

Livlife Uk Ltd

The Manor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection visit took place on 29 September 2016 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 29 February 2016. A breach of legal requirements was found. After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because we found the provider's arrangements to obtain consent for people's care and ensure people's freedom was not being unlawfully restricted were not sufficient to ensure people received effective care. We undertook this focussed inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor House on our website at www.cqc.org.uk.

The Manor House provides accommodation and personal care for up to 16 people living with a learning disability. At the time of our visit there were 13 people using the service. The service is required to have a registered manager. At the time of our visit, there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager was in the process of applying for registration with the us.

We found the requirements to protect people from having their freedom unlawfully restricted under the Deprivation of Liberty Safeguards had been followed. Applications had been made for people and the provider had systems in place to monitor authorisations and alert staff when they needed to be reviewed. Where people had mental capacity, we saw that staff supported them to make choices about their care. However, where people may not have mental capacity to make decisions or consent to care, assessments were not always completed accurately and failed to consider that people may still be able to make some decisions for themselves.

There was no registered manager in post. At the time of our inspection the service had been without a registered manager for over 430 days. We were told that a manager was in the process of making an application for registration with the Care Quality Commission.

The provider's quality governance and assurance systems did not always assure the delivery of high-quality care for people. Audits and checks were carried out but these were not effective in monitoring the quality of the service, identifying where improvements were required and ensuring improvements were made in a timely way. The provider was not able to meet targets stated in their own action plan. There was no evidence to demonstrate that the provider used the outcomes of audits and checks to bring about improvements within the service.

People were provided with a choice of meals that met their cultural and dietary needs. Meals were chosen in advance and people were supported to choose from two main meals through picture menus. People had limited opportunities to make their own drinks and snacks. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

Staff received training and support that provided them with the knowledge and skills required to work at the service. The provider was in the process of improving the way they monitored training staff had undertaken to enable them to monitor when refresher training was due and plan training accordingly.

People and staff told us they had opportunities to share their views about the service through meetings and by speaking directly with managers and the provider.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not consistently effective.

People's mental capacity to make day-to-day and more complex decisions and choices had not always been assessed effectively. Staff were trained and supported to enable them to care for people safely and effectively. People were supported to have sufficient to eat and drink but had limited opportunities to access facilities to make their own drinks and snacks.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Effective systems were not in place to assess, monitor and improve the quality of care. The service did not have a registered manager in post. People and staff had the opportunity to share their views about the service.

Requires Improvement ●

The 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.

This visit was a focussed inspection which took place on 29 September 2016. This inspection was unannounced and was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 29 February 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service effective and well-led. This is because the service was not meeting some legal requirements.

The inspection team consisted of one inspector, a specialist advisor and an expert-by-experience. A specialist advisor is a person with professional expertise in care and nursing. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience area of expertise was the care of people with learning disabilities.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We also contacted commissioners for social care, responsible for funding people that used the service, and asked them for their views.

We used a variety of methods to inspect the service. We spoke with three people using the service, the deputy manager, the operations manager and three care workers. We also observed people being supported in communal areas.

We looked at the care records of five people using the service and other documentation about care, staffing and quality management.

Is the service effective?

Our findings

At our last inspection of the service in February 2016 the provider had not complied with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This was because that staff did not always understand or follow the MCA to assess people's mental capacity to consent to their care and make decisions in their best interests. The provider had not made appropriate referrals under DoLS to protect people who may be deprived of their liberty. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider told us about action they were taking to rectify the breach.

At this inspection, we found that, although the provider had made some improvements, there was a continuing breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at five people's care plans and saw that general capacity assessments had not been consistently completed for people where staff were concerned that people lacked capacity to make decisions. The assessments were incomplete and were not time or decision specific. One assessment that we saw referred to another person's mental capacity. Assessments recorded that people did not have capacity in relation to all possible decisions. This meant that the assessment was not effective in supporting people to make decisions and day to day choices in addition to serious decisions about their healthcare.

We saw consent forms were not always signed by the person or their representative. Some decisions had been made by other people and records stated they had power of attorney. The deputy manager told us they were not sure if this was a lasting power of attorney (LPA) as they had not seen any evidence to ensure other people had the necessary authority to make these decisions on behalf of others. A LPA allows other people to make certain decisions on people's behalf when people are no longer able to make decisions for themselves. This meant people may have had decisions made for them when they had the capacity to make them for themselves.

The deputy manager and operations manager told us they were in the process of reviewing people's care records to include mental capacity assessments and were transferring information into a new electronic format. We looked at one person's care plan which had been transferred. We saw the care plan included information on what support the person needed to make day-to-day and more complex decisions and how they were able to express their consent to their care. The deputy manager told us that, following our inspection visit, care plans for all people using the service would be transferred to include greater detail in mental capacity assessments.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people using the service had their freedom restricted in a way that was necessary to keep them safe. For example, when people were not able to independently choose whether or not to live at the service or could not leave the home without support. We found the provider had followed the law by submitting applications to the local DoLS team for assessment. We found one formal authorisation had been issued and all relevant documentation was in place. We saw the conditions of the authorisation were met.

