

Livlife Uk Ltd

# The Manor House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 January 2017. A breach of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found.

We carried out a focused inspection of this service on 4 May 2017 which was unannounced. We checked whether they now met the legal requirement. This report only covers our findings in relation to 'Well-Led'. 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](http://www.cqc.org.uk)

A registered manager was not in post. The provider had appointed a manager. The provider told us the manager was in the process of applying to the Care Quality Commission to be the next registered manager. 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.

The provider had appointed a management consultant and a quality lead to support them and the manager to make the required improvement.

The people we met appeared content and relaxed. Those who were able to give their views verbally said they were happy at the service. One person told us they liked their room and the staff.

During our inspection visit we saw people take part in some activities. In the afternoon they went into the garden and played ball games on the lawn. Those who did not want to go outside did individual activities indoors including colouring and listening to music. Staff told us the provider had purchased new games and other activity resources for people and they enjoyed using these.

The people's care plans we looked at had been reviewed and re-written so that staff had improved guidance about the support people required. Further action was needed to ensure all the information was accurate so they could support people to stay safe and well.

People received their medicines in a safe way. We found medicines were stored, administered and managed safely. Staff had clear information and guidance to follow to ensure people's health needs were met.

Staff told us they felt supported by the manager and the quality lead. Records showed staff had received some training and were supported in their roles through individual supervision and meetings. Further training dates had been planned.

We found improvements to the premises were ongoing with regards to the repairs, re-decoration and

heating to improve the living environment.

The manager had introduced an interim system of audits and checks whilst the provider's management consultant developed a comprehensive audit system. Some audits had been completed for the month of March 2017 on the premises, management of medicines and care plans. However, further action was needed ensure that the audits were robust and completed in a timely manner and that any shortfalls identified would be addressed promptly.

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

We always ask the following five questions of services.

### Is the service well-led?

The service was not consistently well led.

The provider had appointed a manager who planned to apply to be the registered manager for the service. The manager was supported by the provider, a management consultant and the quality lead.

An interim system of audits and checks was in place whilst the provider's management consultant developed a comprehensive audit system. Ongoing improvements were being made to the premises, people's care plans, the review of risks and the management of medicines. Staff were being supported and trained to carry out their job roles.

Further action was required to ensure that the improvements identified were completed in a timely manner, and continued to be monitored and sustained.

**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 done to check that the improvement to meet the legal requirement with regards to good governance was being met.

We inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting a legal requirement.

This inspection took place on 4 May 2017 and was unannounced.

The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service and the notifications. A notification is information about important events which the provider is required to send us by law. We reviewed the information received from the local authority commissioners responsible for the funding of some people's care that use the service. This information was used to plan the inspection.

At this inspection we spoke with the registered provider, the manager, team leader, three members of care staff. We also spoke with the quality lead for the service, a provider shareholder, and a management consultant employed by the provider to help make the required improvements to the service. We spoke with a visiting health care professional and contacted the fire safety officer.

We spoke with seven people who used the service. We observed staff interacting with people. We checked the premises to find out what improvements had been made. We looked at the care records for four people. These included their care plans, risk assessments, medicine records and records relating to their daily wellbeing and health. We looked at how people's medicines were stored and managed. We looked at the staff training information and other records such as meeting minutes, quality audits and checks carried out by the provider and other external agencies and some policies and procedures that showed how the provider monitored any improvements.

# Is the service well-led?

## Our findings

At our previous inspection of The Manor House on 10 January 2017 we found the service had been without a registered manager since July 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider was unable to demonstrate robust management and leadership at the service and had no oversight of the quality of service that was provided.

We found that the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service. Where audits and checks were in place, the provider had failed to identify any errors in records. We found information in people's care plans lacked guidance for staff to enable them to manage people's health needs and risks safely. Medicines were not managed, stored or administered safely. Staff were not supported and their training was not kept up to date to ensure they had the skills and knowledge they needed for their roles. People's confidential information and other records relating to staff and the management of the service were not stored securely. The environmental improvements that the provider had identified and planned were still incomplete. That meant the provider could not assure that people's health, safety and wellbeing was safely managed.

On 9 February 2017 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to become compliant with Regulation 17.

