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Manor Gate Care Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection carried out on 23 December 2015.

Manor Gate Care Home can provide accommodation for up to 15 older people who need personal care. There were 13 people living in the service at the time of our inspection.

There was a registered manager in post. 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 this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach referred to the way in which quality checks had been completed. They were not rigorous or effective and this had resulted in a number of shortfalls not being quickly identified and resolved. The breach had

Summary of findings

increased the risk that people would not always safely and responsively receive all of the care they needed. You can see what action we told the registered persons to take in relation to the breach of the regulations at the end of the full version of this report.

The arrangements used to ensure that there were always enough staff on duty were not robust and some parts of the recruitment and selection procedure were not rigorous. Staff knew how to report any concerns so that people were kept safe from abuse. People had been helped to avoid having accidents.

Staff had not received all of the training and support the registered persons said they needed. However, staff knew how to provide people with the practical assistance they needed and wanted to receive. Although people had not been reliably helped to check their body weight, staff had supported people to have enough nutrition and hydration. In addition, staff recognised when people were unwell and had arranged for them to receive the necessary healthcare services.

The registered persons and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had not taken all of the necessary steps to ensure that people's rights were protected. We recommend that the registered persons explore the relevant guidance on how to correctly follow all of the legal safeguards in the MCA and in the DoLs in order to ensure that people receive care that respects their legal rights.

People were treated with kindness and compassion. People's right to privacy was respected and confidential information was kept private.

The registered persons and staff had promoted positive outcomes for people who lived with dementia and who could become distressed. People had been consulted about the care they wanted to receive and they had been supported to pursue their hobbies and interests. Staff had supported people to express their individuality and there was a system for resolving complaints.

The arrangements for obtaining feedback to guide the development of the service were not robust. People had not fully benefited from staff receiving and acting upon good practice guidance. However, steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

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?
The service was not consistently safe.

The arrangements used to ensure that there were always enough staff on duty were not robust and some parts of the recruitment and selection procedure were not rigorous.

Staff knew how to report any concerns in order to keep people safe from harm and people had been supported to stay safe by avoiding accidents.

Medicines were managed safely.

Requires improvement

Is the service effective?
The service was not consistently effective.

The registered persons and staff were not following the MCA and the DoLS.

Staff had not received all of the training and support they needed.

Although staff had supported people to have enough nutrition and hydration people had not been reliably helped to check their body weight.

People had received all of the healthcare assistance they needed.

Requires improvement

Is the service caring?
The service was caring.

Staff were compassionate and caring. People were treated with kindness that helped them to be relaxed and comfortable in their home.

People's right to privacy was respected and confidential information was kept private.

Good

Is the service responsive?
The service was responsive.

Staff promoted positive outcomes for people who lived with dementia.

People had been consulted about the care they received.

Staff had supported people to express their individuality and people had been assisted to pursue their hobbies and interests.

There was a system to resolve complaints quickly and fairly.

Good

Is the service well-led?
The service was not consistently well-led.

Quality checks had not reliably identified and resolved shortfalls in the care and facilities provided in the service.

Requires improvement

Summary of findings

People had not fully benefited from staff receiving and acting upon good practice guidance.

The arrangements for obtaining feedback to guide the development of the service were not robust.

There was a registered manager, steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

Manor Gate Care Home

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 was planned to check whether the registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered persons had sent us. These are events that the registered persons are required to tell us about. We also received information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 23 December 2015 and the inspection was unannounced. The inspection team consisted of a single inspector.

During the inspection we spoke with eight people who lived in the service and with three relatives. We also spoke with a senior care worker and three care workers. The registered manager was not present and so in their place we spoke with the deputy manager. We observed care in communal areas and looked at the care records for three people. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us.

Requires improvement

Is the service safe?

Our findings

We noted that the registered persons had not carefully assessed how many staff were needed at all times to promptly provide people with the care they needed. In addition, some staff were concerned about adequacy of staffing levels at busy times of day. These involved first thing in the morning, lunchtime and in the early evening when a lot of people needed assistance at the same time. A person said, "Staff can be very busy at meal times and in the morning I might have to wait my turn to be helped because staff are somewhere else." A relative said, "The staff are very busy for sure." The shortfall of not having a robust system to determine how many staff were needed at all times, had reduced the registered persons' ability to ensure that enough staff were being provided. The deputy manager told us that the registered persons would respond to these concerns and complete a review of staffing levels as quickly as possible.

We looked at the way in which the registered persons had recruited two members of staff. Records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have criminal convictions and had not been guilty of professional misconduct. However, we noted that other checks had not always been carried out in the right way including obtaining references from previous employers. Although no concerns had been raised about these members of staff since their appointment, the shortfalls had reduced the registered persons' ability to establish their suitability for employment in the service. The deputy manager told us that the registered persons would immediately revise their recruitment and selection procedure to ensure that full checks would be completed to support all future appointments.

