

Livlife Uk Ltd

The Manor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection visit took place on 10 January 2017 and was unannounced.

The Manor House is a care home that provides residential care for up to 16 people and specialises in caring for people living with a learning disability or people who have mental health needs. The accommodation is over two floors. At the time of our inspection there were 13 people using the service.

Although it is required to have one, the service did not have a registered manager in post at the time of our inspection. 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.

At our last inspection of the service in September 2016 we found the provider's arrangements to assess people's mental capacity and obtain people's consent to care and arrangements for the effective governance of the service were not sufficient to ensure that people received effective care from a service that was well led. These were respective breaches of Regulations 11 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider told us about the action they were taking to rectify the breaches. At this inspection, we found that some improvements were made sufficient to rectify the breach in Regulation 11 but further improvements were needed to ensure quality assurance systems were robust and effective in ensuring people received quality care.

The provider had introduced a new system of audits and checks to assure themselves that people were receiving good care. However, we found the governance and quality assurance systems were not sufficiently robust or effective in where improvements were required and how these were to be made. There was no evidence that the provider reviewed, identified shortfalls and took steps to make improvements in a timely manner. This meant the provider was unable to demonstrate their ability to sustain continuous service improvements and ensure people were receiving quality care.

The deputy manager oversaw the day-to-day running of the service. She got on well with people and relatives who felt happy to approach her whenever they wanted to. Staff told us they had confidence in her support but had little confidence in the leadership and governance of the provider.

People, staff and relatives were encouraged to share their views and be involved in the running of the service.

People told us they felt safe at the service and with the staff that looked after them. Staff understood the safeguarding procedure (protecting people from abuse) and knew how to keep people safe.

People's care needs were assessed including risks to their safety and well-being. However, further

improvements were needed to enable staff to monitor accidents and incidents and reduce the risk of further occurrences.

Staff were recruited in accordance with the provider's recruitment procedures. There were sufficient staff available to meet people's needs safely and reliably.

People's medicines were mostly managed safely but medicine records were not always accurate. Improvements were required to ensure that systems were in place to ensure medicines were stored safely.

Staff were knowledgeable about the needs of people and had completed a range of training to enable them to provide effective care. Training records were not kept up to date and the provider had not assessed staff individual training and development needs. This meant that staff may not receive the training they need or have access to updated training to enable them to continue to provide effective care.

Staff told us that the deputy manager provided staff with support and guidance within their roles. Staff did not have confidence in the support of leadership of the provider.

The service ensure people's rights and best interests by working within the principles of the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care. This meant people had been given the opportunity to make their own decisions or those acted on their behalf made decisions in people's best interests.

People were positive about the food provided and were given sufficient to eat and drink in order to meet their nutritional needs.

People had their health care needs assessed and care plans were put in place to meet their needs. However, we found care plans did not always include sufficient information and detail to provide staff with the information they needed to keep people healthy. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

Staff were caring, compassionate and attentive in their approach to meeting people's needs. Staff treated people with respect and promoted their dignity when they provided care. Staff supported people to gain independence and respected their preferences as to how they liked their care to be provided.

Staff knew people well and used the information they had about people's interests to tailor their support. Care plans reflected people's wishes and preferences and supported staff to provide care that was person-centred. People and, where appropriate, their relatives were actively involved in deciding how they wanted their care and support to be delivered.

People were supported to access a range of activities. These included one-to-one and group activities such as arts and crafts, pampering sessions, gardening, meals out and day trips.

The provider had a clear complaints procedure which provided people and their relatives with clear information about how to raise concerns and how they would be managed. People's ability to raise complaints had been assessed and where they lacked mental capacity to raise concerns, a copy of the complaints procedure had been provided to the person's advocate. People and their relatives told us they felt comfortable to raise any concerns and were confident these would be listened to and acted upon.

During this inspection we found one breach 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 the full version 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 safe?

Requires Improvement ●

The service was not consistently safe.