The provider had a system in place for recording and actioning DoLS referrals and outcomes. This included the date authorisations were received and the date that staff needed to review authorisations. This meant that people were protected to ensure that any restrictions on their liberty were being lawfully applied.

People who were able to speak with us told us they were supported by staff to make decisions and choices. One person told us, "I make my own decisions about my life and when choosing to do something." Another person told us, "I make all my own decisions and will tell staff what I want." They told us staff supported them with their care needs and they were happy with the support as they felt staff knew them really well. Another person told us they made all their own decisions about their every day life and if there was something they wanted to do or change, staff supported them to do so.

We saw that staff supported people to make choices and asked for their consent before they provided care whenever people were able to give this. For example, we saw that one person was supported to choose when and how they wanted their personal care to be provided that day. Another person was supported to choose where they wanted to eat their meal at lunchtime. Many people using the service were not always able to consent to or make important decisions about their care and treatment because of their health conditions.

People told us they were happy with the staff and thought they were well trained. One person told us, "All my staff are trained to care for me and meet my needs. They know me really well." Another person told us that they felt staff were trained enough to meet their needs. They told us staff looked through their care plan to ensure they were up to date with their support needs.

Staff confirmed that they had mostly received training and induction to enable them to be effective in their roles. One staff member told us, "I feel we have enough training to do our jobs. We would benefit from further training in areas such as Makaton to enable us to be more effective in our jobs. I learnt about learning disability by working through my QCF (Qualifications and Credit Framework) which the deputy manager supports us to do." A QCF is a national framework that enables staff to complete units and achieve qualifications up to diploma level in care and support. Another member of staff told us they had already completed training essential for their role and, as part of their induction, had worked alongside more experienced staff to be introduced to people. This meant staff who were new to the service had time to get to know people and provide the right support to meet their needs and preferences.

The operations manager provided us with training records from training providers which showed the training staff had undertaken. We saw there was a range of training including manual handling, medication and first aid. There was no information to show when staff required refresher training and when this was planned, although a staff member confirmed the deputy manager had arranged for them to undertake refresher training within two weeks of our inspection visit. The operations manager told us they had recently purchased a new on-line training package for staff and were in the process of implementing this. They told us the on-line systems would enable them to provide a wider range of specific training for staff and monitor

staff training more effectively.

We observed the lunchtime meal to help us understand people's mealtime experiences. The provider had introduced a new catering system where ready-made meals were delivered to the service which were then warmed and served by staff. This replaced previous arrangements where meals were cooked on site. People spoke positively about the quality of the ready-made meals. One person told us, "I like the meals. I like choosing from the menu but I also like going to the pub for meals which I get to do." Another person told us, "I enjoy the food." People were supported to make menu choices, usually one month in advance, through staff discussing menus or showing people pictorial menus to choose from. People were offered a choice of two dining areas. This enabled people to choose from a smaller, quieter area or the main dining area. People were offered cold drinks with their meals. We saw that although people were served their meals promptly, there were no condiments on the table and service was rushed. For instance, meals were served and cleared quickly with very little communication between staff and people. People were not asked if they had enjoyed the meal and if they wanted time between the main meal and the next course. This meant that people were not always given the opportunity to take their time over their meal and enjoy the dining experience.

Some people had difficulty eating and drinking because of their health conditions. We observed one staff member supporting a person who was at risk of choking with their meal. Whilst the staff member provided one-to-one support to the person, we saw that they were continually called away for short periods of time to assist other people, leaving the person unattended. This had the potential to put the person at risk. Staff who we spoke with told us they found it difficult to support people across two dining areas at times and felt rushed to get meals out and clean up after mealtimes. They told us they had raised concerns with the managers. Managers told us they were aware of staff concerns and felt there were sufficient staff to meet people's needs but that staff could be deployed more efficiently to support people with their meals. They told us they were in the process of reviewing and discussing this with the staff team to ensure people had the support they needed and were kept safe during mealtimes.

People told us they could ask for snacks and drinks at any time and we saw people being offered drinks throughout our visit. However, there was little opportunity for people to make themselves drinks and light meals. We observed one person who asked staff for a hot drink. The person was told they would need to wait or seek out staff assistance to support them to make the drink in the kitchen area. One person told us, "I am not allowed in the kitchen without staff and we have to ask if we want a drink. Staff will go into the kitchen to make me a drink. I do tell them I can make a drink myself but they still do it for me. I would like to be able to learn how to cook my own meals but the staff do not give me a choice to do this." Another person told us, "I can have a snack or drink at any time but I have to ask staff as I am not allowed in the kitchen." This meant that people may not always receive timely support to meet their nutritional needs.

