

Mrs K Shunmoogum

# Manon House

## Inspection report

82 Mayfield Road  
South Croydon  
Surrey  
CR2 0BF

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Manon House is a residential care home which can support up to 6 people in one adapted building. The service specialises in supporting people with mental health needs. There were 2 people using the service at the time of this inspection.

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

The quality and safety of the service had improved for people since our last inspection. The provider had acted to make the premises safer for people by addressing the concerns we previously found. The provider made sure safety systems and equipment had been checked and serviced to make sure these were in good order and safe for use.

Cleanliness and hygiene around the premises had improved and communal areas and people's rooms were cleaner, tidier and free from odours. Staff followed current practice when preparing and handling food which reduced hygiene risks.

Staff were now more up to date with current practice as the provider had made sure staff received relevant training to support people with their specific needs. Staff had opportunities to discuss their working practices with managers. These discussions were not always formally documented. Managers were taking action after this inspection to make sure this was done.

The provider had acted on the recommendation we made at the last inspection to seek current guidance and to update their practice in relation to medicines. Staff had received refresher training in safe handling of medicines so they were now up to date with current practice in how to manage and administer medicines in a safe and consistent way. Staff made sure people received the medicines prescribed to them.

The registered manager now fully understood their responsibility for meeting regulatory requirements. They notified us of events or incidents involving people which helped us check that appropriate action was taken to ensure the safety and welfare of people in these instances.

Despite the improvements made since the last inspection some areas of the service continued to need improvement. Information about the support people needed to meet life goals and aspirations was not always consistent and current. Managers were taking action after this inspection to make sure plans were up to date and supporting people to meet their goals.

Some of the activities planned for people were not always relevant to their social and cultural needs. We have made a recommendation about the provision of activities for people.

Although the provider had made improvements there were no formal mechanisms in place to monitor action was being taken where needed. This meant managers did not always make all the improvements

needed in a timely manner.

Records had not been maintained in a consistent way so that they contained up to date and accurate information about people and staff. This was not having a significant impact on people at the time of this inspection but may present a risk in future.

People's needs were assessed prior to them using the service to help plan the care and support they needed. People's care plans contained information for staff about how their physical and mental health needs should be met. People told us their needs were met by staff. Staff were friendly and knowledgeable about people and how their needs should be met.

Staff helped people stay healthy and well. They supported people to eat and drink enough to meet their needs and to see healthcare professionals when they needed to. Recommendations from healthcare professionals were acted on so that people received the relevant care and support they needed in relation to their healthcare needs.

There were enough staff to support people. People said they were safe and staff treated them well. Staff understood how to safeguard people from abuse and how to manage identified risks to people to reduce the risk of injury and harm to them. Staff supported people to maintain their dignity, privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and staff were encouraged to give feedback about how the service could improve further. People knew how to make a complaint if needed. The provider had improved their complaints procedure since the last inspection and people now had current information about who to make a complaint to. The provider had arrangements in place to investigate accidents, incidents and complaints and kept people involved and informed of the outcome. Learning was shared with staff to help them improve the quality and safety of the support they provided.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan from the provider to understand how they will make changes to ensure they improve their rating to at least good. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# Manon House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out this inspection.

#### Service and service type:

Manon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection:

We spoke with the two people who used the service about their experiences of the care and support provided. We observed interactions between people and staff. We spoke with three staff including the

registered manager, deputy manager and a care support worker.

We reviewed a range of records. This included two people's care records and their medicines administration records (MARs), staff files in relation to training and supervision information and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to assess and manage risks to people posed by the premises. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Windows on the upper floor of the premises had been fitted with restrictors to help protect people from the dangers of falling from upper floor windows.
- Staff now undertook weekly temperature checks of all hot water outlets to reduce the risk of people being scalded.
- The provider had arranged for an external fire safety specialist to undertake a fire risk assessment of the premises. At the time of this inspection, the provider was acting to make improvements recommended by the fire safety specialist.
- The provider had put arrangements in place to have regular checks made of water hygiene at the premises to make sure harmful bacteria were not accumulating in the water system.
- Portable electrical equipment used at the service had not been tested since our last inspection. We discussed this with the registered manager who showed us the arrangements they had been trying to make prior to this inspection to get this completed. They were able to arrange to have this equipment tested immediately after this inspection.
- We saw certificates that showed that other safety systems and equipment had been recently serviced to make sure these were in good order and safe for use.
- People's records contained information about risks to their safety and wellbeing. There were plans for staff to follow on how to manage identified risks to keep people safe from harm or injury.
- People were involved in discussions about the risks posed to them so that they had a say about how these should be minimised to protect them from harm. One person had been involved in discussions about risks posed to them from alcohol. The person understood the risk of excessive drinking and the impact this had on their health. They had agreed an action plan with staff to help them reduce their intake with staff's support.

