

Wessex Care Limited

# Little Manor Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Little Manor is a residential care home providing personal and nursing care for up to 30 people. The service provides short term support to people being discharged from hospital who require support with rehabilitation before returning home or moving to a long-term care home. The provider works in partnership with a local organisation developing therapeutic plans to support people on their discharge from hospital. The aim is to continue supporting people's recovery, independence, and skills, enabling people to return home or move on to other services. At the time of our inspection there were 25 people using the service.

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

People were not always supported safely. Health and Safety audits were not completed in line with the provider's policies which meant that there was not adequate oversight of health and safety requirements.

Medicine care plans did not always have enough detail to ensure people were receiving effective and safe support. Medicine audits failed to identify these concerns.

Systems to check for legionella were not detailed and audits were not completed to identify this.

Staff were recruited safely. However, they were not always receiving regular supervisions to support their development.

People and their relatives told us they felt well supported. They valued the involvement they had from the on-site physiotherapist and felt this helped them with their recovery.

There was enough staff to support people and we saw people being supported in a person centred way.

Professionals told us that the home was professional and warm and friendly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 May 2016). The service was closed for redevelopment from November 2018 until November 2020. An Infection Prevention Control (IPC) inspection was completed on 19 January 2021 to check how they were managing during COVID-19. We found that the service was supporting people safely. This was not a rated inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our well-led findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led..

Details are in our well-led findings below.

**Requires Improvement** ●

# Little Manor Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection prevention and control measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 1 inspector, 1 assistant inspector and a pharmacy inspector.

#### Service and service type

Little Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we had received about the provider since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

### During the inspection

We spoke to 4 people and 6 relatives about the care they received. We also spoke to 5 members of staff, the Registered Manager, the Maintenance Manager, the Operations Manager, the Business Director, the Acting Head of Care and 2 professionals. We received feedback via email from 5 further professionals. We reviewed medicine records, care plans, health and safety records including emergency lighting, fire risk assessments and legionella management records, 3 recruitment files, 3 staff files, auditing records and the provider's policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Medicine care plans were not always in place and did not always include the required information. For example, 1 person was prescribed an anticoagulant; there was no guidance for staff on how to monitor or manage its side effects. The registered manager rectified this shortfall in response to our feedback during the inspection.
- For another person, who experienced seizures, the care plan did not have information on when to contact emergency services if the person had a seizure. In response to our feedback regarding epilepsy assessment, the provider reviewed and amended information to include details about when staff should call for an ambulance.
- Information about people's allergies was documented on Medicines Administration Records (MARs). Where people did not have allergies, this was not always recorded. The provider updated MARs to include this information in response to our feedback.
- Both the medicine room and the fridge in it which stored medicines were left unlocked and unattended for a period of 10 minutes. This meant there was a risk of medicine being removed from the fridge and used inappropriately.
- Some people were prescribed medicines such as pain killers, laxatives, and inhalers to be taken on a when required (PRN) basis. Guidance in the form of PRN protocols was in place to help staff give these medicines.
- We observed staff give medicines to people. The staff did this in a person-centred way and signed for each medicine after giving it on the electronic medicine administration record (MAR).

### Assessing risk, safety monitoring and management

- The provider had implemented a generic risk assessment for legionella to cover all Wessex Care services but had no comprehensive service specific risk assessment to ensure risks from legionella at the premises were mitigated fully. This meant the registered manager could not be assured that adequate measures are in place to control the risk of exposure to legionella bacteria.
- Identified fire safety shortfalls were not always rectified without delay. The provider had not acted on the recommendations of the fire risk assessment completed by a member of the Institute of Fire Safety Managers, in June 2022, which stated that materials needed to be put in a ceiling to stop fire spreading. This action should have been completed within a month of receiving the June 2022 risk assessment but was still outstanding in the June 2023 fire risk assessment. We followed this up with the provider who told us that this action had not been completed. After the inspection the registered manager confirmed that action had been taken to fill in the spaces in the ceiling.
- Records demonstrated emergency lighting checks were completed weekly, but actions identified had not been completed. For example, when lights were no longer working and needed replacing. This put people at

risk of not being able to safely evacuate in the event of fire. Since the inspection action has been taken to ensure that emergency lighting is repaired in a timely way.