At this inspection we found the provider had made some improvements. However, further action was needed to ensure those improvements were sustained through effective monitoring.

The manager told us that they were in the process of submitting an application to be the registered manager upon receipt of relevant checks. They showed us evidence that they had begun the registration process by applying for a clearance from the Disclosures and Barring Services (DBS). The DBS checks show if a prospective applicant had a criminal record or had been barred from working with adults due to abuse or other concerns. We will continue to monitor this to ensure the provider meets the conditions of registration.

We found that risk assessments now took account of people's medical conditions. Care plans had been reviewed, re-written and improved where necessary. For example people with a diagnosis of epilepsy had new risk assessments and care plans in place. Those we saw included the information staff needed to help ensure they provided the people concerned with safe and effective care and support. The manager told us local authority staff responsible for overseeing the care and support of the people concerned had viewed the risk assessments and care plans and were satisfied they were fit for purpose.

We spoke with a visiting health care professional who told us staff at the service had provided effective care to two of their patients. They said staff contacted them when appropriate, followed their instructions, and

helped to ensure that people's health care needs were met.

We found medicines had been stored securely. A thermometer had been fitted in the room where the medicines were stored. Daily room temperatures were recorded and checked by the manager and the quality manager as part of their audit. The staff member administering medicines was able to confirm the safe temperature range for storing medicines.

Records showed that the manager and staff responsible for administering medicines were trained and their competency assessed to ensure they were able to carry out their duties safely.

At the time of our inspection visit there were no medicines in use that needed to be stored in the medicine fridge. Staff members told us that when they did, daily fridge temperatures would be recorded alongside the room temperatures and monitored. Medicines such as eye drops would be dated when opened as these items only have a limited shelf life. The provider's medicines management policy and procedure had been updated and was based on the latest guidance about the safe storage, administration and management of medicines.

People told us that staff supported them with their medicines. One person said, "[Staff's name] gives my medicines. They will tell me what it's for." We observed part of a medicines round and saw that the staff member followed the correct practice. The medicine trolley was locked when it was left unattended. The staff member explained to people what their medicines were for and stayed with them and observed that the medicines were taken. The medicine administration record (MAR) was completed to confirm that the medicines had been taken.

One staff member told us that if someone refused their medication this was recorded along with the reason. Records showed that any changes to people's medicines was communicated with the staff team and external health care professionals where necessary. This helped to ensure that people's health was monitored and that when required staff had sought medical advice.

We looked at the MAR's for five people. All the MAR's were signed to confirm medicines had been administered correctly as prescribed. A staff signature sheet was in place which had staff's initials on it which helped to ensure that any discrepancies could be followed up. Where people were prescribed medicines to be administered 'as required' or on a PRN basis there were protocols in place. These had instructions for staff as to the circumstances when these medicines should be given and the maximum dose the person should have in any 24 hour period.

One person's medicine care plan stated that the 'medicines were to be crushed and mixed with food'. When we asked the manager and staff member independently they both consistently told us that the person did not have their medicines crushed or mixed with food. The manager assured us that they would contact the dispensing pharmacist to ensure the MAR was corrected and re-sent to the service.

We looked at how staff were supported in their roles. Staff said they were satisfied with the training they received. One staff member told us how the manager had assisted them with their training to help ensure they understood what was expected of them. Another staff member said, "[Manager's name] has always been supportive to us. We have all worked hard to make the changes that needed to happen; even the owner comes here every day." Staff we spoke with had attained or were working towards a professional qualification in health and social care.

Staff had accessed on-line training, completed workbooks and an assessment to test their knowledge in

order to provide effective care and support. The staff training matrix showed that staff had completed safeguarding adults and fire safety courses. The manager told us that staff were booked to complete a range of further training which included supporting people with behaviours that challenge services, moving and handling, food safety, and health and safety. Following the inspection visit the manager sent us the updated training matrix and dates of training planned for staff. The manager assured us that they would monitor this to ensure staff completed the required training and provide additional support to staff where required.

Staff told us that they felt supported by the manager individually and through formal meetings. These meetings were used to appraise staff's work and identify any training and development they might need. The manager had a staff supervision schedule in place. These supervision meetings were used to reflect on staff's work, review their practice and to develop them. This helped to ensure staff were informed in advance of any planned meetings.

