



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Manor Croft Nursing Home

**Old Bank Road
Dewsbury
West Yorkshire
WF12 7AH**

Lead Inspector
Tracey South

Key Unannounced Inspection
21st January 2008 09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Manor Croft Nursing Home
Address	Old Bank Road Dewsbury West Yorkshire WF12 7AH
Telephone number	01924 467521
Fax number	01924 488036
Email address	manorcroft@orchardcarehomes.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Tri-Care Ltd
Name of registered manager (if applicable)	Mrs Juliet Robbins
Type of registration	Care Home
No. of places registered (if applicable)	40
Category(ies) of registration, with number of places	Old age, not falling within any other category (40), Terminally ill over 65 years of age (2)

SERVICE INFORMATION

Conditions of registration:

1. One specific service user under the age of 65, named on variation dated 19th December 2006, may reside at the home.

Date of last inspection 18th January 2007

Brief Description of the Service:

Manor Croft is a purpose building nursing home providing nursing care for up to 40 older people. Orchard Care Homes Ltd owns the home. The accommodation is on two floors, the first floor being accessed by a passenger lift. All bedrooms have en-suite facilities. The home is situated close to Dewsbury town centre and there is a bus stop and local shops within walking distance of the home. There is ample parking space to the front of the building. There are enclosed garden and patio areas within the grounds to enable residents to sit out in warmer weather.

The inspector was informed on 21st January 2008 that fees range from £384.55 to £675 per week. Additional charges are made for, hairdressing, chiropody, toiletries, newspapers, dry cleaning, and taxi's.

The service provider ensures that information about the service is available to prospective residents and the current residents by way of the home's Statement of Purpose, the Service User Guide and through CSCI inspection reports.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

This inspection included an unannounced visit carried out to the home by the inspector on the 21st January 2008. The visit began at 09.30am and the inspector left the home at 3.30pm.

During the visit the inspector spoke with some of the people who live at the home, care staff, visitors and the manager, Juliet Robbins. Care records were examined and the inspector audited a sample of medications, reviewed staff recruitment records, and looked around the home.

The manager at the home also completed an annual quality assurance assessment that was requested by CSCI (Commission for Social Care Inspection), which includes information about people who live at the home, the staff that work there, the service provided and any incidents or accidents that have occurred.

Prior to this visit, surveys were sent out to obtain the views of people who live at the home, their relatives and doctors. Ten surveys were sent out to people living at the home, four were returned. Ten surveys were sent out to relatives, four were returned. None of the surveys sent to people's doctors were returned. Comments from surveys have been included in the main body of this report.

The inspector would like to take this opportunity to thank everyone who participated in the inspection process.

What the service does well:

The CSCI's survey asked relatives what they thought the home does well and these are some of the comments we received. "The home feels welcoming and the staff are warm and friendly, willing to listen." "Friendly staff." "Keeping in touch." "The residents (and family) are looked after really well. Family are made to feel welcome. The home is kept really clean." "Would recommend Manor Croft to anyone, brilliant staff very friendly and caring, nothing too much trouble." "Generally I feel the home is well run with caring staff. Any concerns raised have been actioned."

People living at the home were positive about their lives saying how they have control over how they spend their time, their daily routine and the choices they have available to them.

The atmosphere at Manor Croft is warm and friendly. Visitors said how welcome they are made to feel. People living at the home said that although it isn't home they are happy living here. Good relationships are shared with people living at the home, their relatives and staff.

What has improved since the last inspection?

The home has purchased two 42 inch digital plasma televisions in the communal lounges, providing great sound and vision for people who enjoy watching television.

People now have a digital radio enabling them to listen to their favourite radio programme in the privacy of their own room.

Wireless music systems have been provided on both the ground and first floor accommodation.

What they could do better:

Relatives were invited to make comments about the home as part of the CSCI's survey, one person wrote, "most staff are really nice but there is one or two who are far from nice with residents, they are sometimes snappy...."

