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Manor Gate Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Manor Gate Care Home is a residential care home providing personal care for up to 18 people in an adapted building. The range of care needs include people aged 65 and over and people living with dementia. At the time of the inspection 17 people were using the service.

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

People benefited from the environmental improvements since the last inspection. Although some parts of the accommodation still needed attention plans were in place for the development of the service and to continually improve environmental standards. We have made a recommendation regarding following best practice guidance when refurbishing the service.

Effective management systems were in place to safeguard people and promote their health and wellbeing. Risks were well managed, and staff worked with health and social care professionals to ensure people received the support they needed.

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.

There was a relaxed atmosphere and good professional relationships existed between people who used the service, relatives and staff. People told us staff were kind and caring. Staff enjoyed their work. They told us they felt the registered manager was approachable and listened to them.

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

Rating at last inspection

The last rating for this service was good (published 22 February 2017).

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

Manor Gate 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

Two inspectors carried out the inspection.

Service and service type

Manor Gate Care Home 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and a relative about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers, the chef and activities

organiser. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and associated medicine records. We looked at two staff files in relation to recruitment and staff supervision and reviewed records relating to the management of the service.

After the inspection

We contacted the registered manager to seek clarification and validate the evidence found.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safe processes were in place to protect people from abuse or neglect. People were relaxed and looked at ease and comfortable with staff.
- The registered manager and staff knew what action they needed to take in response to any safeguarding issues. They had worked with the local authority safeguarding team when needed.

Assessing risk, safety monitoring and management

- Staff assessed and managed risks to people's health, safety and wellbeing. This included specific risks posed by falls, skin integrity and nutrition.
- Staff were provided with guidance on how to manage risks associated with people's behaviour in a safe, consistent manner. Guidance and training were provided for staff to ensure they knew how to respond to people to help reduce people's anxiety and distress effectively.
- The provider had processes in place to check and maintain the service, fittings and equipment including bed rails, fire safety and water checks. Following our site visit the registered manager confirmed replacement windows had been fitted to meet published guidance from the health and safety executive (HSE) on safe window glazing.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely way. One person told us, "I ring the bell and staff come straight away." We observed staff responded promptly to any calls for assistance.
- The registered manager followed safe recruitment procedures aimed to make sure only suitable people were employed.

Using medicines safely

- People's medicines were received, stored, administered and disposed of safely.
- Staff were suitably trained to administer medicines and senior staff carried out competency checks on their practice.

Preventing and controlling infection

- Satisfactory arrangements were in place for the prevention and control of the spread of infection.

Learning lessons when things go wrong

- Effective processes were in place to monitor incidents, share outcomes and respond to any shortfalls to reduce the likelihood of any recurrence.

- The registered manager understood their responsibility to report and record any accidents and 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some areas still required updating. One upstairs bedroom had a strong malodour. When we visited we saw some single paned window glazing. The registered manager has since confirmed this has been replaced.

We recommend the provider continues to review and follow best practice guidance when refurbishing the service to meet people's dementia care and safety needs.

- The registered manager told us arrangements were in place for the continuing refurbishment of the premises over the next 12 months.
- Plans were in place to further develop and improve the accommodation to meet the needs of people living with dementia.
- There was an ongoing programme of repair and refurbishment. A new call system had been installed since the last inspection.

Staff support: induction, training, skills and experience

- Formal staff supervision was inconsistent. The registered manager told us plans were in place to increase the frequency of formal supervision to provide an opportunity for staff to reflect on their performance, share concerns and any discuss learning needs.
- There was a range of training to support staff to carry out their roles competently. Staff told us they felt well supported with their ongoing learning and development. They received updates on policy changes and the registered manager checked to see staff had accessed and read these.

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

- People received care and treatment, which met their individual needs. Staff kept people's needs under constant review to ensure their changing care needs were considered and met.

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

- The provider supported people to eat and drink enough.
- Mealtimes were relaxed. Staff were unhurried and supported people to be independent and provided discreet assistance when needed
- Staff knew about people's individual dietary requirements and recognised the importance of diet in maintaining good health. The chef told us, "To heal properly you need to have a good diet."