### Preventing and controlling infection

At our last inspection we found parts of the premises were not clean or hygienic which put people at risk of

acquiring infections and illnesses. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People told us staff regularly cleaned the premises. They said staff encouraged them to keep communal areas as well as their own rooms clean and tidy.
- We saw communal areas and people's bedrooms were now clean, tidy and free from odours.
- Hand drying facilities were now available in the downstairs communal toilet. This helped to reduce the risk of the spread of infection.
- Staff had been trained in basic food hygiene and followed food safety procedures when preparing, serving and storing food.

#### Using medicines safely

At our last inspection we recommended the provider consider current guidance on maintaining appropriate records related to people's medicines and act to update their practice. The provider had made improvements.

- Since our last inspection staff had received refresher training in safe handling of medicines. This meant they were now up to date with current practice in how to manage and administer medicines in a safe and consistent way.
- People's medicines administration records (MARs) were now signed and maintained in an appropriate way. Our checks of stocks and balances of medicines and MARs showed people consistently received the medicines prescribed to them. Medicines were stored safely and securely.

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

- People said they were safe at the service. One person said, "[I] have no problems here at all. The staff look after me. ...never felt unsafe." People had been provided information about how to report any concerns they had about their safety and welfare to the appropriate person and/or agency to investigate.
- Staff understood how to recognise signs that might indicate a person was at risk of abuse and who to report their concerns to about this.
- At the time of this inspection, there were no safeguarding concerns about people using the service. The registered manager was aware of their responsibility to liaise with the local authority if a safeguarding concern about a person was reported to them.

#### Staffing and recruitment

- People said there were enough staff to support them. During our inspection we saw staff were always at hand and responding to people appropriately when they requested their help.
- The provider had not recruited any new staff since our last inspection. However, they continued to maintain recruitment processes which covered all the checks they were required to make when recruiting new staff. This would help to make sure only suitable staff were recruited to support people.

#### Learning lessons when things go wrong

- The registered manager investigated all accidents and incidents involving people. They took appropriate action when this was needed to reduce the risks of these reoccurring, to keep people safe.
- Learning from investigations was shared with staff team to help them improve the quality and safety of the



support provided.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had not ensured staff received all the training they required to meet the needs of people using the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had taken action to provide staff with relevant training to help them meet the range of people's needs. Since our last inspection staff had received training to support people with their mental health needs, to help people manage their diabetes and in safe handling of medicines.
- Staff were due to complete refresher training in safeguarding adults at risk and the Mental Capacity Act 2005 (MCA) immediately after this inspection. Although this training had not been completed at the time of this inspection we were satisfied staff understood their role and responsibilities to safeguard people and in relation to the MCA and would act in an appropriate way when required.
- Staff told us they felt well supported and had regular opportunities to discuss their work and any concerns they had about their role. We noted these discussions were not always formally documented. This meant we could not check if the provider was responding in an appropriate way to supporting and developing staff in their roles. The deputy manager, who was responsible for supervision (one to one meetings) at the service, said they would make sure a record was maintained of these discussions going forwards.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving in to Manon House. This helped the provider obtain the information they needed to plan and deliver the care and support people required.
- Assessments took account of people's medical history, current healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided.
- Information from these assessments was used to develop a care plan which set out the support people needed. This included information about their choices about how, when and from whom this was provided.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they liked the meals that were prepared for them. One person said "Food is fine and [I] get a choice about what I eat. Always able to eat what I want."