We discussed these concerns with the deputy manager and operations manager. They told us they were aware of people's concerns and were following guidelines in people's individual risk assessments where they would not be safe to use the kitchen area without staff support. They told us they were in the process of consulting with people to identify what equipment was needed to support them to develop their skills in making light meals and drinks.

We saw that people had access to health care professionals and services and people's health needs were met. This included specialist services, such as dieticians and consultants. For example, one person was supported by staff to attend a routine health appointment during our visit. People's care records showed their healthcare needs had been assessed before they received care and the service had responded to changes in people's health needs. For instance, one person had gained sufficient weight to enable staff to review the person's nutritional needs with a dietician. This had resulted in the person no longer relying on

supplements to maintain their nutritional well-being. This was an example of a person receiving effective support to maintain their health and well-being.

Is the service well-led?

Our findings

The operations manager told us that a revised system for regular checks of the quality and safety of people's care had been introduced. Records showed this included a range of checks. For example, audits of the environment, medicines and care records. We saw that audits were undertaken by a quality assurance lead person. The operations manager told us that results of formal audits were analysed to help identify any trends or patterns that may inform improvements for people's care.

We looked at audits undertaken in July and August 2016. We saw that the quality assurance lead person had completed tick boxes against a check list of what needed to be in place for each area audited. For example, the medicines audit required all medicine records to be signed and protocols in place for as and when required medicines. We saw that the quality assurance lead person had ticked if an area was not compliant but had failed to record why the area was non-compliant, what improvements were required and if and when remedial action had been taken. We looked at another audit for people's care records which identified that records were 'partially compliant.' However, the audit did not identify what actions were required to achieve compliance and when improvements were to be made. Audits did not reflect the quality of the care records we looked at which were in need of updating to reflect people's current needs. For instance, care records we saw did not include complete or up to date mental capacity assessments. We found one mental capacity assessment had another person's name on the assessment. This meant that effective systems were not in place to enable the provider to consistently improve the service and ensure safe and effective care.

The operations manager had implemented an action plan of improvements that needed to be made in the service. For example, we saw that they had identified satisfaction surveys were to be sent out to people and their relatives by 20 September 2016. We had been told by the deputy manager that this had not been done. However, the action plan had not been updated to reflect this and a new target date had not been set.

We saw that two armchairs in communal areas were dirty and stained and some armchairs were missing seat cushions. We looked at the providers audits for the environment and found that this had not been identified as a concern. The operations manager told us that replacement chairs had been ordered and seating would be replaced accordingly but was unable to provide a target date for this.

The provider was in the process of completing an upgrade to the premises. Some communal areas, including the ground floor dining areas had already been decorated to make them more spacious and brighter. The operations manager told us there were systems in place for the maintenance of the building and equipment. However, we saw that there were tasks that remained unfinished, such as gaps in windows and doors and loose wires. This showed that day-to-day maintenance was not always provided in a timely way to ensure people were kept safe. We observed that some bedrooms were in need of redecoration. The operations manager told us that the provider had arranged for bedrooms to be redecorated as part of the home's on-gong improvement plan but was unable to provide a target date for this.

The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of Regulation 17 of the Health and Social

The service is required to have a registered manager. At the time of our last inspection the service did not have a registered manager in post and the provider told us they were actively recruiting to the position. At this inspection, the service still did not have a registered manager in post. We discussed this with the operations manager who told us a manager was in the process of making an application for registration with us.

People who were able to express their views and staff were more confident about the management of the service. People and staff told us the premises were cleaner and provided more space and there was more for people to do in terms of activities. Local care commissioners felt that the service had generally improved since our last inspection with some areas that still needed to be addressed in relation to the quality and consistency of people's care.

We asked staff for their views as to the management and leadership of the service. Staff spoke positively about the day to day support provided by the deputy manager. They told us the deputy manager was supportive and available if they required assistance or guidance. However, they also told us she spent a lot of time supporting people and working alongside staff. Whilst they appreciated this, they told us this meant administration and records were often neglected and paperwork was not completed in a timely way. This was confirmed in the records we saw, for example the incomplete mental capacity assessments.

Regular staff meetings had been introduced for all staff. We looked at the minutes of these. The meetings were well attended and provided those present with up to date information and guidance on changes in the service and staff roles. For example, topics such as working practices, where improvements were planned or had been made and changes in people's care needs were discussed. Minutes recorded staff contributions to discussions of agenda items. This showed that staff had the opportunity to feedback about people's care and were supported to contribute to decisions within the service.

We saw that checks had been made on essential services, such as gas, electrical systems and appliances along with fire systems. This demonstrated that the provider ensured the necessary safety procedures were in place and completed as required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people were unable to give consent because they lacked capacity, the registered provider had not always acted in accordance with the Mental Capacity Act 2005.

The enforcement action we took:

none

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to effectively monitor and improve the quality and safety of the service provided to ensure the safety and welfare of people.

The enforcement action we took:

none