People felt they were safe and this as supported by relatives who we spoke with. Staff understand their responsibilities in safeguarding people and knew what to do if they had concerns about people's welfare. There were enough staff on duty to meet people's needs. People had risk assessments in place and staff knew what to do to minimise risk. However, accidents and incidents were not consistently monitored and reviewed to reduce the risk of harm to people. People were supported to take their medicines safely. Further improvements were needed to ensure medicine records were accurate and storage procedures were safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff understood the principles of the Mental Capacity Act 2005 and their role in supporting people to make decisions. Staff training was not consistently provided or evaluated to ensure it covered the right areas to meet people's needs. People were given sufficient food and drinks to maintain their health and well-being. Care plans did not always include the guidance staff needed to support people to manage their health conditions effectively.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and got on well with people. Staff communicated well with people and knew their likes, dislikes and preferences. People, and where appropriate their relatives, were encouraged to make choices and be involved in decisions about their care. Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs. Staff encouraged people to take part in group and one-to-one activities. There was a clear complaints procedure if people needed to use it.

Is the service well-led?

The service was not consistently well led.

The provider's quality assurance and governance systems were not robust. Improvements were limited because the provider had failed to establish suitable and sustainable auditing systems to ensure that a safe and high quality service was consistently provided. There was no registered manager in post. The provider encouraged feedback from people and their relatives. Staff had little confidence that the provider listened or acted upon their concerns.

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 inspection visit took place on 10 January 2017 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the provider's statement of purpose and any 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 reviewed the information we held about the service and spoke with the local authority quality monitoring officer.

During the inspection we spoke with four people who used the service, three care staff and the deputy manager. We also contacted the provider and two relatives of people by telephone. We observed care and support being delivered in the communal areas. We also observed people's lunchtime experience and how they were supported to eat and drink.

We reviewed three people's care records including their care plans to see how their care was planned, delivered and reviewed. We also looked at three staff recruitment files, training records and records relating to the staffing, management and quality assurance systems for the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe in the service. One person told us that they felt safe because although they could do things for themselves, staff were always around to support them if they needed help. Relatives who we spoke with told us they felt their family members were safe because staff knew them very well.

Staff were trained in protecting people from abuse and understood the signs of abuse and how to report any concerns they might have. The provider's safeguarding (protecting people from abuse) policy provided guidance for staff on what to do if they had concerns about the welfare of any of the people who used the service.

One staff member, who was new to the service, told us they would feel confident to raise concerns with the deputy manager and knew who they could contact outside of the service if they felt they needed to. Staff who we spoke with told us they had undertaken training on protecting people from abuse. We looked at staff training records which showed that staff had undertaken training in safeguarding, although this had not always been updated to ensure staff knowledge and awareness was kept up to date. The deputy manager provided us with records which showed all staff were about to undertake refresher training in safeguarding. This would help to ensure that staff had the information they needed to continue to protect people from harm.

We looked at how risk was managed at the service. Where people were at risk, assessments were in place so staff had the information they needed to help reduce the risk. For example, one person's risk assessment for mobility explained that they needed one-to-one support when moving around the service and the reasons why they needed this. We observed that the person was supported by staff to move around the service throughout our visit.

Staff were aware of situations where people might be at risk and took proportionate action to keep them safe. For example, staff were able to describe how they had arranged for a sensor mat to be fitted next to a person's bed to alert staff in the event that the person got out of bed during the night. This was important due to the risks associated with the person's health condition. This was an example of staff managing risk in order to keep people safe.

People had personal emergency evacuation plans in place in case of an emergency such as fire. The plans had recently been reviewed and included guidance as to the level of support people required to evacuate, for example 2-1 staffing. This meant there was information provided to use in the event of an emergency within the service.

Staff completed accident and incident reports for each person and these were kept with the person's care plan and reviewed by the deputy manager. At the time of our inspection visit we were told there had been no accidents or incidents. However, we found one recent accident/incident where a person had sustained an injury that required medical treatment. This had not been included on accident and incident logs,

although full details had been recorded in the person's daily care notes. The provider did not maintain a system to collect regular information about accidents and incidents. This meant staff could not easily access the information they needed to monitor trends and patterns in accidents and incidents and implement measures to reduce the potential risk of harm to people. The deputy manager told us they would maintain a record so they had information they needed at a glance.