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

- Staff ensured people received appropriate support from healthcare professionals to meet their holistic needs.
- The registered manager worked closely with social care and healthcare professionals to ensure people received a consistent, co-ordinated service.

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.

- Best interest meetings had been held for decisions to ensure people's rights were protected. Staff recorded people's capacity to make decisions in their care plans. Where possible, people also recorded their consent.
- The registered manager made appropriate application for a DoLS authorisation when needed.
- Staff supported people in line with the MCA and associated guidance. Staff could describe how they involved people in decisions and we observed this in practice when we visited.

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 good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with respect, compassion and kindness. People's feedback was positive about the quality of care staff provided. Comments included, "The staff in Manor Gate are all excellent" and, "Good at everything, it all seems lovely."
- Staff knew people well and understood their individual needs and preferences. One staff said, "The people here put a smile on my face because they are happy."
- People said they enjoyed good personal and professional relationships with staff, "They [Staff] are good at everything and can have a laugh with everyone, which makes the day go better."

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

- Staff were employed for their caring nature and attitude. The registered manager introduced prospective staff to people and considered their views before new staff were employed.
- People and families were actively involved in planning and reviewing care. Information was also available for people to access independent support through advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and respected people's privacy and dignity. Comments from people included, "The [Staff] always check before they come in my room," and, "I can talk to [The registered manager] in private, if I wish."
- Staff encouraged people to maximise their independence as far as possible. For example, people helped decorate, which staff said involved people and gave them a sense of ownership. "[Name] used to decorate when they were younger. It brought back lots of memories."

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 good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed and contained information regarding people's health, care and support needs.
- Staff kept care and documentation under review to make sure people received the right care and support.
- Staff respected people's lifestyle choices; they had received training on equality and diversity and respecting individual difference.

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.

- Staff understood and had responded to the AIS. They considered people's sensory and communication needs in the assessment and care planning process. Staff had training in sensory loss and impairment and engaged with people to meet their individual needs and preferences.

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

- There was a programme of activities designed to stimulate and engage people. The activities co-ordinator encouraged individual and group activities both in the service and in the community.
- Staff spent time with people when they moved into the service and incorporated their interests and hobbies into the activities programme. For example, one person who worked as a seamstress enjoyed making cushion covers which were entered in a raffle to help fundraise.
- Staff encouraged people to maintain existing relationships and to promote new experiences.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and acted upon. In their PIR the provider reported no complaints in the past year. People knew who to speak with if they had any worries or concerns and were confident the registered manager would take immediate action to resolve any complaints.

End of life care and support

- Staff had experience of supporting people with end of life care. Appropriate action was taken to involve healthcare professional at this time to ensure people received pain free, dignified care in line with their cultural and spiritual needs.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Effective management arrangements were in place to promote high quality care.
- The atmosphere was warm and welcoming; people told us they thought the service was well managed.
- Feedback from staff regarding the registered manager was positive. One told us, "[The registered manager] never really says no. If we can do it then we will."

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; Continuous learning and improving care

- Effective management systems were in place to promote people's safety and welfare. Comprehensive systems were in place to monitor and review processes and practice and drive improvement.
- Although we identified some shortfalls the registered manager had developed an extensive business plan to set out the action being taken. This included timescales to measure progress. Work completed to date was of a good standard.
- The registered manager was clear about their duty of candour responsibilities; they promoted a culture of openness and honesty.

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

- Management processes and systems fostered a strong, person-centred approach.

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

- People's experiences were routinely sought through surveys and meetings. The registered manager spent time with people and made sure their views were considered as part of their forward planning.
- Staff told us their views were listened to and acted upon. One said, "I definitely feel well supported and listened to."

Working in partnership with others

- Staff worked collaboratively with a range of health and social care professionals to ensure people's needs were met. For example, electronic records enable staff to share information (with the person's agreement) with the GP for review.

