

Yorkare Homes (Sleaford) Ltd

Sleaford Manor Care Home

Inspection report

Waddington Road
Sleaford
NG34 7WE

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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

About the service

Sleaford Manor is a residential care home providing accommodation and personal care to up to 70 people. The service provides support to older people, younger adults, people living with dementia, people with a physical disability or sensory impairment. At the time of our inspection there were 38 people using the service.

People's experience of the service and what we found:

People living at the service were safe as the provider had systems and processes in place to ensure risks to their safety were assessed and mitigated. Nationally recognised assessment tools were used to ensure people's individual needs were met.

Staff understood their responsibilities around safeguarding people from potential abuse. Incidents and accidents were reviewed to ensure learning from these events took place.

People's medicines were managed safely and the registered manager had robust processes in place to manage any medicines errors to reduce the risk of recurrence.

Staffing levels matched the needs of the people living at the service and the provider worked with staff and the registered manager to ensure the changing needs of the service was reflected in the staffing levels. There were safe recruitment processes in place.

The risk of infection at the service was reduced as the staff followed safe infection prevention and control practices and there were robust cleaning schedules in place.

Staff undertook appropriate training for their roles and the management team undertook regular one to one supervision sessions with staff to support them.

People's nutritional and health needs were well managed.

People lived in a purpose-built building and enjoyed living in an environment which offered facilities of a high standard.

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; the policies and systems in the service supported this practice.

Staff supported people worked in a caring way. People felt respected by staff.

People received care in a person centred way which supported their independence. They were encouraged to maintain relationships with their friends and families. People enjoyed a range of social activities at the service and people had established friendships with other people using the service.

People and relatives felt the communication at the service was good and if they had any complaints these were well managed.

The registered manager and provider reviewed all aspects of people's care using robust quality assurance processes. These processes highlighted what was going well and what required improving. Where areas of improvement had been identified we saw actions had been taken.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 9 June 2023 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels at the service. A decision was made for us to inspect and examine those risks.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Sleaford Manor 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 1 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.

Service and service type

Sleaford Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sleaford Manor is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

During the inspection

During the inspection we spoke with 8 people and 6 relatives/visitors. We telephoned 2 relatives during the inspection. We spoke with the activities co-ordinator, the head housekeeper, 2 kitchen staff and the maintenance person. We spoke with 7 care staff, one of the deputy managers, the registered manager, the operational manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed documentation related to the running of the service including quality assurance documentation. We also reviewed 5 care plans and a number of medication records. We undertook observations of staff practice and the mealtime experience.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- People at the service felt safe from harm and trusted the staff supporting them. Staff had a good knowledge of how to identify and address any concerns around abuse. The registered manager undertook investigations into any concerns raised to her and worked in an open way to address any issues.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- People told us they were supported to maintain their independence as much as possible and had appropriate aids to support them. This included walking aids. People's risk assessments we viewed reflected their needs, this included how people were protected from the risk of skin damage. General risk assessments were in place to ensure safe running of the service. This included how people should be supported should they need to be evacuated in an emergency.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

- Some staff members told us they felt they were short of staff and weren't always able to meet people's needs. However, this is a new home with changing dynamics and there had been a gradual increase in service users over the previous months. The management team had been regularly reviewing staffing levels. We saw the staffing numbers had been increased to support new admissions and the registered manager told us she was constantly recruiting staff to ensure they met people's needs. On the days of our inspection there was enough staff to support people's needs.
- Safe recruitment processes were in place to ensure people were supported by fit and proper staff. Staff files showed the registered manager had used the disclosure and barring service (DBS) to make checks to ensure potential staff had no criminal convictions which could affect people's safety.

Using medicines safely

People were supported to receive their medicines safely.

- The registered manager told us there had been a number of medicines errors at the service over previous months however there had been no impact on people at the service. They felt this was due to new staff getting to know the systems. However, they had worked with staff to support them and ensure staff reported errors, so they could be learned from, and reduced. We saw there had been a reduction of errors recently. The staff and managers worked to closely monitor people's medicines through regular audits which highlighted any issues, what actions were needed and who would undertake them.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- The service was clean, and staff followed good infection prevention practices when supporting people. People told us staff regularly came to check their rooms and en suites for cleanliness and they were happy with the standard of cleanliness at the service.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- The registered manager and her deputies had processes in place to review and learn from events at the service. There were staff meetings, handovers and supervisions. The registered manager also used email to ensure staff were kept informed of any changes as a result of incidents.

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.

This is the first inspection of this newly registered service. This key question has been rated Good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

- The tools used to assess people's needs were nationally recognised assessment tools. Staff used the tools to effectively assess people's needs in areas such as managing people's skin integrity or supporting them to maintain a healthy weight.

Staff support: induction, training, skills and experience

The service made sure staff had the skills, knowledge and experience to deliver effective care and support.

- Staff at the service underwent training to support them in their roles. People told us they felt staff were well trained. One person told us some of the staff had been working in care a long time and they supported staff who were new to care when they first started at the service.

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

People were supported to eat and drink enough to maintain a balanced diet.

- People were happy with the food they were served. We saw mealtimes were a social event and people were given choices of drink to accompany their meals. When people needed support with eating and drinking they were provided with this support. There was good communication between care staff and the kitchen staff to ensure people's differing dietary needs were safely accommodated.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

People were supported to live healthier lives, access healthcare services and support.

