



Inspection Report on

The Manor House St.Hilary

**THE MANOR HOUSE ST. HILARY LTD
THE MANOR HOUSE
COWBRIDGE
CF71 7DP**

Dates Inspection Completed

18 and 26 February 2020

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Description of the service

The Manor House St. Hilary Ltd is registered with Care Inspectorate Wales (CIW) to provide a care home service, known as The Manor House St Hilary. The home is registered to support a maximum of 30 people. The home's statement of purpose states the service has provision to support a range of needs (nursing, residential, respite) including '*adults receiving palliative care 60 years and above*' and '*all other adults of 70 years and above.*'

The registered service provider (The Manor House St. Hilary Ltd) has nominated Susan Evans as the Responsible Individual (RI), who has responsibility to oversee the strategic operation of the service. A manager is in post, who is registered with Social Care Wales (SCW), which is the workforce regulator.

Summary of our findings

Overall assessment

People who live at the home told us they are happy with the care and support provided. The environment is maintained to an extremely high standard, which meets people's needs. A core group of staff are in place, who know people well and are responsive to their individual needs. Effective clinical oversight is in place, where timely referrals are made to healthcare professionals as necessary. People receive care and support, which is guided by their personal plans and are encouraged to maintain contact with families and others who are important in their lives. Staff and management demonstrate a commitment to providing a good quality service.

Improvements

The service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016) on 21 September 2018. This was the first inspection since re-registration.

Requirements

We did not identify any areas of non-compliance at this inspection.

1. Well-being

Our findings

People receive the necessary level of care and support, where their rights and safety are fully promoted. We saw staff demonstrating kindness and respect to the people they supported. All feedback we received, both verbal and written, was positive. People can exercise choice, and consideration is given to the range and frequency of opportunities offered. A choice of meals suitable to individual dietary needs are available and satisfaction is high. Relevant personal plans are in place, which guide staff in the delivery of care and support. People are protected from harm as the home has internal policies in place and staff receive necessary training. Deprivation of liberty safeguarding (DoLS) authorisations are requested, when necessary, therefore acting in people's best interests. There is good oversight of people's emotional and physical well-being by the service provider. People have access to advocacy if needed and measures are in place to safeguard people.

Governance arrangements are in place to facilitate daily operations, to promote the smooth operation of the home. A clear management structure is in place, which is outlined in the statement of purpose. Feedback from staff and examination of several core documents demonstrate the service is well managed. Legally required information and/or documentation in relation to recruitment is in place. Staff told us they feel valued, listened to, have access to regular one-to-one supervision and a range of training. Internal systems and processes are in place to oversee the developmental needs of the staff, to ensure they maintain the skills and knowledge to deliver safe care. Internal auditing and quality control practices, which included seeking feedback from people associated with the service, are in place.

The environment supports people to achieve positive well-being. People are able to enjoy a clean and homely environment, which is maintained to a very high standard. The home smelt fresh and good housekeeping ensured there are no unpleasant odours. The home is tastefully decorated and welcoming with fresh flowers on display throughout communal areas. People benefit from sufficient personal and communal space. Management ensure the home is safe and well maintained; this is supported by internal policies, records and safety checks. Measures are in place for minimising risks associated with medicines and infection control. Maintenance records demonstrated necessary practices in connection with safety have been undertaken.

2. Care and Support

Our findings

The service provider considers a wide range of views and information, to confirm the service is able to meet people's needs and support them to have a good quality of life. We saw detailed assessments had been completed prior to people moving to the home, as

referred to in the statement of purpose. People can choose where they spend their time and are supported by a core group of staff, with whom they are familiar. A programme of activities are in place; these include book club, choir, exercise, nail bar and visiting musicians such as a harpist and a pianist. People are able to attend regular communion if they wish. The home's internal quality of care review identified a plan to improve the offer of people being accompanied out into the community. We saw the RI had recently left questionnaires in the foyer, asking people if they would like to participate in residents' /relatives' meetings and if so in what format. This would provide people with further opportunity to have input into matters relating to the home. We observed the serving of lunch, snacks and drinks. We spoke with people living at the home, relatives and staff, who all provided excellent feedback about the quality and choice of food available and the attention to detail of the dining experience. Comments included: *"The food is excellent"* and *"the meals are absolutely excellent."* Every morning discussions take place between staff and individuals relating to the menu choices of the day.

The service provider has accurate, up-to-date information for how people's care is to be provided. Two personal plans viewed, outlined people's needs and provided staff with guidance of how they should be met. We saw detailed information, which included how care is to be delivered, in line with people's preferences. Internal quality assurance identified personal histories could be developed further in order to 'bring out' people's 'interests and ambitions.' We saw charts had been completed, for example, to indicate how often people had been turned in bed (if the need has been identified) and how much they ate and drank. Recorded dates indicated regular reviews of people's care had taken place. Feedback on the service was all positive. Comments included: *"Staff are very nice. They treat me well. I am very happy,"* *"The staff are very caring. It is beautifully clean. It has a feeling of a house and a lovely atmosphere"* and *"I am happy here. It could not be better."*

People are supported to access services to maintain their ongoing health and well-being. Documentation viewed demonstrates people are supported to access healthcare facilities, including opticians, dentists, podiatrists, and general practitioners. Questionnaires had been distributed as part of the home's quality assurance. We saw completed questionnaires from visiting professionals, comments included: *'Excellent nursing care is provided. Nurses have very good clinical acumen and complex medical conditions are very well managed'* and *'a high level of professionalism amongst managers and caring staff.'* We considered a small sample of information relating to medication. We saw medication was stored securely and within the records viewed had been administered as prescribed. Detailed monthly audits of medication practices are completed, which identify any issues that need to be addressed.