People said and showed us that they felt safe living in the service. A person said, "The staff are lovely here and they're all very kind to me." We saw that people were happy to be in the company of staff and were relaxed and smiling. A relative said, "This pace certainly isn't posh but it's caring and I'm confident that the staff are the right people to care for my family member."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Records showed that in the 12 months preceding our inspection the registered persons had not had to raise any concerns about the safety of the people who lived in the service. In addition, we noted that people were protected from the risk of financial abuse. This was because staff used robust systems when they handled money on behalf of people to ensure that it was spent correctly.

We noted that staff had taken action to promote people's wellbeing. For example, people had been helped to keep their skin heathy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. In addition, staff had been given guidance and knew how to safely assist people if there was an emergency that required people to leave the building or to move to a safer area.

We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when people had been identified to be at risk of falling staff had more closely kept a tactful eye on them. This had been done so that staff could quickly give assistance if a person wanted to leave their armchair.

Requires improvement

Is the service effective?

Our findings

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.

The registered persons and staff were not consistently following the MCA. For example, we noted that a person's bedroom door had been fitted with an alarm which sounded when they opened the door at night to leave their room. This had been done because staff were concerned that the person might fall and injure themselves if they were not present. However, we were told that although the person lacked the mental capacity to give their consent to this arrangement, health and social care professionals had not been consulted. The Act required their advice to be sought in order to check that the restrictive arrangement was in the best interests of the person concerned. Another example involved the arrangements that had been made to support three people who had rails fitted to the side of their beds. This had been done so that they could rest in safety and comfort and not have to worry about rolling out and falling. However, we were told that these people lacked the mental capacity to give their consent to this restrictive arrangement. Records showed that relatives and health and social care professionals had not been invited to confirm that the arrangement was in the people's best interests. The deputy manager told us that relatives and health and social care professionals would be invited as quickly as possible to determine if the continuation of these restrictive arrangements were in the best interests of the people concerned.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We were told that seven people lacked the mental capacity to make decisions for themselves and would be prevented from leaving the service on their own if they attempted to do so. However, records showed that the registered persons had not applied for authorisations in relation to these people from the local authority that is the 'supervisory body'. The supervisory body is responsible for completing a full assessment to ensure that it is necessary to deprive a person of their liberty because there are no other less restrictive alternatives. The registered persons' oversight had reduced their ability to ensure that people concerned would receive only lawful care that respected their legal rights. This was because it was foreseeable that they may need to be deprived of their liberty without the safeguards of necessary authorisations being in place.

Shortfalls in following the legal safeguards in the MCA and DoLS had reduced the registered persons' ability to ensure that people only received care that respected their legal rights.

We found that staff had the knowledge and skills they needed to consistently provide people with the practical assistance they needed. For example, staff knew how to correctly assist people who had reduced mobility including those who needed to be helped using special equipment such as a hoist. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and they understood the importance of quickly seeking advice from a healthcare professional.

The deputy manager told us that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills were up to date. However, records showed that staff not had regularly met the registered manager to review their work and to plan for their professional development. Although new staff had received introductory training, established staff had not been provided with most of the refresher training that the registered persons had planned for them. These oversights included training in how to provide basic first aid, how to achieve good standards of food hygiene and how to support people to promote their continence. Although we found that staff knew how to provide these elements of care, shortfalls in training and support had reduced the registered persons' ability to ensure that staff had all of the up to date knowledge and skills they needed.

The deputy manager said that the registered persons considered that all of the people who lived in the service needed to be offered the opportunity to have their body weight monitored. This was necessary so that the registered persons could reliably identify if someone's

Is the service effective?

weight was changing in a way that needed to be brought to the attention of a healthcare professional. We looked at how the arrangement was working for three people and found that they had not been reliably assisted to check their body weight. This was because these people's weight had not been measured regularly, had not been correctly recorded and had not been analysed using a nationally recognised model. These oversights had reduced the registered persons' ability to accurately identify if someone's weight was changing in a way that indicated the need to seek advice from a healthcare professional. However, other care records showed that the people concerned had not experienced direct harm as a result of these shortfalls.

We saw that when necessary staff were giving people individual assistance when eating and drinking so that they could dine in safety and comfort. Some people who were at risk of choking had their meals specially prepared so that they were easier to swallow. We noted that people could choose what meals they had and that the menu provided a varied range of home-cooked dishes. In addition, there was a supply of fresh fruit that people could choose to enjoy in between meal times. These aspects of the catering arrangements helped to ensure that people enjoyed their meals and so were gently encouraged to have enough to eat. A person said, "The meals are very good here and certainly there's always enough to eat." A relative said, "They don't stint at all on the meals. There's a choice at every meal time and the quality of the food is good."