There were enough staff on duty to meet people's needs. We saw that staff were busy but had time to spend with people and respond to people's requests for assistance in a timely way. We discussed staffing levels with the deputy manager and staff. One staff member told us, "There is enough staff so people have what they need when they need it." The deputy manager told us they had recently reviewed staffing levels with the provider and that all but one part-time vacancy had been filled for the care staff team. They said there were busy times and that staff absence presented a challenge in terms of obtaining cover at short notice. However, all the staff pulled together as a team and worked extra hours to ensure people were provided with care from staff who were familiar with their needs.

Recruitment records we looked at demonstrated there were safe recruitment procedures in place. We saw checks had been undertaken before staff were considered suitable to work at the service. Checks included previous employment history, proof of identity and a check with the Disclosure and Barring Service (DBS). The DBS provides information about prospective staff to ensure staff are suitable to work within the service. This showed the provider had taken the necessary steps to help ensure staff employed were suitable to work in a care environment.

We looked at the way medicines were managed in the service. MARs (medicines administration records) were in good order. They were completed in full. Each had a photograph of the person in question, so staff could easily identify who the medicines belonged to and allergy information where this was known.

Medicines were administered by senior staff or the deputy manager. Records showed that staff responsible for the administering of medicines had completed the training they needed to administer medicines safely. One senior staff member told us, "I have completed my certificate in administering medicines twice and also completed training in-house so I feel confident in supporting people with their medicines."

We observed a medicines round and saw that medicines were given safely in the way people wanted them. The senior member of staff wore a 'do not disturb' tabard to ensure they were able to support people without interruptions. We saw each person was given an explanation as to what was happening and what medicines they were taking. The process was unhurried and the staff member administering the medicines ensured people had taken their medicines and were happy before they signed the MARs.

Some improvements were needed to medicines management. Medicines were stored safely and securely. A member of staff told us there were checks in place to ensure the temperature of the storage areas remained constant and within recommended ranges so that the condition of the medicines was maintained. Records in place confirmed that daily checks were made on the temperature of refrigerated medicines but the temperature of the storage area was not monitored. We raised this with the deputy manager who told us they would arrange for a thermometer to be fitted to the storage area and for staff to undertake daily temperature checks.

Where people were prescribed topical medicines, for example creams and lotions, these were not always supported by a body map or, where appropriate, included on a person's protocol for as and when required medicines. This is important to ensure staff have the information they need on the correct area of application. Senior staff told us body maps were in place and kept in people's rooms to guide staff.

However, we found body maps were not in place for all topical medicines. The deputy manager told us they would ensure body maps were in place for all topical medicines.

We checked if medicines that were dispensed in liquid or topical form had a date of opening recorded on them. This is important as some medicines have a recommended expiry date once opened to ensure the medicine remains effective. We found that the date of opening had not always been recorded on these medicines. For instance, we found a topical medicine stored in the fridge had been used but did not have the date of opening on it. This meant that the person could have been receiving medicines that were no longer effective in their treatment. We raised this with the deputy manager who told us they would ensure all topical and liquid medicines were marked with the date of opening.

Senior staff audited the medicines management after each medicines round. We saw a senior staff check MARs following the lunchtime medicine round to ensure people had received their medicines and MARs records had been completed correctly. The deputy manager told us they carried out weekly checks on medicine records and stocks to ensure there were no errors. However, there was no record of these audits to demonstrate that checks were in place to ensure people received their medicine safely. The deputy manager told us they would record their findings and outcomes of medicines checks as part of their quality assurance.

Is the service effective?

Our findings

When we asked people what they liked best about The Manor House, they told us the food and the staff. One relative told us, "They [staff] go out of their way to make sure [name of family member] can express themselves. We are happy with the level of care." Another relative told us they were happy because their family received "Consistent care" from staff.

At our last inspection of the service in September 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 about their care and treatment. 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 the provider had made improvements to assessments of people's mental capacity.

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).

We saw that Deprivation of Liberty Safeguards (DoLS) assessments and referrals had been made for people using the service where they required continual supervision at times. Once assessments had been authorised by the DoLS team, these were kept on file for reference and kept under review. This helped to ensure that decisions made were safe and the least restrictive as possible.

