

Cognithan Limited

Manon House

Inspection report

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Date of inspection visit:
13 April 2021

Date of publication:
20 May 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

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 six people in one adapted building. The service specialises in supporting people with mental health needs. There were four people using the service at the time of this inspection.

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

Since purchasing Manon House in March 2020 the provider had made improvements to the service. The premises had been redecorated and refurbished, a new records system was implemented and the provider was working towards embedding a 'person centred' culture at the service.

However, improvements had not been entirely effective in achieving their intended outcome, to improve the quality of the service for people. The communal garden was cluttered with debris and waste from the improvement works and redecorated areas lacked personalisation. There were restrictions to people's autonomy and independence in the home and private information about them was not always stored securely.

The provider's own checks had not picked up missing or incomplete information in people's care records. Food safety checks were unreliable as these did not give assurance current practice had been fully embedded at the service.

People were satisfied with the care and support provided by staff and staff were attentive to their needs. People felt safe and comfortable with staff. Staff had been trained to safeguard people from abuse. There were enough staff to support people. The provider made sure people were supported by suitable staff.

Health and safety checks were carried out of the premises and equipment. The premises was clean and tidy. Staff followed current practice to reduce infection and hygiene risks at the service.

Staff were provided relevant training to meet people's needs. They were supported by managers to learn, develop and improve in their role.

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

People were involved in planning their care and support and could state their preferences for how this was provided. People were supported to be as independent as they could be with daily living tasks. Staff knew people well and understood how their identified needs should be met.

People were supported to undertake activities and interests that were important to them. Relatives were

free to visit family members if they wished.

The provider had arrangements in place to make sure any accidents, incidents and complaints were investigated, and people kept involved and informed of the outcome.

Managers encouraged people and staff to have their say about how the service could improve and acted on this feedback.

The provider worked proactively with other agencies and healthcare professionals and acted on their recommendations to improve the quality and safety of the service for people.

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

Rating at last inspection

This service was registered with us on 30/07/2020 and this was the first inspection. The last rating for the service under the previous provider was requires improvement, published on 27/02/2020.

Why we inspected

We normally inspect new services within 12 months of them registering with CQC. Given the last rating for the service under the previous provider, we scheduled a comprehensive inspection to check the safety and quality of care people received under the new provider.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the caring 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.

After this inspection the provider wrote to us to tell us what action they had taken to mitigate risks. This included removing debris and waste from the premises, purchasing personalised pictures for people to display in the communal lounge, removing restrictions in the home and updating people's records with current information about their needs and identified risks.

Enforcement

We have identified breaches in relation to dignity and respect and good governance. Please see the action we have told the provider to take at the end of this report.

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 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?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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. 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention 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 one inspector.

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 CQC. 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. Before entering the premises, we checked the service was set up as safely as possible to accommodate an inspection.

What we did before the inspection

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 reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used all of this information to plan our

inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service. We observed interactions between people and staff. We also carried out checks of the premises. We spoke with the home manager, the service manager, the operational director and two care support workers. We reviewed two people's care records, medicines stock and records and some records relating to the management of the service.

After the inspection

We spoke with a relative by telephone about their experiences of the service. We interviewed the home manager and service manager via a video call.

We reviewed information we asked the provider to send us. This included information about staff rotas, training and supervision records, recruitment information, management audits, health and safety checks of the service, minutes of meetings, satisfaction surveys and the provider's policies in relation to accident and incidents, complaints, safeguarding and whistleblowing. We also looked at the provider's infection prevention and control (IPC) policy and their COVID-19 contingency plan and risk assessment.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's feedback indicated they were safe and comfortable with the staff supporting them.
- Staff had been trained to safeguard people from abuse. They understood safeguarding procedures and how and when to report concerns to the appropriate person or authority.
- Managers understood their responsibilities to liaise with the local authority if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- People's records contained information about identified risks to their safety and wellbeing. This information was assessed and reviewed with people to make sure they understood what these risks were and what they and staff would do to reduce these.
- There were plans for staff for how to manage risks to reduce the risk of harm or injury to people and others. For one person, we noted the plan to reduce a specific risk was incomplete as some of the measures in place to do this had not been recorded. After our inspection the provider acted to make improvements and sent us an updated risk management plan for this person to reflect the measures agreed to reduce this risk.
- There were regular health and safety checks of the premises and the provider dealt with any issues arising from these. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff received training to deal with emergency situations if these should arise.

Staffing and recruitment

- There were enough staff to support people. Staffing levels were planned based on the level of support people needed each day at home and in the community.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable were employed to support people.
- The provider had an 'on call' system which meant a senior manager was always available to provide advice and support to staff on duty at evenings and weekends, if this was needed.

Using medicines safely

- People's records contained information about their prescribed medicines and how they should be supported with these. This helped inform staff how to support people to take these in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines

prescribed to them. Medicines were stored safely and appropriately.

