of their life care at the time of our inspection. However, staff had completed training in end of life care and understood the importance of ensuring people were supported to experience a comfortable, dignified and pain free death.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

# Is the service well-led?

## Our findings

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

At our last inspection the provider had failed to operate effective systems for improving the quality of service people received.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- A new manager was appointed after the last inspection and they have since been registered with the Care Quality Commission (CQC). People, family members and staff all commented on how the registered manager had brought about positive changes to the service.
- Managers and staff had a clear understanding of their roles and responsibilities and regulatory requirements. They kept up to date with their learning and relevant law and codes of practice.
- Risks to people and others was promptly identified and mitigated.
- The registered manager notified the CQC of incidents in line with their legal obligations.
- The ratings from the last inspection were clearly displayed in the reception area and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff reported a significant increase in the morale amongst the staff since the last inspection. They told us they felt valued and well supported by the registered manager and other senior staff. Staff were recognised and awarded for their work.
- People and family members told us they had a good relationship with the registered manager and staff team. They told us the registered manager spent a lot of time walking around chatting to people. One person said, "He [registered manager] visits me each day and asks if everything is ok" and a family member told us, "He is very visible and we have no problems speaking to him if we need to."
- There was an open door policy operated at the service and the registered manager encouraged feedback and acted on it to improve the service. A family member told us "His [registered manager] door is always open, and he is always happy to listen and help."

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

- The provider and registered manager understood the duty of candour. They communicated openly with people and were open and honest about things when they went wrong.

#### Continuous learning and improving care

- There were organisational oversight of the service. Regional managers with responsibilities for checking on specific areas of the service visited regularly to support the service development.
- Any improvements identified during the quality monitoring of the service were documented, acted upon or on-going. Improvements made since the last inspection included; the deployment of staff, staff training and support and care records.
- The registered manager undertook regular daily walk arounds of the service to make sure they had oversight of what was happening.

#### Working in partnership with others

- The service worked in partnership with representatives from key organisations. These included commissioners of the service, safeguarding teams and external health and social care professionals.
- The service also worked in partnership with family members and others, people had appointed to represent them.