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The Old Manor House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service effective?	**Requires Improvement**

Summary of findings

Overall summary

The last comprehensive inspection of The Old Manor House was carried out on the 16 March and 6 April 2017. Breaches of the legal requirements were found. One breach related to staff not always receiving appropriate training to help ensure they were provided with the necessary skills and knowledge for their role. We were concerned that the company induction covered a great deal of information on many important subject areas in a four hour training session. More in depth training which was planned, following the company induction, was not always documented for each staff member. This meant that staff did not receive mandatory training and updates in a timely manner. This regulation had been in breached at an earlier comprehensive inspection carried out in November 2015. Due to the repeated nature of this concern we issued a warning notice to the provider. We carried out this focused inspection on 5 September 2017 to check on the action taken by the provider to address the requirements of the warning notice.

There were two other breaches of the regulations found at the March and April 2016 inspection. One of these related to risk assessments not always being regularly reviewed. For example, medicine self administration and nutritional risk assessments following recorded weight loss. The provider had not followed their own action plan issued to CQC following the previous inspection. For example, the monitoring and regular provision of training for staff. Other concerns related to the lack of regular and effective review of care plans and errors in the recording of people's money managed by the service. The action taken by the provider to address these concerns will be checked at our next comprehensive inspection.

After the last comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

This report only covers our findings in relation to the question "Is the service Effective." You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Manor on our website at www.cqc.org.uk

The Old Manor House is a care home for up to 14 older people, some of whom were living with dementia. At the time of this focused inspection there were nine people living at the service.

At this focused inspection we found the registered provider had taken effective action to address the requirements of the warning notice and this had been met. However, the overall rating for this service has not been changed following this focused inspection. CQC require a period of time to elapse before we can judge that the service has sustained any improvements made in the way the service is run. We will review the outstanding breaches and the overall rating of the service at our next comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement

The service was effective.

The service had improved the induction training for new staff.

The mandatory training requirements for staff were being monitored, planned and recorded by the registered manager. Staff received training in additional subjects such as dementia awareness.

Staff had received supervision. However, some annual appraisals had not taken place.

People were supported to maintain a balanced diet appropriate to their needs.

The Old Manor House

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of the Old Manor House on 5 September 2017. This inspection was completed to check that improvement had been made to meet legal requirements after our comprehensive inspection on 16 March and 6 April 2017. We inspected the service against one of the five questions we ask about services; is the service Effective? This is because the previous concerns in the warning notice were in relation to this question.

The inspection was carried out by one inspector. Before our inspection we reviewed the information we held about the home. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke to the registered manager, the operations manager and two people who lived at the service. We reviewed three care plans, nine staff files and other records relating to the running of the service.

Requires Improvement

Is the service effective?

Our findings

At the inspection in November 2015 we judged the service was not supporting staff to receive suitable induction, training, supervision and appraisals to enable them to carry out their work. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The service sent CQC an action plan stating how they would address the concerns. At the inspection on 16 March and 6 April 2017 we judged staff were receiving supervision but there was a repeated breach of this regulation as staff were not receiving timely mandatory training. There were also concerns with the company induction provision and the subsequent initial training support provided to new staff working at the service. We took enforcement action against the provider in this respect.

At the last comprehensive inspection in March and April 2017 the service training policy stated staff should receive training about fire prevention, infection control, food hygiene (if staff handled food), basic life support and manual handling. Staff also needed to receive training about safeguarding and the Mental Capacity Act 2005, dementia awareness and medicines management, if they handled medicines. The policy stated this was "Mandatory training for the role, without which we would be unable to employ you." Staff did not have records to show they had been provided with mandatory formal training. There was no central system for the registered manager to monitor the delivery of staff training. This meant the service was not following its training policy.

At this focused inspection the providers staff training policy had been reviewed and reworded to clarify what the staff training requirements were. The registered manager held a comprehensive training record in respect of each member of staff. This record showed the date when each member of staff had attended a specific training session and when it was due to be updated. The training records showed some staff had attended more than one training session on a specific subject. However, it was not clear from the records the length and depth of each training session that had been received. For example, some training involved watching a video lasting less than an hour and other training on the same subject was a more in depth paper based course taking some weeks to complete which was then externally marked. The registered manager assured us that this would be addressed so that it could be clearly seen to what extent each member of staff had been trained on a given subject. Fire and health and safety training are recommended by Skills for Care to be updated yearly. The certificates held in staff files for courses attended on fire and health and safety training stated they were valid for three years. The registered managers training matrix also stated the training was due to be updated every three years. Following the inspection the provider confirmed that in house updates were provided annually for staff on fire and health and safety training.