People who lived in the service said that they received all of the help they needed to see their doctor and other healthcare professionals. A person said, "The staff are very attentive and quickly call for the doctor if I'm not well." A relative said, "The registered manager keeps in touch with me if they have to call the doctor or if they're concerned about my family member's health and they're certainly on their toes when it comes to medical matters." A healthcare professional told us that they were satisfied that staff promptly contacted the local healthcare team if someone appeared to be unwell. They also said that staff appropriately followed any treatment plan that was prescribed.

We recommend that the registered persons explore the relevant guidance on how to correctly follow all of the legal safeguards in the MCA and DoLS in order to ensure that people receive care that respects their legal rights.

Good

Is the service caring?

Our findings

People were positive about the quality of care that was provided. A person said, "The staff are very helpful and this place has a family feel to it." Another who lived with dementia and who had special communication needs was seen to smile when a member of staff was nearby, hand them a sweet and then help them to unwrap it. A relative said, "I wouldn't have my family member here at all if I wasn't one hundred percent certain that they were treated with kindness."

During our inspection we saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. For example, we heard a member of staff chatting with a person while they assisted them to move from one of the smaller lounges to the main lounge where an entertainer was about to lead a musical session. They spoke about the songs that the person would have the chance to sing and anticipated that everyone would enjoy hearing Christmas carols. We witnessed another occasion when a member of staff was helping a person to re-arrange the curtains in their bedroom because they wanted to be able to look at a tree in which birds routinely perched. The member of staff was called away to help a colleague who was assisting another person. We noted that before they left the person, the member of staff assured them that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person's bedroom where they pulled the curtains back and moved the person's chair so that the tree was in their line of sight. The member of staff then sat with the person chatting about the birds they could both see. A person said, "The staff are always kind and if they're busy they try to get around to you as quickly as possible."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. For example, we observed a member of staff speaking with a person about their memories of Christmas when they were bringing up their children and sorts of presents that were given and received at the time. Another example involved a member of staff being genuinely interested in asking a person about their experience as a child before electricity was connected to their home.

Staff recognised that moving into a residential care service is a big decision for someone to make and that it can be a stressful process. We saw that staff were spending extra time with a person who had recently moved in so that they could be reassured and comfortable in their new home. In addition, the deputy manager said that every effort would be made to assist people to bring their domestic pets with them. This was so that people would be able to continue to care for them and enjoy the reassurance of their presence.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture.

We noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. Staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative said, "When I come to see my family member I mostly sit in the lounge with them but we could go to their bedroom. It's nicer in the lounge because it's more lively."

We saw that written records that contained private information were stored securely and computer records were password protected so that only appropriate staff

Good

Is the service caring?

could access them. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Good

Is the service responsive?

Our findings

We noted that staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person who was sitting in the dining room was frowning and becoming upset. A member of staff realised that the person was attempting to move the wheelchair in which they were sitting but could not decide which direction to take. The member of staff sat close to the person and chatted with them about what was going on in each of the lounges after which the person pointed to the table in front of them to indicate that they no longer wanted to move. The member of staff then fetched the person a fresh cup of tea and we saw the person smile, become relaxed and enjoy their drink. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator who was supporting people to pursue their interests and hobbies. Records showed that people were supported to take part in a range of social activities. These included things such as arts and crafts, quizzes and gentle exercises. In addition, there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes. One of these sessions took place during the course of our inspection. We noted that it was a lively session with nearly all of the people who lived in the service singing and laughing. In addition, we noted that the activities coordinator supported people on an individual basis. This included supporting them to go into the local village where they could do some shopping. A relative said, "There always seems to be a lively feeling to the place and I never feel that it's sombre or too quiet." During our SOFI we observed two people in one of the lounges for 20 minutes. We noted that each person was engaged with their surroundings, spoke with other people, chatted with staff and generally were settled.

We saw that staff had consulted with people about the practical assistance they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. When asked about the assistance they received a person with special communication needs gave a thumbs-up sign. They pointed to their spectacles that they had mislaid earlier and which a member of staff had just returned to them. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person said, "I like the way staff keep an eye on me at night because I know that they're around if I need them."

We saw a lot of examples of staff supporting and enabling people to make choices. For example, we saw a person who was undecided about returning to their bedroom. A member of staff quietly assisted the person to walk to their room. Soon after this the same member of staff was seen walking beside the person on their way back to the lounge because they had changed their mind about where they wanted to sit.