Information about people's preferred routine should be included as part of their care plan to ensure they receive the right level of support they need.

Manual handling plans should describe in enough detail the exact level of support people require to ensure they are assisted with their mobility safely.

Quality assurance reports/findings should provide acknowledge that people's comments have been listened to and acted upon in order to improve outcomes for people living at the home.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3

People who use this service experience **good** outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People are properly assessed prior to moving into the home to ensure that their needs can be met.

EVIDENCE:

Information provided by the manager prior to this visit taking place states that the manager and deputy staff are responsible for carrying out pre-admission assessments on those people who have requested to live at Manor Croft. The purpose of the assessment is to make sure that the home will be able to meet the person's needs. In order to help the home reach their decision they also collate information by way of a Community Care Assessment, which is completed by the social worker and funding authority. The home's pre-admission assessment process includes visiting the person at either their home address or in hospital which ever is applicable at that time to establish people's current needs.

The manager explained how new people are invited to visit the home prior to moving in although it is usually people's relatives who visit as Manor Croft admit people who are very frail and terminally ill.

Relatives and people living at the home who completed the CSCI's surveys confirmed that they received enough information about the home to help them decide if Manor Croft was right for them.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10.

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People's care plans are detailed and outline the level of support and care each person requires in ensuring their health and personal care needs will be met. Medication systems are well managed and people's rights to privacy and dignity are supported by caring staff.

EVIDENCE:

Surveys sent to relatives asked if the care home gives the support or care to their relative that they expect. Two responded, 'always', two relatives responded, 'usually' and one relative wrote, "on occasions have raised concerns about lack of care, cleanliness and attitude of some staff". People living at the home were asked as part of their survey if they receive the care and support they need, three people responded, 'always' and one person replied, 'usually'.

One visiting relative spoke with the inspector and couldn't praise the staff enough on how well they look after her mother. She said the staff are very

good at following things up, for example, if her mother isn't well they call for the GP and keep her fully informed of events as they take place. She also said that the home tries hard to keep people engaged in activities and there is something taking place most afternoons.

People who live at the home were also very complimentary about the staff, they were described as 'kind' and 'caring'. Care practice was observed during this visit and staff were seen being helpful and courteous towards people they were supporting. There was a good rapport between people living at the home and staff and the atmosphere was relaxed and friendly.

Three peoples' care documentation was examined and this included their individual care plan. All three care plans were of a good standard and described, in detail, the level of support and care each person required. The inspector explained how the care plans could be further improved by including what people like to do on a day to day basis, that is, their preferred routine as there was very little reference made to this in the three care plans examined.

Risk assessments have been carried out to identify any risks to the individual. Where a risk has been identified a care plan is produced to minimise the risk. Manual handling plans used to identify the support people require with their mobility could be more detailed to ensure staff are clear about what is expected of them. One person had a mobility plan in place but it wasn't very clear as to what equipment was required and was a little vague in terms of what was expected from staff.

There was good evidence in peoples' care records to indicate that they are able access health care services, such as the dentist, chiropodist, optician and everyone living at the home is registered with a doctor. The manager explained how the home has good relationships with the skin specialist nurses at Dewsbury hospital who help support the staff at the home in the treatment of pressure sores. Those people who spoke with the inspector said if they become ill the staff are good at getting in touch with the doctor for an appointment.

A sample of three people's medication was checked during the visit. This showed there to be good systems in place for the recording, storing, administration and disposal of medications. The medication record sheets were neat, tidy and easy to follow. There were a couple of administrative errors that were pointed out to the manager who said she would speak to staff to determine why the error occurred.

All four people living at the home who completed the CSCI's surveys replied that they 'always' receive the medical support they need.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14, and 15

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People living at the home are offered a range of activities and appear to be able to make their own choices about how they spend their time. Meals provided are good, varied and served in a pleasant environment.

