

## Healthcare Homes Group Limited

# The Manor House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Manor House is a residential care home providing personal care to 46 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

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

Staff were not adequately deployed during busy times, such as meal times. Risks relating to people's individual care needs had been identified and planned for. Assessments and plans to mitigate environmental risks were also in place. Staff understood their responsibilities in relation to keeping people safe and had received training in safeguarding. There were safe recruitment practices in place for new staff. People received their medicines as prescribed by staff who had been trained to give people their medicines. The service was clean, and staff observed good practice around infection prevention and control. Accidents and incidents were recorded and reviewed to mitigate further incidents.

Assessments of people's needs were carried out prior to them moving to the home. New staff attended an induction and completed training relevant to their role. Staff supported people to maintain a healthy nutritional intake. Timely referrals were made to healthcare professionals when people became unwell. 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.

People were cared for in a way which upheld their privacy and respected their dignity. Staff knew people's care needs well and offered reassurance to people in times of unease.

People's individual needs and preferences were planned for and was regularly reviewed. There was a lack of planning for people's end of life care. Provisions were in place to ensure people received visits from relatives and maintain their interests. Complaints were responded to appropriately.

There was a positive culture within the service and people enjoyed living in the service. Staff were clear about their roles and the registered manager was a visible presence throughout the home. People, their relatives and staff were involved in developing the service. Staff worked with other organisations to promote positive outcomes for people.

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 rating at the last inspection was good (published 31 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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 ●

# The Manor House

## 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

This inspection team consisted of two inspectors.

#### Service and service type

The Manor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 also sought feedback from the local authority safeguarding and quality assurance teams. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who lived in the service and the relatives of two people. We also spoke with the

registered manager, deputy manager, four members of care staff, a member of maintenance staff, the activities co-ordinator and a visiting healthcare professional. We looked at the care records for three people and the medicines records for six people. We reviewed one staff recruitment file, staff training records and a range of quality monitoring records which related to the day to day running of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also made telephone calls to relatives and staff.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living in the home. One person said, "I'm probably safer here than what I was at home."
- Staff we spoke with understood their responsibilities in relation to safeguarding and knew who they would report any concerns to. Staff told us they had received training in safeguarding and records confirmed this.
- There was information about the local safeguarding team on a noticeboard near the main foyer. This information included the contact details for the safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks relating to people's individual needs had been identified and planned for. Risk assessments were detailed and clearly documented what action staff needed to take to ensure people's safety. For example, people's risk of developing a pressure ulcer was reviewed monthly and plans were put in place where this risk increased, detailing what action staff needed to take to mitigate the risk.
- Risks within the environment were assessed and plans were in place to manage known risks. There were risk assessments in place covering all areas of the home. This included high risk areas such as the kitchen.
- Firefighting equipment and alarms were tested regularly as was electrical equipment, manual handling equipment and the water supply. Equipment used for moving and handling was also regularly serviced.
- Accidents and incidents were recorded. The registered manager reviewed these records to identify any patterns so preventative measure could be put in place to reduce the likelihood of further occurrences.

Staffing and recruitment

- We received mixed views about whether there were always enough staff. One person we spoke with told us, "[The home] could do with an extra person on night shift." Our observations showed there were periods of time when staff were not always present in communal areas when there were people in there. On the other hand, one person explained, "They're very good at night, if you ring your bell, they're there." A second person told us, "Staff come quickly when you ring the bell."
- The registered manager told us people's care needs were reviewed monthly and this then informed how many staff were required to ensure people's needs were met.
- We reviewed on recruitment file. This showed that appropriate background checks had been completed to ensure staff were of suitable character. Checks included references and a report from the Disclosure and Barring Service.

Using medicines safely

- People told us they were given their medicines on time. One person explained, "My medicines are on time"

and I know what I'm taking." A second person told us, "[I] get [my] tablets on time. They're dead on time."