The manager had planned four staff meetings for the year. We looked at the minutes of the last staff meeting which had been held in April 2017. They showed that staff had been asked to tell management if there were any changes or improvements they wanted to the service, and to report any maintenance issues they were aware of. The minutes also indicated that staff had been told to read the updated care plans that had been put in place. Staff were also given an update on one person's medicines that had changed, and on the provider's infection control policies and procedures. These minutes showed staff being involved in the improvements being made to the service.

During our inspection we observed that ongoing improvements were being made to the premises, including the heating, ventilation, redecoration and new floor coverings in some areas. Cleaning products and equipment were stored securely. The manager's office had been moved so it was closer to the communal area and had more space to store confidential information. We noted that office door was not lockable. When we brought this to the attention of the manager and provider they assured us that a lock would be fitted.

Following our inspection visit the manager sent an action plan to us which outlined the timescales for the improvements planned to the premises such as people's bedrooms, communal areas and the garden so that those were up to an acceptable standard. The provider had also confirmed the frequency of residents' meetings and staff training, supervisions and meetings. The manager assured they would send us regular updates to demonstrate the improvements made by the provider.

The manager told us that since our last inspection visit both a fire safety and a local authority food safety officer had carried out checks at the service. They told us that fire safety officer was now satisfied that fire safety regulations had been met. We contacted the fire officer to confirm this however, they had not replied at the time of writing this inspection report.

The manager told us that the work with the food safety officer was ongoing and improvements to food safety at the service were in the process of being made. The manager told us that they would send us the plan to progress the food safety improvements. However, at the time of writing this inspection report this information had not been received.

The manager told us the provider had employed a management consultant and a quality lead to support improvements to the service. They worked at the service every day and reported back to the provider on the progress being to improve the service. These including daily visual checks on the premises to monitor the progress of improvements and health and safety and staff training checks. The provider also visited the service regularly to support the manager and check on the progress made. This showed that the provider



was committed to improving the service.

We found that the manager had put an interim system to audit and check whilst the provider's management consultant developed and implemented a comprehensive audit system. The manager's interim audit system covered a number of key areas including: premises; staffing; care records; medicines; provider visits; external quality assurance visits; residents meetings; and staff meetings. Records showed that the manager had used this system once in March 2017 and had identified areas for improvement from doing this. For example, they found staff training in health and safety and first aid was out of date, and COSHH (control of substances hazardous to health) information sheets were not readily available to staff. The manager had addressed these issues. Staff training had been booked and a COSHH folder put in place as required. This showed that initial systems and processes had been put in place to assess, monitor and improve the quality and safety of the service.

The manager completed daily checks on the medicines and MARs to ensure that medicines were administered safely and any issues such as a recording error could be addressed.

The management consultant told us they planned to support the provider and manager to ensure the service continued to develop by using the new audit system. However, when we looked at care records we found that one person's care plan for 'behavioural management' was had not been identified during the audit as in need of improvement. The care plan in question lacked detail and did not give staff the information they needed to support the person to manage their behaviour. For example, there was no description of what the triggers might be or any instructions for staff on how to respond if the person's behaviour presented a challenge.

We discussed this with the management team who agreed to review this and any other similar care plans to ensure they were fit for purpose. They also said they would ensure that in the future, when care plans were audited, this type of shortfall would be identified and action taken to make improvements. This showed that the provider was taking steps to make some improvements required to assure people that they received a service that was being safely managed. However, further action was needed to ensure the new audit system when fully implemented was effective.

We also looked at the minutes of the more recent residents meeting held in February 2017. This showed that people using the service had been asked for their views on the service's activity programme. The minutes indicated that people had made many suggestions for activities and trips out, however there were no recorded actions for these so it was not clear whether or not people's ideas and suggestions had been followed up. We discussed this with the management team who said that in future an 'action' section would be included in the minutes. They also told us that following this meeting a set of indoor and outdoor activity sets had been purchased. We saw these in use during our inspection.

The provider and manager also told us they were working closely with the local authority to make the required improvements.