- The provider had a mist fire protection system in place and 360 degree smoke seals on all bedroom doors.

### Preventing and controlling infection

- Because of risks of legionella the provider could not be assured they were ensuring the risks of infection were minimised or could be effectively managed for people living at the service or visitors.
- The provider had worked with organisations to improve environmental safety. For example, the premises had an air filtration system and ultraviolet decontamination systems to help prevent the spread of infection.
- The provider was admitting people safely to the service.
- We observed staff wearing PPE effectively and safely.
- The provider's infection prevention and control policy was up to date.
- People could have visitors whenever they liked.

### Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt they were supported safely. One relative told us "They are treated with the greatest dignity and respect" another relative told us "The home is lovely, and I wish they could have stayed there." One person we spoke to told us they had the choice of using bed rails and they wanted to because they felt safe with them.
- The provider had an up to date policy on safeguarding people. This set out actions staff needed to take in case of a safeguarding concern.
- The provider had ensured staff were trained in safeguarding. When we spoke to staff about this they could explain what it was and what steps they should take to safeguard someone.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Staffing and recruitment

- We reviewed 3 staff files and found that 1 person did not have a completed induction recorded. None of the records we viewed reflected that staff were receiving regular supervisions in 2022. However, there had recently been a recent change in management and regular supervisions had been started again.
- We reviewed 3 staff recruitment files and found people had been recruited safely and in line with the providers policies and procedures.
- There were appropriate levels of staff on duty to support people safely. Staff told us there were adequate amounts of staff working regularly.
- Staff told us recent changes in management, with a new clinical lead being appointed, was positive and they felt more supported and listened to.



- Staff received a mixture of face to face and online training. Staff told us the training was good.
- All care staff had or were working on attaining the Care Certificate as a minimum qualification.

#### Learning lessons when things go wrong

- Not all audits were completed. For example, we were told health and safety audits were being completed but there were no records to show this. This meant the registered manager could not identify issues or learn from them.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There were not always effective audits in place. For example, there was an annual health and safety review, however the frequency did not allow for issues to be identified and acted upon effectively and in a timely manner. There were no records of other health and safety audits to enable the provider to identify and mitigate health and safety risks.
- The provider's health and safety policy stated check lists should be completed periodically to ensure remedial action is taken. However, remedial actions had not always been taken. For example, the fire risk assessment dated June 2022 still had an outstanding action in the June 2023 fire risk assessment. Actions identified in relation to emergency lights were not being addressed promptly. This meant people were put at risk in the event of a fire.
- Medicines audits failed to identify concerns related to medicines. This meant that the provider could not be assured medicines were being managed safely.
- There was a shortfall in the record keeping.

The provider did not have effective systems to monitor and manage the service provided. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits for care tasks were being completed monthly.
- Staff told us that they felt the new clinical lead was approachable and knowledgeable. This meant they were happy to ask questions and learn from them.
- Staff had mandatory training and bespoke training on an as required basis.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care plans and records of support we saw were person centred and comprehensive.
- People and their families told us that they felt their stay at Little Manor had been very beneficial for their recovery and that "everyone was very caring".
- One person told us they felt the "atmosphere is conducive to convalescence" and another said that staff were "very attentive."
- People were empowered to take their own medication when they were able to in preparation for them returning home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated they understood their duty to be honest and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their families told us that communication between staff and them was good; one person told us "They always let me know what is going on."

- Professionals told us that they felt "very welcome" at Little Manor and that they had a close working relationship to ensure positive outcomes for people.

- One professional shared that the work done by Little Manor and their partner provider had significantly increased the amount of people who were able to return to their home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 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 provider did not have effective systems to monitor and manage the service provided.