- Our review of people's Medicine Administration Record charts showed people were given their medicines as per the prescribed instructions. There were no gaps on the charts and the stocks of people's medicines tallied with the amount we would expect to see still in stock.
- Some people were prescribed medicines on a 'when required' basis. We saw there were protocols in place to show staff when people may need to be offered this medicine, for example, when someone was in pain.
- Staff who administered people's medicines were trained to do so. The registered manager reviewed their competency in relation to this yearly.

#### Preventing and controlling infection

- The service was clean, and no malodours were present. One person's relative told us, "The place seems clean and tidy." We noted there were domestic staff working throughout the day cleaning both communal areas and people's rooms.
- We observed staff wearing disposable gloves and aprons when handling food or when going to attend to people's personal hygiene.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

- People's mental capacity was assessed where appropriate. Where people did not have the capacity to make decisions about their care and treatment, best interest decisions were documented and were decision-specific. Records showed people's relatives were involved in discussions about delivering care in people's best interests.
- DoLS applications had been made to the Local Authority where it was necessary to deprive people of their liberty. These detailed what restrictions were being placed on people and why these restrictions were needed to keep people safe.
- Assessments of people's needs were carried out prior to their move to the home. This was an opportunity for people and their relatives to discuss whether the home could meet people's needs. Assessments were detailed and took account of people's physical and emotional health as well as their recreational needs.
- Staff had a good understanding of the principles of the MCA and how it applied to their work.

Staff support: induction, training, skills and experience

- All new staff completed an induction. One staff member told us they spent their first week completing training set by the provider. They then spent a number of days shadowing a more experienced member of

staff.

- Staff received training relevant to their roles. This included the completion of training in relation to people's specific care needs such as dementia and pressure area care. Staff attended regular supervisions with a senior member of staff.
- Staff attended regular supervisions meetings with a senior member of staff. All of the staff we spoke with told us they found these meetings supportive and were an opportunity to discuss their work. Staff also had annual appraisals of their work.

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

- We observed the lunchtime meal in both dining rooms. The meal time in one of the dining rooms was not organised. Staff were going in and out of the room and trying to serve people who chose to eat in their rooms. Staff we spoke with told us it would be beneficial to have more staff deployed to that area of the home during lunch. The registered manager was aware this was an area for improvement and was working with staff to improve the mealtime experience for people.
- The meal in the second dining room was calm and we saw there was lots of conversation between people and they were offered a choice of drinks.
- People told us they enjoyed the food. One person said, "[There's] a fair choice of what to eat, [I] get a choice. There's always something to pick at, they're always very good about my food." People could also choose where they liked to have their meals. One person explained, "I have my tea and breakfast in my room, [it's] nice eating in the dining room."
- Referrals were made to relevant healthcare professionals where there were concerns about people's nutritional intake. People's care plans reflected their dietary requirements and were served food prepared according to their individual needs. For example, some people were on a fortified diet to minimise the risk of weight loss, we saw they were served fortified foods.

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

- People we spoke with told us they were able to see their GP and other healthcare professionals when needed. People's care records showed timely referrals were made when concerns were raised about people's health or wellbeing.
- One healthcare professional we spoke with told us staff were good at keeping them updated when people's needs changed; and sat in with people during their appointment. They added staff followed advice from professionals. A review of people's care records showed they contained advice and guidance from other professionals involved in their care.
- Each person had a 'care passport'. This contained information about people's care and treatment, including any dietary requirements and communication needs. People took this document with them if they were admitted to hospital.

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

- The service was decorated to meet people's needs. For example, the carpets were a different colour from the walls, and both were plain colours. Such decoration makes it easier for people living with dementia to mobilise around the home independently.
- There were a number of communal rooms where people could spend time socialising with other people or their relatives. Walkways were wide and we observed these to be kept clear.
- The service benefitted from being set within large grounds. The landscaped gardens were accessible to people living in the home.