EVIDENCE:

People were asked as part of the CSCI's survey if there are activities arranged by the home that they can take part in. Three people responded 'always', one replied 'sometimes' but this was due to the person being too ill to join in. One person told the inspector that there is a good range of activities on offer most afternoons. She said that she joins in most things and looks forward to the afternoon activity sessions as it breaks up the day for her. This person's daughter said she is impressed with the activities available to people and is pleased that her mother joins in as it keeps her mind stimulated.

The home has an 'activities plan' displayed in the front entrance of the home so visitors can see the type of activities available to people on a daily basis. Typical activities that take place range from playing skittles, dominoes, watching DVDs, reminiscence, quizzes, and playing ball games. The inspector

spoke to the manager about offering stimulation of some kind to those people who are ill and need constant bed rest, as there was little evidence in people's care documentation of this.

Visitors are welcome at the home at any reasonable time and those who spoke with the inspector said they are made to feel welcome by the staff who are friendly towards them.

All four relatives who completed the CSCI's survey replied 'always' when asked if they are kept up to date with important issues affecting their relative, such as falls and admission to hospital.

Staff were observed serving lunches to people and supporting those who need help with their meals in an appropriate manner. The atmosphere at lunchtime was relaxed and unrushed. People who spoke with the inspector said they enjoy their meals and are offered a good selection everyday. Those people who completed surveys were also complimentary about the meals at the home, saying that they 'always' enjoy them.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People living in the home are protected from abuse and they can be confident that their complaints will be listened to and acted upon.

EVIDENCE:

People told the inspector exactly who they would go to if they were unhappy about something and those who completed surveys said they knew how to make a complaint. The home's complaints procedure is displayed in the front entrance of the home and in each person's bedroom.

The manager keeps a log of any complaints received and there was good evidence that peoples' concerns had been taken seriously and the appropriate action had been taken to resolve the matter wherever possible. The home has received one complaint in the last twelve months.

There are policies and procedures in place to reduce this risk of abuse. All staff commencing employment have a CRB (Criminal Records Bureau) and a POVA (Protection of Vulnerable Adults) check before starting work in the home. All staff have received safeguarding (adult protection) training which provides information on how to protect people from abuse. Those staff spoken with during this visit spoke with confidence about how they would report poor care practice and abuse.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

Manor Croft offers people a homely, comfortable and clean environment.

EVIDENCE:

The standard of cleanliness in the home is good and there were no unpleasant odours noted in any part of the home. The atmosphere on the day of the visit was warm and friendly and people looked comfortable whilst sitting in various parts of the home. Since the last inspection plasma TV's have been purchased and each bedroom is now complete with a digital radio. A computer and desk has also been purchased and once 'set up' people living at the home will be able to use it. Wireless music stations have also been purchased for both the ground and first floor accommodation. Two people were sat in one of the communal lounges watching a DVD and the picture and sound quality of the plasma TV was most impressive, they said they enjoyed watching films on the

new TV screen. New chairs and settees were also observed in the downstairs lounge.

People who completed a survey said the home is 'always' fresh and clean. Those spoken with during this visit said they liked their spacious bedrooms and the fact that they were able to bring their personal belongings with them. One lady said although it isn't like being at home she does feel happy living at Manor Croft.

Infection control procedures are followed and bacterial soap and wipes are provided in each person's room to minimise the spread of infection.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People's needs are met by trained staff who have undergone a thorough recruitment process before they are allowed to work in the home.

EVIDENCE:

Relatives' surveys asked if the care staff have the right skills and experience to look after people properly. One responded 'always' and wrote, "the staff are brilliant." Two relatives replied 'usually' and one person felt unable to answer the question.

Relatives spoken with during this visit were complimentary about the staff saying they are kind and caring and she has peace of mind when she leaves the home knowing that her mother is being cared for by dedicated staff.

