

## Manorville Care Homes Limited

# Manordene

### Inspection report

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#### Ratings

Is the service effective?

**Good**



Is the service responsive?

**Good**



#### Overall summary

We carried out an unannounced inspection of this service on 13 January 2015. At which a breach of legal requirements was found. This was because systems were not in place to assess the mental capacity of each person to make decisions about their care and treatment when appropriate, in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also made a recommendation about the range of activities that were available.

After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and to how they had followed the recommendation.

We undertook an unannounced focused inspection on the 13 August 2015 to check they had followed their plan and to confirm that they now met legal requirements. The report only covers our findings in relation to this topic.

Manordene provides nursing and personal care for up to 19 people, some of whom live with dementia. The home is a modern building that was purpose-built and opened in 2013. There were 18 people living in the home at the time of the inspection.

The home's registered manager has worked in this role since January 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our focused inspection on the 13 August 2015, we found that the provider had followed their plan and that legal requirements had been met.

Systems were in place to assess people's mental capacity about particular decisions, such as consenting to their care and treatment, when appropriate. The registered manager had submitted applications to the DoLS office

# Summary of findings

when people were deprived of their liberty using the least restrictive options. Staff were trained and knowledgeable about the principles of the MCA. An activities coordinator had been appointed and a suitable range of activities were available for people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

<Findings here>

### Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Systems were in place to assess people's mental capacity about particular decisions, such as consenting to their care and treatment, when appropriate. The registered manager had submitted applications to the DoLS office when people were deprived of their liberty using the least restrictive options.

Staff were trained and knowledgeable about the principles of the MCA.

Good



### Is the service caring?

<Findings here>

### Is the service responsive?

We found that action was taken to improve the responsiveness of the service in relation to the activities provided.

An activities coordinator had been appointed and a suitable range of activities were available for people. People were consulted about their preferred activities and their choice was respected.

Good



### Is the service well-led?

<Findings here>

# Manordene

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Manordene on 13 August 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 13 January 2015 had been made. We inspected the service against one

of the five questions we ask about services: is the service effective? This is because the service was not meeting legal requirements in relation to that question. We also inspected another of the five questions we ask about services: is the service responsive? This is because we had made a recommendation in relation to that question.

This inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home and the provider's action plan. At the visit to the home we spoke with four people who lived there, the registered manager and two members of care staff. We looked at six files about people's care and treatment, the activities programme and records of the residents and relatives' meetings.

# Is the service effective?

## Our findings

At our comprehensive inspection of Manordene on 13 January 2015, we found that systems were not in place to assess the mental capacity of each person to make decisions about their care and treatment when appropriate, in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

This was a breach of Regulation 9 of their Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 13 August 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 9 described above.

We looked at six sets of records about people's care and treatment. They contained appropriately completed documentation whenever people's mental capacity had been assessed to determine whether they were able to make certain decisions. Such decisions included consenting to their care and treatment. When people did not have the relevant mental capacity, meetings had been held with their relatives or legal representatives to make

decisions on their behalf in their best interest. An advocacy service had been used at such a meeting when a person did not have relatives to represent their views and perspective.

The registered manager had submitted appropriate applications to the DoLS office to seek their authorisation when people's liberty was restricted; for example, when they were unable to consent to the use of bed rails or the use of a lap belt when they were in a wheelchair. They contacted the DoLS team when in doubt and followed the DoLS office guidance about the submission of applications. Attention was paid to ensure the least restrictive options were considered, as per the principles of the MCA and DoLS.

Staff training in the principles of MCA and DoLS was up to date. We asked two care workers how they considered people's mental capacity in practice. They demonstrated a good understanding acquired during their training. They told us, "People have the right to make their own decisions and when they are unable to do so they need to be helped so all their views should be considered" and, "We always make sure people consent to anything, and when they are not able to, we refer to their care plans; in each care plan there is guidance to follow when people have been assessed as not having mental capacity."

# Is the service responsive?

## Our findings

At our comprehensive inspection of Manordene on 13 January 2015, we found the range of activities was not sufficient to meet people's social and recreational needs and we made a recommendation about this.

At our focused inspection on 13 August 2015 we found that an activities coordinator had implemented an activities programme that was planned with people's involvement.

People told us, "I am never bored", "I like my own company but sometimes I join in there is something to do every day" and, "The activities person is very enthusiastic." A member of staff told us, "Our residents love the activities, particularly sing-alongs."

People were consulted about what their preferred activities at each monthly residents meeting and were presented with options. Activities provided included bingo, games, reminiscence, quizzes, art and crafts, pampering sessions and baking. A visiting pet dog service visited every week and singers and musician came monthly to the service to

perform. Local school children visited every school term and sang hymns with people. The activities co-ordinator researched suitable activities to include people who lived with dementia and people who remained in their room. They told us, "There are one to one activities and group activities where everyone is invited to participate."

New activities were planned to be introduced such as flowers arranging, a knitting club and people's active participation in the editing of the service's newsletter. The activities co-ordinator had requested the provider to fund a patio set so people could enjoy the garden, a DVD player and a computer to enable people to 'skype' their family members. Plans were in place to raise flower beds so people could enjoy doing light gardening at a level where they remained comfortable. The activities co-ordinator was in the process of researching sensory equipment to provide visual and auditory stimulation for people who remained in their room. Options of outings had been discussed with people and local outings were planned to take place at garden centres, pubs, cafés and shopping centres.