Some staff had records which stated they had completed several training sessions on the same day. We raised our concerns that staff could struggle to effectively learn and retain so much information in one day. The provider told us dates shown on the training records were related to when staff handed in work to be marked so several could have been recorded as received on the same day. We judged that all staff had been provided with mandatory training along with additional training in dementia awareness. This meant staff had the relevant skills and knowledge to enable them to meet the needs of the people living at the service.

At the last comprehensive inspection the service offered a company induction session which lasted four hours and covered an introduction to the organisation; an introduction to the Care Certificate; The Mental Capacity Act (2005) / Deprivation of liberty Safeguards /the best interest process; Confidentiality; 'Do Not Resuscitate' notices and Treatment Escalation plans; Manual Handling; Safeguarding and Infection Control. First aid training was provided following this induction session. We were concerned that staff who had attended the company induction, had not attended necessary more detailed training about the issues covered. Not all staff had attended this induction. Not all staff had received mandatory training. One night care assistant had not received first aid training. This was of concern as the person worked nights on their own. We were not provided with evidence that the person who was training staff in moving and handling was suitably qualified to do this, and monitor staff competency to move people safely. Not all staff files contained completed induction checklists. The checklist did not contain any record of staff having an opportunity to familiarise themselves with care plans or completion of shadow shifts which all new staff should complete before working alone.

At this focused inspection we discussed the contents of the company induction and it was confirmed that staff were provided with an 'awareness' of the subjects covered and that further more in depth training was provided following this session. We checked the files for two new staff who had joined the service since the last inspection. One had started in March and the other in June 2017. Neither had attended the company induction training as we were told a session had not been held that they could attend. However, both had records in their staff files to show an induction checklist had been completed and both had received all the mandatory training needed to carry out their roles. This had been provided through a variety of methods. Formal face to face training was provided along with videos, short on-line courses and paper bases workbooks. Competency was also checked by the registered manager who completed specific observations of each staff member carrying out a task. Some people required equipment to help staff move them safely. Competency records were seen in both new staff files for moving and handling. One had a competency record for managing medicines and a probationary review record of their progress. We confirmed the night worker had attended first aid training. The registered manager and another manager who provided training to staff provided us with evidence that they had attended recent training updates themselves. This meant training was provided by staff who were competent. The induction checklist did not contain details of any shadow shifts completed by new staff or any introduction to care plans. However, we were assured by the registered manager that this took place.

The reviewed training policy stated all new staff should complete the care certificate. Three staff were in the process of completing the care certificate. No new staff had completed it at the time of this inspection. The care certificate should be completed in the first 12 weeks of employment. Some staff were delayed in completing this training.

Staff were provided with supervision and regular staff meetings. However, appraisals were not being offered to all staff annually at the time of this inspection. The registered manager told us there was a plan to complete this in the near future.

The registered manager was aware of the Mental Capacity Act 2005 legislation. Staff were provided with training on this subject. The service held a suitable policy to inform staff. One person had required an application to be made for a Deprivation of Liberty Safeguard (DoLS) authorisation. This had been sent to the DoLS team for assessment.

We observed lunch being provided on the the day of this inspection. People were positive about the food and enjoyed the sociable atmosphere. Staff joined people to eat at lunch time. A choice of food was provided by a cook who knew the people living at the service well. Some people had been assessed as being

at risk from losing weight. Staff were recording the food and drink taken by these people. People's weights were monitored according to the direction in their care plan. The service had recently transferred their care plans, and all recording and monitoring to an electronic computer based system. Staff had been trained in the use of this system since it began being used in July 2017. We checked this system and found all care plans had been transferred on to the system and that staff were recording all checks on the system effectively.

There was a programme of re-furbishment of two rooms in progress at the time of this inspection. A window was also due to be replaced. The premises appeared clean and were warm and comfortable. People's rooms were full of people's possessions which gave them a familiar feel. There were no incontinence odours throughout the service at the time of this inspection.

The service had taken appropriate action to address the requirements of the warning notice. The rating of this domain has not been changed as a period of time is required to confirm sustained improvement. We will review the rating for this service at our next comprehensive inspection.