The duty rota confirmed there to be two nurses and six/seven care staff on duty during the morning shift, one nurse and six staff during the afternoon shift and one nurse and three care staff who work during the night. Care staff are supported by domestic, laundry and kitchen staff. The retention of staff at Manor Croft is very good and the manager explained they rarely have to recruit new staff. The home manages to avoid using agency staff as the rota is covered by permanent staff or bank staff.

There is 66% of the care staff who have achieved an NVQ (National Vocational Qualification) level 2/3 in care. A further four staff are currently working towards their NVQ level 2 qualification and one person is working towards NVQ level 3. Care staff spoke of how they are offered guidance and support when completing their NVQ qualifications by not only the manager but all the nursing staff.

The recruitment files of three members of staff were audited in detail and found to contain the required information and recruitment checks. These checks are necessary to help protect people from potentially unsuitable staff.

The manager explained that all new staff receive induction and mandatory training in accordance with Skills for Care, the National Training Organisation for care staff. All new staff work alongside more experienced staff as part of their induction. Senior staff have undertaken training as part of 'Train the Trainers' and are able to provide in-house training to staff on a one to one basis which the manager sees beneficial in delivering training to new staff early on in their employment.

Those staff who spoke with the inspector said there are good training opportunities at the home and that refresher training takes place which keeps staff up to date with new legislation and best practice. Care staff said they had completed such training as, safeguarding, manual handling, health and safety, food hygiene, and fire training when they had the opportunity to use fire extinguishers.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 and 38

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

The home is well managed and the health, safety and welfare of people living at the home and staff is promoted and protected.

EVIDENCE:

Juliet Robbins is the registered manager at Manor Croft. Ms Robbins is a registered general nurse with a number of year's experience of working in nursing home settings. She has NVQ level 4 qualifications in management and care. It was clear from speaking with staff, people living at the home and relatives that Ms Robbins is a well like and respected manager. Ms Robbins is an excellent role model as she demonstrates first hand the importance of valuing people as individuals and is keen to promote a quality service. Staff explained how the home is run in the best interests of people who live there in that they are able to make their own choices about how they live their

life without restrictions. Staff spoke of how supportive the manager and deputy staff are and feel that staff morale, amongst the team at Manor Croft, is very good. Ms Robbins spoke highly of the staff team and felt she was fortunate to work with a dedicated team who are loyal and committed and who have people's best interests at heart.

Meetings take place with relatives and people who live at the home, giving everyone the chance to express their views about the home. The last meeting to take place was during December 2007 when a number of issues relating to the running of the home were discussed. It was during this meeting that people were informed of the CSCI inspections as well as the results of the home's latest customer satisfaction surveys. The latest report produced as a result of a recent survey sent to people associated with Manor Croft was examined during this visit. The report didn't address people's opinions in respect of shortfalls in the service and how the company intend to improve services. This needs to be addressed so people know that their comments are listened to and acted upon.

Some people have small amounts of personal money that is held safely at the home by staff. Records are available to show when money is deposited on behalf of people. The records show the individual cash balance for each person and how their money is used on their behalf, including receipts for goods and items purchased. Three people's finances were checked during the visit and were found to be correct.

The home's quality assurance assessment indicates that routine maintenance and servicing of equipment takes place. The home carries out weekly fire safety checks and these are recorded and staff are involved in fire drills periodically to ensure they know what to do in the event of a fire. The last recorded fire drill was 18th September 2007. Accident reports are completed and audited on a monthly basis by the acting manager identifying any trends that may be apparent and taking the necessary action.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	2
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7	People’s preferred routine should be included as part of their care plan to ensure they receive the right level of support they need.
2	OP8	Manual handling plans should describe in enough detail the exact level of support people require to ensure they are assisted with their mobility in a safe manner.
3	OP33	Quality assurance reports/findings should provide evidence that people’s comments have been listened to and acted upon in order to improve outcomes for people living at the home.

Commission for Social Care Inspection

Brighthouse Area Team

First Floor

St Paul's House

23 Park Square

Leeds

LS1 2ND

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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