Records showed staff completed mental capacity assessments to support people to make decisions about their care. Assessments identified what decisions people were able to make and the level of support they needed to make more detailed decisions. For example, one person had been assessed as able to decide what they wanted to wear and what they wanted to eat if they were given a limited choice. Where more complex decisions were needed, these were referred to a relative who had Lasting Power of Attorney (LPA) for the person. An LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

Where people were assessed as lacking mental capacity, staff used relatives and independent advocates to

support the person with decision making. An advocate helps people make informed choices, speaks up on their behalf and ensures decisions are made in the person's best interests. We saw that, where relatives had been involved in making decisions about people's care, it was not always clear if an LPA was in place to support this. We discussed this with the deputy manager who told us they would consult with relatives to obtain details of any LPA's where necessary. This would help to ensure decisions were made in people's best interests.

People told us they could choose what they wanted to do. For example, what time they got up in the morning and how they wanted to spend their day and staff would respect their choice. We saw that one person chose to get up late and staff respected the person's choice and ensured their meal-times were flexible to fit in with the person's preference. Another person told us they wanted to go out for a meal with their friend. We saw that staff were in the process of making arrangements with the person to go out to a restaurant of their choice. Care plans included people's right to decline care and how they demonstrated this. For example, one person used non-verbal communication to indicate to staff if they didn't want something. We observed consent to care in practice with staff checking that people were in agreement before providing support or care.

The staff we met with were knowledgeable about their roles and responsibilities. They were able to describe people's needs and how they supported each person in detail. Staff we spoke with told us they had undertaken training which enabled them to provide effective care. New staff told us they underwent a short induction which included an introduction to the service and the opportunity to work alongside experienced staff to get to know people and their needs before they began to support them.

Training records which we saw were not kept up to date. For example, we saw a training matrix which showed staff had not undertaken training that they required in their role, such as safeguarding (protecting people from abuse). However, when we looked at staff files, we saw that staff had an up to date certificate to show they had completed the training. This meant that it was difficult to identify what training each staff member had completed and when this was due to be refreshed.

The deputy manager showed us records that confirmed all staff had been booked onto a new training programme for training that was essential to their roles. Training involved staff working through work-books and submitting their work for external validation (assessed and rated by an independent agency). The deputy manager told us the training was due to begin very soon. However, staff who we spoke with were not aware of the new training programme and had not had their training needs assessed or reviewed. This meant that staff may not receive the training they feel they need to provide effective care. The deputy manager told us they would review staff's individual training needs prior to the new training programme.

Staff told us they felt supported by the deputy manager. One staff member told us, "[Name of deputy manager] is very understanding and she explains things and gives me answers." Another staff member told us, "[Name] does a good job." All the staff that we spoke with felt that there was little support from the provider in terms of providing clear leadership and governance and support for the deputy. This meant staff felt they were not valued or involved in the development of the service. We discussed this with the provider who told us they would meet with the deputy and staff to ensure they were provided with the support they needed in their roles.

We spent time with people using the service and staff while lunch was being prepared. People were supported to choose from two main meals which they could select from pictures. People were able to choose where they wanted to eat their meals, for example in the main dining room or a quieter area in the activity room. We saw that meals were served individually and looked appetising. People spoke positively

about their meals. One person told us, "I'm having nice food, healthy food." Another person told us, "I don't like pudding. I like gateaux. I'll eat what I want." We saw that staff offered people condiments and sauces with their meals and, where people requested second portions, they provided this. Where people required support with their meals staff provided this discreetly. For example, one person required their food to be cut into bite sized pieces and we saw staff provided this support sensitively. People were able to eat their meal at their own pace with staff talking with them making the meal a sociable occasion.

We saw that people were offered a range of hot and cold drinks on a regular basis throughout the day. Where people had specific dietary needs, these were detailed in people's care plans. For example, one person told us their GP had recommended a new diet for them to enable them to manage their health condition more effectively. They told us staff had supported them to follow the new diet and as such they had begun to lose weight which they were really happy about. We saw another person was also following a nutrition plan which would enable them to lose weight. Records showed that staff supported the person to follow a new diet whilst ensuring they still had the foods they enjoyed. This showed that people were supported to have the food and drink they needed to stay healthy.