# Is the service caring?

## Our findings

### 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 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

- People and their relatives told us they thought staff were caring. One person told us, "[The staff] are excellent, if you've got a problem, they" sort it out for you." A second person told us the staff were kind.
- Our observations showed staff treated people kindly and offered reassurance to people. We saw one person who was being transferred to a chair. Their care plan stated they became anxious when using the hoist. We saw staff providing reassurance by gently speaking with the person and talking them through what was happening. We saw another member of staff gently brushing one person's hair and speaking to them in a soft and gentle manner.
- Staff knew people well. They had a good understanding of their care needs and personal histories. One person told us, "They know how I like my coffee." One relative we spoke with commented, "Staff know [family member] well, they know [family member] likes classical music." Staff had a good understanding of dementia. One member of staff told us, "Dementia is unique to each person. [You've got to] be calm, nice, get down to their level, speak calmly and give reassurance."

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

- People were involved in the planning of their care and two people we spoke with confirmed this. People's care records showed people's families were consulted about their family member's care where appropriate.
- People told us how they were offered choice. One person told us they preferred to stay in their room. A second person explained staff asked if they wanted help with washing their face and they would ask staff to, "Give my back a really good scrub."
- Staff we spoke with had a good understanding of people's individual communication needs. They were able to tell us about how they offered choice to people who were unable to express their wishes verbally. For example, staff told us how they understood one person's wishes by looking at their facial expressions and body language.
- The activities coordinator told us they arrived for work an hour early so they could spend one to one time with as many people as possible during the morning.

### Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us how staff respected their privacy and treated them in a dignified way. One person explained, "[Staff] respect my privacy and I'm treated with dignity. They put a thing on the door outside [saying] 'do not enter' [when helping me with my personal care]." We saw staff knocked on people's doors and waited for a response before entering.

- People were supported to maintain their independence. One person told us how they were in a wheelchair when they first moved to the home and staff supported them to regain their independence. The person is now independently mobile.
- Our observations showed some people used adapted crockery so they could eat their meals independently.

# 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 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

- We noted some gaps in people's daily care records such as repositioning charts. The registered manager assured us this was a recording issue which was currently being addressed with staff. We also found no evidence that people had developed pressure ulcers as a result of not being repositioned.
- People's care plans were person centred. One person's relative told us, "I'm pleased with the care, [the staff] got everything in place that [family member] needs. Very, very efficient at moving [family member] around. Seen [family member] more in and out of [family member's] wheelchair."
- There was detailed information about people's personal histories and what was important to them in their care records. For example, one person's care record stated their dog was important to them and they like to speak with staff about their dog. We also saw they had pictures of their dog in their room.

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.

- We saw that information was available to people in a variety of formats. For example, menus were displayed in pictorial format as were the activities for the week. The registered manager told us people's care records could be adapted into different formats.
- People's individual communication needs were documented in their care records and we saw staff adapted their communication to meet people's needs.

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 able to have visitors with minimal restriction. One person's relative told us they were offered meals as they had to travel a long way to see their family member. One relative told us how staff helped their family member set up an internet connection so they could video call their relatives abroad.
- Two activity staff worked at the service and provided activity provision for every day of the week. The activities coordinator we spoke with told us they organised one to one activities in the mornings for people who were cared for in their rooms and group activities in the afternoon. They told us, "I plan one month ahead for activities, I go around residents and ask what they'd like to do." They added they tailor the activities to ensure people of all abilities can join in.
- People we spoke with told us they enjoyed the activities and one person told us a local librarian delivered books once a month and they enjoyed reading. We saw many people had joined in the afternoon activity

during our inspection and heard plenty of laughter and conversation going on.

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

- There was a complaints policy in place. We saw the service had received two complaints in the last year. We saw both complaints had been investigated and remedial action had been taken in relation to one, and the other was not upheld.
- People we spoke with felt able to raise a complaint if needed knew who they would approach with any concerns.