- People told us staff supported them with any health needs and relatives were happy with the way staff communicated with them if their family member's health needs had deteriorated. Staff worked with external health professionals and followed any guidance they were given to support people's health needs.

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

People's individual needs were exceptionally well met by the adaption, design and decoration of the premises.

- All the people we spoke with were happy with the design and layout of the service, many people enjoyed using the communal areas for social events. People told us they were able to personalise their own rooms. The service was decorated to a high standard and was well maintained by the provider's maintenance team.

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 MCA 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 Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- People told us staff asked their consent when providing care for them. Where people lacked capacity, information in their care plans supported the delivery of care in the least restrictive way. Where people were deprived of their liberty, appropriate DoLS applications had been made.

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.

This is the first inspection of this newly registered service. This key question has been rated Good.

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

People were well supported.

- People told us they were happy with the way staff spoke with them and treated them. One relative said, "I feel they have [Name's] best interests at heart. Throughout our visit we saw numerous positive interactions between all grades of staff and people. Staff knew people well and what things would make the difference between a good and bad day for a person. This might be a cup of tea first thing in a morning or having a daily paper delivered. Staff prided themselves on how they and their colleagues spoke with and supported people.

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

People were supported to express their views and make decisions about their care.

- Many people at the service were able to express their views about the way they wanted to receive care and one person said, "(I have) not stopped doing anything (I want to do)." Relatives told us they had also been able to support their family members to express their needs if it had been necessary.

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were respected and promoted.

- Throughout the inspection people were treated with respect by staff. People were happy with the way staff helped them maintain their privacy and dignity in their daily lives. One person said if people wanted to have their bedroom doors closed throughout the day they were able to. We saw a person went out on their mobility scooter during our visit. Staff told us the person liked to go out independently. Staff made sure the person had a phone with them should they need support.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

People were supported as individuals, in line with their needs and preferences.

- People's care plans were written in a person-centred way. However, the registered manager told us the care plans were a work in progress. She told us the care plans were reviewed regularly to ensure the information reflected people's needs. The staff used a resident of the day system, which meant people's needs were reviewed and staff spoke with people and relatives to make any updates or changes needed on a regular basis.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Standard.

People's communication needs were understood and supported.

- Throughout the service we saw signage to support people in an individualised way. People who lived on the 1st and 2nd floor of the service needed to have more accessible dementia friendly signage to help them find their way around. This was in place. Where people had particular communication needs and needed hearing aids or wore glasses, these were in place.

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

- The service employed two activities coordinators working over a period of 7 days each week and people were supported to take part in a range of social activities. People told us they had the choice of joining in with group activities which included darts, bingo, quizzes, tabletop skittles, arts and crafts. There were regular bus trips for people and themed days to celebrate particular days of the year. Relatives told us they felt welcomed when they visited their family members.

Improving care quality in response to complaints or concerns

People's concerns and complaints were listened to, responded to and used to improve the quality of care.

- People we spoke with knew who to go to if they had any complaints or concerns. One person said, "If I have any issues I go to [Name] registered manager." They told us, both she and her deputy managers were

approachable and dealt with any concerns they had. The registered manager followed the provider's complaints process to ensure any complaints were managed in line with their policy which was displayed in the entrance of the service.

End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death.

- People received end of life care in line with their wishes. As stated previously the registered manager told us the care plans needed more detailed information in some advanced care plans. However she and her staff were working with people to gather this information in a sensitive way. Staff worked with external health professionals to ensure people were well supported at this difficult time. One visitor told us their family member had a peaceful and well supported death at the service. Staff were extremely supportive of the person and their family.

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.

This is the first inspection of this newly registered service. This key question has been rated Good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- The registered manager promoted a person-centred culture at the service, they worked in an open and inclusive way with people and their relatives. This was also reflected in staff's attitude when they supported people. The feedback we received about the registered manager and her management team was positive. People and relatives knew who the registered manager was and had regular conversations with them.

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 understood their responsibilities under the duty of candour.

- The registered manager undertook statutory notifications to CQC about events at the service. Relatives told us the staff at the service were very open with them should any issues about their family member arise and communication from all the staff at the service was good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- The registered manager and their team undertook robust auditing processes in all aspects of people's care. They used these audits to identify any trends in areas such as accidents and incidents. Issues such as medicines errors had been highlighted and addressed, care plan reviews showed where actions were needed and who would address them. The provider had good processes in place to support their oversight of the service relating to care, environment and human resource issues. The location management team was well supported by the provider to feedback to staff to make any changes to people's care when needed

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- People told us they were involved in the running of the service and had the opportunity to give their views at meetings or via questionnaires. There had been a residents council set up recently so people who may not want to air their views at a big meeting would have someone to speak up for them.
- Staff feedback was mostly positive regarding their engagement. However, as highlighted in the safe

section of this report, some staff were still concerned about staffing. Some staff did recognise the service was going through a period of adjustment as the home admitted more people. One member of staff told us they wanted to give the service a bit longer to see how staffing settled as more people came into the service and more staff were employed.

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

- The registered manager and their staff were supported by the provider to use the learning modules in place to improve their knowledge of people's needs and secure good outcomes for people. This included people's health and emotional needs.

Working in partnership with others

The provider worked in partnership with others.

- There was evidence that staff worked in partnership with external health professionals to secure good outcomes for people. This included working with professionals such as district nurses, GP's or DoLS assessors.