- People had a say in planning the meals they ate. Staff used this feedback to prepare meals that people liked which encouraged them to eat well. Staff understood people's specific dietary needs and preferences and took this into account when planning and preparing meals.
- Staff encouraged people to make healthy choices and to eat nutritious and well-balanced meals. They monitored what people were eating and drinking to look for any issues that people might be having with food and drink, so that appropriate support could be sought for them if they needed this.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People's records had current information about their health and medical conditions and how they needed to be supported with these.
- People were able to see healthcare professionals when they needed to. Staff followed their recommendations to help people achieve effective outcomes in relation to their physical and mental health and wellbeing.
- Staff made sure people were supported to see healthcare professionals at regular intervals to review their medicines. This helped to make sure people's medicines were safe and effective for them to use to help them manage their health needs.
- People had regular reviews with mental health professionals involved in their care. Outcomes from these meetings were reviewed by the registered manager for any changes needed to the support people required.
- Staff reported any concerns they had about people's health and wellbeing promptly so that people received appropriate support in these instances from the relevant healthcare professionals.

Adapting service, design, decoration to meet people's needs

- People's bedrooms had been decorated and furnished based on their preferences and reflected their hobbies and interests.
- In addition to their own room, the premises offered people other spaces they could spend time in. This included a communal lounge, kitchen/diner and garden.

Ensuring consent to care and treatment in line with law and guidance

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. 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People using the service had capacity to make and to consent to decisions about specific aspects of their care. They had their own keys to their room and to the front door and were free to leave and return to the service with no unnecessary restrictions.
- Senior staff reviewed people's continuing capacity to consent as part of their three-monthly review of people's care and support needs.
- There were processes in place where if people lacked capacity to make specific decisions the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well. One person said, "The staff treat me well. They are kind to me." Another person told us, "The staff treat us well. They're alright you know."
- People appeared comfortable with staff and asked for their help without hesitation. Staff understood how people wished to be supported and their preferences for how this was provided. Staff gave people time to make choices about what they wanted to do which staff respected.
- Conversations between people and staff were warm and friendly and indicated staff knew people well as they talked with people about things that were of interest to them.
- The provider took account of people's specific wishes in relation to how their social, cultural and spiritual needs should be met. These were recorded in people's care plans so that staff had access to information about how people should be supported with these. One person had expressed a wish to attend a church close to their family and friends. Staff were looking at ways the person could do this with support as the church was some distance from the service.
- Staff understood how the specific needs of people using the service may put them at a disadvantage when accessing local services or organisations in the community. Staff provided practical advice and support to people in these instances to ensure people were treated fairly and had their rights respected.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. Prior to using the service, people were asked about the level of care and support they would need from staff and how they would like this provided. People's views about this were used to inform their care plans.
- Once people started using the service staff involved them in reviews of their care and support needs at regular intervals to check this continued to meet their preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when talking to people and listened to what people had to say.
- Staff respected people's privacy when they wanted to spend time alone in their rooms. Staff knocked on people's door and asked for permission before entering.
- People were supported to be as independent as they could be. Staff encouraged people to get washed and dressed each day, clean and tidy their room, do their laundry, their personal shopping and plan and prepare their meals and drinks.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information for staff about how their physical and mental health needs should be met based on their choices and preferences. People told us staff provided this support well.
- However, the support provided to people to meet their longer-term care goals and aspirations was not always consistent. For one person there was information about what they wanted to achieve to live more independently. There were clear records maintained of the support provided to the person to meet this goal and their progress to date. The person told us they were now able to do more for themselves from when they first started using the service.
- For another person, there was information in their records about the goals they wanted to achieve but there was no plan in place for how and when they would be supported by staff to do this. The person told us they were not currently in a position to start working towards achieving these goals. This meant the lack of a plan at the time of this inspection was not having a significant impact on them. However, in the absence of a plan there was a risk that these goals and aspirations might be missed by staff so the person might not be supported with these at the appropriate time.
- The deputy manager told us they would update the person's records after this inspection so that a plan was in place for how the person would be supported to meet their stated goals, when the person was ready to do so.

Support to follow interests and to take part in activities that are socially and culturally relevant to them; supporting people to develop and maintain relationships to avoid social isolation

- One person told us they "never got bored here" and was able to spend their day doing activities they were interested in.
- Another person told us they couldn't do the activities they wanted to do due to their specific circumstances at the time of this inspection. We saw current activities available to the person were limited to playing games with staff or watching television. The deputy manager said these were the activities on offer. The deputy manager told us they had not yet explored alternatives that may be more relevant and stimulating for the person.

We recommend the provider seeks current guidance on supporting people to take part in activities relevant to their needs.

- People were encouraged to maintain relationships with the people that mattered to them. One person was being supported to entertain friends at home which included preparing and cooking them a meal. There were no restrictions about when friends could visit the service.