#### End of life care and support

- We noted there was a lack of end of life planning in people's care records. We spoke with the registered manager about this who told us some people and their relatives were hesitant to discuss this; and respected their wishes. However, they recognised the importance of having this information. They told us they were in the process of developing new ways of making conversations about end of life care easier for people and their relatives.
- One person's relative, who's family member was being cared for at the end of their life, told us staff regularly checked on their family member and kept them pain free and comfortable. Staff spoke with great empathy when talking about how they cared for people at the end of their life. They also told us how they recognised people's relatives also needed support and tried to offer comfort to them.

# 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 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

- There was a positive and person-centred culture within the service. People we spoke with told us they liked living in The Manor House. One person told us, "I think it's lovely [here]." A second person commented, "My family are so pleased I'm here." Two people we spoke with described the service as, "A home from home."
- Staff enjoyed working in the service and spoke enthusiastically about their work. One member of staff told us, "I try to put my heart and soul into it, so I can make a difference." A second member of staff explained, "It's so rewarding when [people] look so unhappy, you chat to them, and then you get that big smile." Staff also told us morale was good within the team. One member of staff said, "Staff morale is good, a good team, everyone helps each other." A second member of staff explained, "[It's a fantastic home, with fantastic staff, couldn't ask for a better team or a better manager."
- People spoke positively about the manager and told us they thought the service was managed well. One person explained, "Very nice [registered manager] is, she's about all day when she's here." A second person told us, "What a lovely manager we've got, she's lovely." All of the staff we spoke with told us they felt supported in their work. They also all told us that the registered manager walks around the home every morning to speak with people and the staff to ask them how they were.

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 registered manager understood their regulatory responsibilities and we saw they had reported all notifiable events to us. They were able to tell us what events they were legally required to notify us of.
- The registered manager had been open about the complaints they had received and were transparent in describing the learning points from one complaint.

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

- There was a clear staffing structure in place. The registered manager told us they had heads of each department who were responsible for overseeing the day to day running of their allocated area. Care staff we spoke with told us they would escalate any concerns about people to the senior carer. One member of staff told us, "The seniors always help out and listen to you. Prompt action is taken when you raise any concerns with them about people's health." Our observations showed staff were able to effectively carry out their work without constant direct supervision.

- There were good systems in place to monitor and assess the quality and safety of the service. The registered manager undertook regular audits of all areas of the service. A review of these audits showed shortfalls were identified and clear action plans were in place which showed when remedial action would be taken by and who was responsible. The provider also carried out their own checks of the service.
- The registered manager and the heads of each department met daily to discuss matters which required attention during the day. This included any new admissions, health and safety matters and staff training.

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

- There were regular meetings for people who used the service. One person told us, "I do like to go [to the meetings], as I get to have a say about things." The registered manager told us they held the meeting for the people who lived in the home before the relative's meeting. This was so they could inform the relatives what action they are taking in response to any suggestions made by people.
- People and their relatives were sent yearly quality surveys. They had a 'You said, we did' notice board to show what action they had taken in response to the comments received. The registered manager told us they now held relative's meetings during the evening or at weekends. This was after some relatives said they were unable to attend meetings arranged during the day in the yearly survey.
- The registered manager recognised the home was not readily served by public transport due to its location. They told us they organised events for people in the home and the grounds. These were also open to people's relatives and the public. Events included a Christmas fayre and a dog show.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they attended the Norfolk and Suffolk Care Association meetings. They added this was a good opportunity to learn about new training for staff and any developments in assistive technology. They also met regularly with other registered managers who worked for the provider to share ideas.
- Staff worked closely with training providers who assessed staff who were undertaking nationally recognised qualifications in health and social care. The registered manager told us they had a good working relationship with professionals in the community who were involved in people's care.
- Where possible, people were supported to keep their pets when they moved into the service as some rooms were pet-friendly. The service was registered with an organisation who visited the service to ensure they were able to facilitate people to keep their pets.