Staff who we spoke with understood people's health care needs and described how they ensured they were met. For example, one staff member was able to explain that a person was feeling 'tired and out of sorts' as a result of their health condition and they understood that the person would need more support and monitoring from staff. We saw staff were sensitive in their approaches and continually checked on the person's wellbeing. People were supported to access a range of healthcare professionals and consultants in addition to routine appointments, such as dentists and opticians.

Records showed that people's health care needs were documented in their care plans but we found these did not always include sufficient information staff needed to help keep people healthy. For example, where people experienced epileptic seizures, care plans did not include the nature of seizures, how they affected the person and the action staff needed to take to keep the person safe. One member of staff was able to describe in detail the importance of one person who required consistent and uninterrupted support to enable them to manage their anxiety and behaviours. However, we found this guidance was not reflected in the person's care plan. This meant staff who were not familiar with the person's needs may not have the information they needed to provide effective care and support. We discussed this with the deputy manager who told us they would review information in people's care plans to ensure they provided sufficient guidance about people's specific health conditions and the support they required from staff. This would help to ensure staff had the information they needed to support people to maintain good health and well-being.

Is the service caring?

Our findings

During our inspection staff treated people with care and kindness. We saw, through conversations with people, that staff knew them well. The atmosphere at the service was warm and friendly and people appeared relaxed and at home. One relative told us, "[Name of family member] is absolutely fine, well looked after. Staff are very friendly and nothing is too much trouble."

Staff communicated with people in a warm and compassionate manner. They communicated with people in their preferred language, verbal and non-verbal, and used different ways of enhancing that communication. For example, by touch, ensuring they were at eye level with a person who was seated, and by altering the tone of their voice appropriately. This helped to ensure that people who may have communication difficulties were involved in conversations about their care and included in the social life of the service.

Staff who we spoke with told us they got to know people by being introduced to them and spending time with them, talking with other staff and relatives and reading their care plans. Staff told us how much they liked working with people. One staff member said, "I love it, I look forward to coming into work. It's a family atmosphere. We all care about each other and it's person centred. People are given choices and the staff are friendly." Another staff member told us, "I love my job and [name of deputy manager] does her best."

People and their relatives were encouraged to express their views and be involved in making decisions about their care. One person told us, "I decided that I wanted to clean my own room and [name of staff member] has given me support to do this." The person expressed pride and satisfaction that they had made this decision and had been supported and encouraged in their independence. A relative told us, "I am happy with [name of person] care and feel assured staff would contact me if there were any issues. Staff keep me involved and informed, they are really quite good."

Records showed that care planning at the service was a joint working process involving people, relatives and advocates. Once people's preferences were determined staff developed a personalised plan for them and included feedback from the person and their relatives. Plans included information about people's cultural needs, the support they needed to follow cultural beliefs and their preferred language. This approach helped to ensure people were supported to express their views and be involved in making decisions about their care.

Staff respected people's privacy and dignity. They knocked on bedroom doors before entering, identified themselves and asked permission before they went in. They were discreet when people needed assistance and maintained people's privacy by ensuring that doors were closed when people were being supported with their personal care. We saw one person's door was open whilst they were being supported to get up. The deputy manager explained that the person became very distressed if the door was closed for any reason and therefore the door had to be left open at all times. We saw that this information was not included in the person's care plan. The deputy manager told us they would update the care plan to ensure this information was included.

Is the service responsive?

Our findings

Staff were responsive to people's needs and provided support as required. This included the freedom to choose when people got up and if they wished to go to their room during the day. Relatives told us they thought the service provided responsive, personalised care. One relative was able to provide an example where staff had supported a person to move bedrooms in response to changes in the person's health condition. The person's relative told us they were really pleased with how the staff had responded to the change in their family member's needs and as a result the person experienced better quality of life and felt more included in day-to-day events.

We saw that people's care plans were personalised and identified their individual needs. Care plans included information about people's health, social and personal care preferences in addition to specific needs. For example, one person's care plan included explanations of what might cause behaviour that may challenge us. The care plan included what the behaviour might look like, how to prevent it and how to respond in a positive way when this occurred. This meant staff had the information they needed to diffuse potentially challenging situations.