We noted that there were arrangements to support people to express their individuality. The deputy manager said that people would be assisted to attend a religious service if this was how they wished to meet their spiritual needs. Although no one living in the service had requested special meals, the cook said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the deputy manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered persons or a member of staff if they had any complaints about the service. A relative said, "I've never thought about having to complain because so far I've been very happy with the care provided. The manager is friendly and the staff are very approachable so if I needed to raise an issue it wouldn't be a problem."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had not received any complaints in the 12 months preceding our inspection.

Requires improvement

Is the service well-led?

Our findings

Some of the systems used to assess the quality of the service people received were not robust. For example, we were told that the care provided for each person needed to be fully audited at least once every month. This was necessary to make sure that care was delivered as planned so that it reliably gave people all of the support they needed. However, we found that these audits were overdue. In addition, the audits that had been completed had not been robust. For example, they had not identified the need to correct the shortfalls we noted in the support people had received to check their body weight. In addition, they had not noted the oversights we found in the arrangements made to follow the MCA and DoLS.

We were told that other audits had regularly been completed in relation to subjects such as the management of infection control. However, records showed that these audits were significantly overdue. This had resulted in further problems not being identified and quickly resolved. For example, we noted that one of the communal toilets did not have a fresh atmosphere. This was because the floor surface near to the water closet was damaged, stained and could not be effectively cleaned.

We were told that an audit was completed each month of any defects that could increase the risk of people tripping or falling. Again, records showed that these audits were significantly overdue and we noted that the most recent one had not been completed in a robust way. This was because it had not identified a significant trip hazard that we identified. The hazard was caused by a significant and abrupt change of floor level between the hallway and the main lounge. We saw two people catch their feet on this raised floor and almost lose their balance.

The deputy manager said that staff reported general defects in the accommodation to the registered manager who in turn arranged for any necessary repairs to be completed. However, there were no records to show how well this process was working. We noted that there were a number of defects in the accommodation that people told us had been present for a long time. For example, we found that that there was damp damage in one of the lounges. The damage was sufficiently serious to have resulted in the wallpaper lifting off to reveal plasterwork that was crumbling and falling onto the floor. We were told that regular checks were made of the fire safety equipment operated in the service. However, records showed that some of these checks were overdue or had not been completed at all.

We noted that shortly before our inspection a person who used the service had fallen and sustained a serious injury for which they had required treatment in hospital. Our records show that the registered persons did not tell us about this event. It is a legal requirement that we are notified about a significant event such as this so that we can check that people who use health and social care services are kept safe. We noted that the quality procedure followed by the registered persons had not been robust because it had not indicated the need to contact us. This had resulted in the relevant notification not being made and so had reduced our ability to confirm the welfare of the person concerned.

Shortfalls in the completion of quality checks meant that the registered persons did not have robust systems and processes in place to ensure that people were suitably protected from the risk of inadequate and unsafe care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered persons had not provided the leadership necessary to enable people to benefit from staff receiving and acting upon recognised good practice guidance. For example, the registered persons had not engaged with initiatives such as the 'Social Care Commitment' and 'Dementia Champions'. These and other schemes are designed to promote high standards of care in residential care services by championing the key features of person-centred care. By not actively engaging in good practice initiatives the registered persons had reduced the opportunities staff had to reflect upon and develop their professional practice.

People who lived in the service had been supported to contribute to the development of the service. Records showed that they had been invited to attend residents' meetings and that action had been taken to make any improvements they had suggested. For example, we saw that changes had been made to the menu to reflect people's preferences. However, the arrangements to consult with relatives were not robust. We were told that relatives were invited to complete a questionnaire each year to give feedback on the service. When we examined

Requires improvement

Is the service well-led?

these questionnaires only two of them could be found and the documents were not dated. In addition, there was no evidence to show that the registered persons had responded to any of the suggested improvements. These shortfalls had reduced the registered persons' ability to obtain the views of relatives who had an interest in contributing to the development of the service.

However, people who lived in the service and relatives said that they knew who the registered manager was and that they were helpful. A person said, "I get on well with the manager who always seems to be around and knows what's what." A relative said, "The manager is helpful and gets involved in the day to day running of the service which is how it should be." We found that there were a number of arrangements to develop good team working practices so that staff could provide the right care. These measures included there being a named person in charge of each shift. In addition, there were handover meetings at the beginning and end of each shift so that staff could review each person's care. There were also regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures contributed to supporting staff to be able to care for people in the right way.

Staff said that there was an open and relaxed approach to running the service. They were confident that they could speak to a senior colleague or to the registered manager if they had any concerns about another member of staff. In addition, they were reassured that the registered manager would listen to them and that action would be taken if there were any concerns about poor practice. A relative said, "I think that the staff get on with each other okay. I know that the building is a bit tatty but overall there's a family feel to it and the staff are part of that."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered persons had not protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the service provided.