- Managers regularly audited medicines stock and records and checked staff's competency to make sure they were managing and administering medicines safely.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) safely and effectively.
- The premises were clean. Cleaning took place at regular intervals throughout the day, to prevent the spread of infection.
- The provider promoted safety through the layout and hygiene practices of the premises.
- The provider was accessing COVID-19 testing and had engaged in the vaccination programme for people and staff.
- The provider's infection prevention and control policy was up to date and had plans in place to manage an infection outbreak at the service.
- Staff followed food hygiene practices when preparing and serving food, to reduce risks to people of acquiring foodborne illnesses.
- We found food items stored in one of the fridges had not been labelled after opening, to indicate when these should be used by. The provider took action after our inspection to make sure all the items were clearly labelled to reduce the risk of people consuming items past their use by date.

Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents.
- Managers investigated accidents and incidents. They took appropriate action when this was needed to reduce the risks of these reoccurring, to keep people safe.
- Post accident/incident debriefs were held with people and staff to discuss and learn from these to help 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out with people and their representatives prior to them using the service. This helped managers 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 care plans for people which set out the support they needed. This included information about their choices about how, when and from whom this was provided.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. This included training in specific topics such as mental health awareness, challenging behaviour and managing situations that could be potentially aggressive or violent.
- New staff could only support people unsupervised after they had successfully completed a period of induction.
- Staff had supervision (one to one) meetings with managers to support them in their role and to identify any further training or learning needs they had.

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

- Staff supported people to plan menus that reflected their individual preferences. Staff understood people's specific dietary needs and preferences and took this into account when planning and preparing meals.
- The weekly menu was planned in advance but was flexible. We saw one person tell staff they wanted to eat something different for lunch than what was on the menu. Staff made sure they could have this.
- Staff encouraged people to make healthy food and drink choices. They regularly checked people were eating and drinking enough to meet their needs.

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

- People's records contained current information about the support they needed to manage their health and medical conditions.
- Staff understood people's conditions and how they needed to be supported with these. They worked well with healthcare professionals involved in people's care and followed their recommendations to help people

achieve positive outcomes in relation to their physical and mental health needs.

- People had regular reviews with the mental health professionals involved in their care. Outcomes from these meetings were reviewed by managers for any changes needed to the support people required.

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

- The layout of the premises gave people flexibility about how they spent their time at home. In addition to their own bedroom, which people could personalise, people also had use of a communal lounge, a kitchen diner and a large garden with a designated area for people to smoke.
- We noted there was a lack of personalisation in the newly redecorated lounge. For example, there were no pictures or objects chosen by people to reflect their interests. This indicated people might not always be involved in making decisions about how communal areas should look. After our inspection the provider acted to make improvements and sent us evidence of items purchased to personalise the communal lounge that reflected people's specific interests.
- The large garden was mostly well maintained. During the warmer months the garden had been regularly used by people for activities and events such as summer BBQs. However, the back of the garden was cluttered with old bits of furniture and debris generated from the improvement works. We discussed this with managers who arranged for this to be taken away immediately after our inspection.

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 were free to leave and return to the service with no undue restrictions.
- 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider had practices in place at the time of our inspection that impacted on people's autonomy and independence within the home. We saw notices on the door of the communal lounge and kitchen diner which restricted their use at night. There was no evidence these restrictions had been formally discussed with people or that their consent to these had been obtained.
- In the communal lounge and in the medicine's storage cupboard, we found three confidential documents relating to people, which indicated people's private information was not always treated with respect and maintained appropriately.

We spoke with managers about the notices and documents during the inspection and they immediately removed them. However, we were concerned why these notices had been put up in the first place as this demonstrated a lack of understanding and awareness about how these could negatively impact people and their rights. These issues were a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff respected people's right to spend time alone if they wished.
- People were supported to be as independent as they could be with daily living tasks. Staff prompted 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. Staff would only offer support when people could not manage or complete tasks safely without support.

Ensuring people are well treated and supported; equality and diversity

- The provider had not carried out thorough assessments of people's social, cultural and spiritual needs. This meant people were at risk of not being fully supported to practice their faith and customs, have their beliefs and values respected and have their specific social needs met, to support their health and wellbeing.
- After our inspection, the provider acted to make improvements and sent us updated care plans for two people to show these needs had now been assessed and there was information for staff about how people should be supported with these.
- People said staff looked after them well. One person said staff were attentive to their needs and very supportive. Another person told us how much they appreciated staff helping them to achieve their goals. A relative told us their family member appeared to be settled at the service and well looked after by staff.
- We observed positive interactions between people and staff. People were relaxed and comfortable with

staff. Staff engaged and communicated with people. Staff checked how people were and initiated conversations, talking to people about things that were of interest or important to them. Staff gave people time to make choices about what they wanted to do.

- The majority of records maintained by staff were respectful of people. However, we found a staff supervision record where language used to describe a person using the service had been inappropriate. We discussed this with managers after the inspection who told us they would take action to improve this.