People's likes, dislikes and preferences for care were clearly defined in their care plans. Care plans included information about people's background, family and important life events. It also listed their favourite things, including hobbies and interests and set out their care preferences. For example, getting up and going to bed times, whether they preferred a bath or shower and how they liked to be supported. Care plans included people's preferred method of communication, including verbal and non-verbal. We saw that where one person used signing to communicate, staff were able to converse with them. The person told us they carried their communication book around with them so people who were not familiar with their method of signing could identify what they were trying to say. This helped the person to communicate with visitors and feel included in social events.

The deputy manager told us that they had recently reviewed all care plans as these were now held electronically and replaced the previous manual records. Previous assessments had been used to develop the new care plans along with people, their relatives and advocates. Care records that we saw showed that people and, where appropriate, their relatives had been involved in the development and review of people's care plans. The deputy manager told us there was no formal review process in place beyond the development of the new care plans. She told us that she would ensure reviews of care were documented in care plans following planned reviews or reviews due to changes in people's needs.

We spoke with the service activity co-ordinator who provided 30 hours of planned activities per week. This meant people had the opportunity to take part in group and one-to-one activities every day. She told us that people and staff met regularly to discuss and plan activities. She gave us examples of some of the activities provided which included arts and crafts, dance activities, pampering sessions, trips out in the local community and to see musical shows. People were able to talk about activities they enjoyed. One person told us, "I'm going to the pantomime rehearsal." Another person told us they go to a club but didn't have to go if they didn't feel up to it. Another person told us they were going out for a meal with their friend and staff

had arranged this.

Staff spoke about the new activity room and how people enjoyed spending time engaged in activities. We saw that sensory equipment was available including a light projector and bubble tube. Staff told us they were waiting for the provider to install additional equipment to provide a sensory area for people to relax in.

We looked at how the service responded in people or relatives wanted to make a complaint. People's ability to make complaints was included in their care plan. Where people were assessed as lacking the mental capacity to make complaints, staff had provided their relative or advocate with a copy of the provider's complaints procedures. This provided information to support people on how they could make a complaint and how their concerns would be managed. There was information about relevant external agencies so if people were not happy with the outcome of their complaint they knew who to contact.

Although there had been no complaints since our last inspection, the deputy manager told us if people had any concerns at all she was happy for them to come to her and she would do her best to resolve them. People who we spoke with told us they felt confident to speak to staff if they had any concerns. This meant people were supported to share their concerns and be confident they would be listened to and acted upon.

Is the service well-led?

Our findings

At our last inspection in September 2016 the provider did not have effective systems 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 Care Act 2008 (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 the provider had made some improvements in assessing and monitoring the quality of care provided but further improvements were needed to ensure quality assurance systems were sufficiently robust and effective to ensure people were receiving good care.

The deputy manager told us that a revised system for the regular checks of the quality and safety of people's care had been introduced. Records showed this included a range of checks. For example, checks on the environment, equipment, staffing, checks of care plan records and medicines. Checks were also made of accidents and incidents. We saw that audits identified where remedial action was required. For example, an audit of health and safety in the service in November 2016 identified that hazard sheets were required for products that could present a hazard when used at work, for example certain cleaning products. Hazard sheets are important to ensure staff have the information they need in the event that a person comes into contact with a hazardous product which cause an adverse effect to their health. We looked at the service COSHH (Control of Substances Hazardous to Health) and saw that hazard sheets were not in place. Another audit identified that staff required refresher training in health and safety. We looked at staff training records and saw that staff had not undertaken any recent health and safety training. The deputy manager provided us with records which showed health and safety training had been planned for staff but was not due to take place until August 2017.

We could find no evidence of audits or checks beyond November 2016. The deputy manager told us that audits were undertaken by an external person on behalf of the provider but was unclear when their next quality assurance visit would take place. The deputy manager told us they undertook audits and checks on a daily basis but there was no evidence of these and these were not effective in identifying where improvements were required. For example, daily checks on medicine records failed to identify that staff had not been noting date of opening on medicines with a limited expiry date or that temperatures of medicine storage areas were not consistently recorded.