3. Environment

Our findings

People can feel uplifted and valued because the home offers well-maintained facilities to meet their needs, enhancing their comfort and well-being. The home's interior is

comfortable and people's rooms have been personalised to meet their individual needs. People benefit from sufficient personal and communal space and have access to a large garden and courtyard. They are able to enjoy a clean and homely environment, which is maintained to a high standard. Where we saw people spending time in their rooms, they had access to their call bell. The service was inspected by the Food Standards Agency on 29 January 2020, where a food hygiene rating of four was awarded, which is 'good'. Discussions took place with the RI and manager in respect of the environment, and possibilities to make it more dementia friendly. The RI told us that people choose The Manor House because of the character and ambiance of the surroundings. However, we advise in the event of people being admitted to the home with complex dementia care needs (particularly those who are mobile), other measures should be given active consideration.

The service provider identifies and mitigates the risk to people's safety and well-being. People's personal information is securely stored and IT equipment is password protected. The service provider employs maintenance personnel, who undertake day-to-day repair work throughout the home, as the need arises and carries out regular inspections of equipment. We saw evidence within maintenance files that the testing and servicing of appliances and equipment is kept up to date, as are risk assessments. We note records of visits from private companies who complete necessary checks relating to lifting equipment, legionella, fire safety, electricity and gas. On both days of our visits, two doors were wedged open; we advised the RI this practice should cease.

4. Leadership and Management

Our findings

The service provider possesses very good oversight of the service and seeks to drive improvement. A manager is employed who demonstrates she knows the service, its residents and the staff very well. Regular detailed clinical and non-clinical audits are in place in relation to key areas of service delivery, including falls, responses to the call bell system, nutrition, medication, mental health, skin care and infection control. The RI works at the home on a daily basis and provides support to staff. People have access to a complaints policy. The RI told us no complaints had been received since re-registration under RISCA 2016. We requested information relating to the last two quarterly monitoring visits undertaken by the RI. The information demonstrated the RI undertakes formal monitoring as legally required and speaks with people receiving the service, relatives and staff, views samples of audits, complaints, the environment and maintenance logs, in order to gain opinion of service delivery. We suggest relevant comments from individuals are recorded and if necessary passed to the manager for actioning. We viewed the quality of care report (legal duty to be completed six monthly) and saw a depth of information in order to ensure a culture of continuous improvement.

Staff are equipped in order for them to make positive contributions to the well-being of people using the service. We viewed a sample of staff personnel records, which included proof of identity, Disclosure and Barring Service (DBS) checks, employment history and references. The RI told us recruitment is ongoing, ensuring suitable people are employed to work at the home. Discussions with people, staff and examination of records evidenced there is an established staff team in place, with a low turnover. The manager confirmed agency nurses are rarely used. Sufficient numbers of staff were on duty on the days of our visits, which reflected the numbers detailed in the home's statement of purpose. We were told over 80 percent of staff have achieved a vocational qualification and others are working towards. Staff have access to training. Nevertheless, we advised the RI, we expect to see staff having access to additional training in areas including DoLS awareness and caring for people with dementia. The RI agreed to source additional training as necessary. New staff complete an induction, although detailed, does not follow the framework published by SCW. The RI agreed that going forward; the induction published by SCW will be used. Staff told us the nurses and care staff work well as a team and all staff spoken with felt valued and supported. Records examined, showed staff receive regular supervision. Following supervision staff are routinely requested to complete a short questionnaire, relating to their opinion of the quality of the service. We saw minutes of staff meetings for nurses and senior staff, but care assistants are not provided with the opportunity to participate. We suggested plans are put in place to include care assistants in regular staff meetings.

Mechanisms are in place to protect people and the documents in place set out and provide people with an understanding of the service they can expect to receive. We looked at the statement of purpose and written guide to the service, which included information to help people have an understanding of the culture of the service and what is provided. Both documents need minor amendments to reflect what is required within the new regulations. We were provided with information, in respect of how the service is planning to meet the needs of people who wish to receive a service through the medium of Welsh. Internal quality assurance identified the positive offer of the Welsh language should be improved. A safeguarding policy is in place, which we were told is currently under review. Deprivation of Liberty Safeguards (DoLS) authorisations have been applied for as necessary, to ensure the service is acting in people's best interests. People using the service and staff know who to approach if they have concerns and people have access to independent advocates as needed.

5. Improvements required following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection carried out under RISCA 2016.

5.2 Areas of non-compliance identified at this inspection

We did not identify any areas of non-compliance at this inspection.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the registered care home on 18 February 2020. A further announced visit took place on 26 February 2020.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used.

- Consideration of information we already held about the service, such as re-registration information and notifications of significant events;
- Discussions with the RI, manager and clinical lead;
- Observations and interactions with people receiving a service and/or their representatives. We also received feedback from staff within the organisation who are involved with providing direct care to people living at the home;
- Examination of care records for three individuals. This included care planning documentation, daily care intervention records and medication records;
- Personnel records for a sample of staff. This included information relating to recruitment, induction, training, supervision and appraisal;
- The public liability insurance certificate and maintenance records;
- The statement of purpose, written guide to the service and a sample of policies;
- A range of auditing information, which the service provider utilises to measure the quality of the service, including completed questionnaires from visiting professionals;
- We distributed questionnaires to people receiving the service, relatives and staff. At the time of writing this report, we had received completed questionnaires from three people receiving the service, seven relatives and six members of staff.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	The Manor House St. Hilary Ltd
Responsible Individual	Susan Evans

Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	First inspection under RISCA 2016
Dates of inspection visits	18 and 26 February 2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards the Active Offer. We recommend the service provider further consider Welsh Government's 'More Than Just Words follow on strategic guidance for Welsh language in social care.'
Additional Information:	

Date Published 31/07/2020

No noncompliance records found in Open status.