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

- Records showed people were continuously involved in planning and making decisions about their care and support. Staff met with people at regular interval to get their feedback about the support they received to check if this was helping people meet their care goals and objectives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People said they were satisfied with the care and support provided by staff.
- People's records contained information for staff about how their care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day.
- Managers prepared regular progress reports for all involved in people's care, which set out people's progress in terms of their physical and mental health and wellbeing. This helped staff and those involved in people's care, check the care and support provided was continuing to meet people's needs and preferences.

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

- There was a weekly timetable of group-based activities for people to take part in at the service to support their wellbeing. Activities included massage, meditation, chats, games, karaoke, movie afternoons and arts and crafts.
- People were encouraged to take part in activities and pursue interests that were important to them. Some people played musical instruments and were encouraged to play and perform in regular music sessions at the home.
- Managers told us as national lockdown restrictions eased, they hoped to support people to do more specific activities they were interested in such as going shopping, going to the cinema or going out for a meal.
- People received support to maintain relationships with the people that mattered to them. Relatives were able to visit with their family members if they wished. The provider was following current guidance to make sure visits were undertaken safely.

Improving care quality in response to complaints or concerns; meeting people's communication needs

- People's feedback during this inspection indicated they had no issues or concerns about the quality of care and support.
- People were encouraged to raise concerns with staff and when they did, we saw these were dealt with appropriately by managers.
- There were arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- Managers told us they had not received any formal complaints from people since purchasing the service in March 2020.

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 communication needs had been discussed, recorded and highlighted in their individual care records. Staff understood how people should be supported with these needs.
- The provider had made key information available to people in easy to read formats. For example, information had been provided to people about the risks of COVID-19 and how these could be reduced, through effective hand washing, maintaining social distancing and wearing face masks.

End of life care and support

- None of the people using the service required end of life care and support at the time of this inspection.
- We noted the provider did not routinely ask people and/or their representatives about people's wishes for the support they wanted to receive at the end of their life. After this inspection the provider acted to make improvements and sent us information about how they intended to collect and record this information on people's records. This would ensure that 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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 action taken by the new provider, to make improvements in the home and embed a 'person centred' culture at the service, had not been entirely effective in achieving their intended outcome to improve the quality of the service for people.
- Managers told us the priority for the service, after the purchase, was to improve safety and quality as they had identified some shortfalls which didn't meet the provider's expected standards.
- The provider had bought new furniture, installed new flooring and repainted communal areas. Parts of the premises had been reconfigured to create office space for more secure storage of people's records.
- However, we found a large amount of debris and waste from physical works in the garden, redecorated areas had not yet been personalised, evidence of restrictions on people's independence and some records and information had not been appropriately maintained.
- This indicated the provider's systems for assessing the quality and safety of the service were not always effective. This was because the provider had not been proactive in identifying these areas as issues and taking appropriate action to resolve these before they impacted people.
- In addition to the issues above we identified management checks of records had not picked up missing or incomplete information on people's care records about their needs and plans to manage their identified risks.
- We also found the monthly food safety checks were unreliable as these indicated that food was labelled and stored in line with current guidance. However, our findings at this inspection indicated this was not practice that had been fully embedded at the service.

These issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider sent us information to show they had taken action to address some of the issues we found above. This included removing debris and waste from the premises, purchasing personalised pictures for people to display in the communal lounge, removing restrictions in the home and updating people's records with current information about their needs and identified risks.

- The provider understood their responsibility for meeting regulatory requirements. They notified us

promptly of events or incidents involving people. This meant we could check appropriate action was taken to ensure the safety and welfare of people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People spoke positively about staff and their experiences of using the service. One person told us, "I'm all fine here. Settling in nice...it's going ok at the moment. Not worried about much really. It's all cool." A relative said, "I very much appreciate the care they are giving [family member]. I always keep in touch with the managers. The reaction from them has been positive and good...whenever I have requested information, they have been open and honest."
- The provider sought people's views and suggestions for improvements through surveys, meetings and reviews of their care and support needs. The provider acted on people's feedback. People's recent suggestions about meals had been incorporated into the current menu.
- Managers and staff knew people well and their interactions with people were focussed on meeting their needs.
- Staff told us they worked well together and felt well supported by managers. A staff member said, "I like working here. It's a good place to work and you have the support of all the senior managers at all times."
- Staff's views about the service were sought through supervision and team meetings. Staff said managers respected their feedback about how the service could improve.

Working in partnership with others

- Following an outbreak of COVID-19 at the service in January 2021, managers had worked proactively with the local authority and Public Health England to take appropriate action to minimise risks and keep people safe. Managers told us positive relationship had been built with these agencies as a result and they felt well supported and able to seek their advice and guidance at any time.
- Managers worked proactively with healthcare professionals involved in people's care and treatment. They acted on their recommendations and advice to design and deliver care and support that met people's needs.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider was not ensuring the privacy of the service user (10(2)(a)).</p> <p>The provider was not supporting the autonomy, independence and involvement in the community of the service user (10(2)(b)).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (17(2)(a))</p> <p>The provider had not maintained securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided (17(2)(c))</p>