The quality assurance systems did not provide any evidence of an effective and comprehensive in-house monitoring system which highlighted the key risks to the service and how these were managed. For instance, we found that there were a number of areas in the environment that required maintenance. For example, flooring that needed to be replaced and areas of the service, such as the activity area, were cool which indicated the heating system was not effective. The door to the managers office was damaged and broken which meant records were not kept securely. The deputy manager told us these issues had been referred to the provider and they were awaiting maintenance but were unable to produce a maintenance plan to show that maintenance was planned and provided in a timely manner. This meant that concerns and errors in the delivery of care had not been identified and improvements were not made until they had

been picked up during the inspection of the service by the inspector or through quality visits by the local authority.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been no registered manager in post since July 2015. We contacted the provider who told us that the deputy manager was in the process of making an application to the Care Quality Commission as registered manager for the service. The Care Quality Commission is responding to this outside of this inspection.

The deputy manager was responsible for the day-to-day management of the service. People, relatives and staff who we spoke with were complimentary about the deputy manager. One relative told us, "The home has been very good and we are happy with the way staff have responded to changes in [name of family member] needs. We are contacted by [name of deputy manager] and they keep us informed. They are really good." Another relative told us, "Everything is absolutely fine. Staff make sure [name of family member] has their favourite things and always looks smart. Nothing is too much trouble for staff and [name of deputy manager]."

Staff who we spoke with were consistent in the support for the deputy manager and for each other. They told us they felt they worked as a team to provide the best care they could for people. All the staff we spoke with told us they had little or no contact with the provider. Some staff commented that they felt the provider was out of touch with what was needed in the home. One staff member told us, "More support [from senior management] would be good and an understanding of the requests we make and why, instead of just do this or do that." Another staff member told us they felt they had to 'make do' rather than address things that needed to be improved.

We discussed these concerns with the provider. They told us they had not been able to visit the service as often as they wished as they had been engaged with business matters. They told us these were now resolved and that they were committed to improving the service at The Manor House to ensure people received quality care. They told us they would meet with the deputy manager following our inspection visit to discuss what was needed to bring about the required improvements and develop the service.

We found that meetings were held with people and staff. We looked at the minutes of meetings held in September and October 2016 and saw these were used to provide information to people and seek their views on proposed changes in the service. For example, people were asked to comment on the changes to the meal service in September 2016 and informed of new staff commencing at the service. People were able to make suggestions for social events and outings. We saw these had been actioned by staff. People and their relatives had been sent satisfaction surveys in November 2016 to enable them to comment on the quality of care and share their views about how the service could improve. We looked at a sample of surveys that had been returned and saw that a person had been appointed an advocate as a result of their feedback. These were examples of how people and relatives could share their views about the service in order to bring about improvements.

We looked at the minutes of a staff meeting held in November 2016 and saw this was well attended. The meeting was used by the deputy manager to address where improvements were needed in working practices and provide staff with updates, for example on DoLS authorisations for people. Staff had also been sent satisfaction surveys in November 2016 to enable staff to share their views individually. We looked at the surveys that had been returned and saw that staff were positive about the deputy manager and the support

they received but felt there was a lack of support from the provider. Some staff felt they would like to be more involved in decisions made about the service. The deputy manager was in the process of collecting information from surveys to share with the provider in order to develop an action plan in response to staff feedback.

Prior to the inspection taking place we analysed data held upon our system about the registered provider. This included looking at notifications received from the registered provider in relation to deaths, serious injuries and safeguarding alerts. There was no information upon the system to show any notifications had been made since our last inspection. The deputy manager told us there had been no events to warrant notifications being submitted.

We contacted the local authority responsible for the service they commissioned on behalf of people who lived at The Manor House and asked for their views about the service. They told us they had concerns about the service following a contract monitoring visit and that all new admissions were suspended to the service until the provider brought about sufficient improvements to meet their contractual requirements. They told us they continued to monitor the service and would schedule in further monitoring visits to assure themselves the provider was making the required improvements within the required timescales to ensure people were receiving quality care.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17(2) (a)(b)(e)HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance This is a continued breach. The provider's quality assurance system, audits and governance systems was not sufficiently robust and not used consistently in determining the quality of care provision or used to improve the service.

The enforcement action we took:

Provider meeting - 01/02/2017