#### Improving care quality in response to complaints or concerns

- People's feedback during this inspection indicated they had no issues or concerns about the quality of care and support provided by staff. One person said, "The support is good."
- At our last inspection we found the provider's complaints procedure contained out of date information about who people should complain to if they were dissatisfied with the way the provider had dealt with their concerns. At this inspection we found the provider had acted to update the complaints procedure with the correct information and this was displayed in the communal hallway.
- The deputy manager confirmed no formal complaints had been received about the service since our last inspection.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records indicated that their communication needs had been discussed, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.

#### End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This helped to ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. Improvements had been made since our last inspection, but some aspects of service management and leadership were still 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

At our last inspection we found the provider's systems to monitor and assess the safety and quality of the service were ineffective. They had not identified concerns we found during the inspection about the quality and safety of the service. This put people at risk of receiving unsafe and unsuitable care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the registered manager failed in their legal responsibility to submit timely notifications to CQC about events or incidents involving people at the service. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found enough improvement had been made and the provider was no longer in breach of the above regulations.

- The provider had acted to address the concerns we found at our last inspection. We found improvements had been made to the management of environmental risks, cleanliness and hygiene around the premises, medicines administration, training provided to staff and to the complaints procedure.
- Staff had been delegated responsibilities for checking and monitoring key aspects of the service so that any issues or concerns were identified and dealt with more promptly. For example, one staff member was responsible for ensuring the premises was clean and hygienic and for encouraging people and other staff to maintain this standard.
- Since our last inspection there had been one reportable incident involving a person using the service. The registered manager had notified us of this promptly. They now understood their legal responsibility to do this in a timely manner. This helped us check that appropriate action was taken to ensure the safety and welfare of people and others in these instances.
- The rating awarded from the last CQC inspection was displayed at the service. This was important as it helped inform people and others about the quality and safety of the service.
- Although the provider had made improvements, in some instances these had not been made in a timely way. For example, since the last inspection staff had been provided with the majority of training they needed to meet people's needs. However, two training courses had yet to be completed although this was planned

for completion after this inspection. Given the time the provider was given to make required improvements since the last inspection it would not have been unreasonable to expect all training to have been completed by the time of this inspection.

- Managers told us there were no formal mechanisms in place to monitor action was being taken in a timely manner. This meant there was a risk that actions needed to improve the quality and safety of the service might be delayed or missed. The registered manager told us they would improve monitoring arrangements immediately.
- The quality of records maintained was not always consistent. We found the quality of information on care plans for the two people using the service about how their needs should be met was variable. For one person there was information about how staff should support them to manage their diabetes. This was focussed on supporting them to take their medicines in a timely way and how to deal with a medical emergency. There was limited information about the support staff could provide to the person to manage their condition through a healthy diet and active lifestyle.
- We discussed this with the deputy manager who told us how these needs were being met by staff. It was clear staff were encouraging the person to eat well and remain active. The deputy manager acknowledged that the person's records needed to be updated to include this information about the support they received. The current lack of information on their records was not having a significant impact on the person at the time of this inspection but may present a risk in the future if not updated.
- Files relating to staff were disorganised and the deputy manager had not maintained a consistent record of all one to one discussions they had with staff. In these instances, accurate, up to date records were not always being maintained. We were satisfied that the quality of these records was not having a significant impact on people at the time of this inspection but may present a risk in future. Other records we looked at relating to the management of the service were better organised and up to date.

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

- People said they felt comfortable approaching managers if they had any queries or concerns.
- Managers knew people well. They were friendly with people and focussed on meeting their needs and resolving their queries.
- Staff felt supported by managers. Staff told us they were encouraged to review their working practices to make sure this was helping people achieve positive outcomes in relation to their care and support needs.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

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

- People were provided opportunities to have their say about the service and how it could improve. Their views were sought through quality surveys and reviews of their care and support needs at regular intervals. We looked at recently completed quality surveys which showed people were happy with the support provided and had no suggestions about how this could be improved upon.
- Staff's views about the service were sought through informal supervision and more formal team meetings.
- Good relationships had been developed with healthcare professionals involved in people's care and treatment. Managers made sure recommendations and advice from healthcare professionals was implemented in a timely way. This helped to ensure that care and support was up to date with current best practice in relation to people's specific needs.