

Swinnerton Trust Limited

# Manor Court Home

## Inspection report

Manor Court Road  
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Warwickshire  
CV11 5HU

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

Manor Court Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 24 people in one adapted building. Nineteen people were living at the home at the time of our inspection visit.

Since our previous inspection in February 2016 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

The service is provided by a charitable trust, Swinnerton Trust Ltd, which was first established in 1951 to provide support for older people who live in the local area. The Trust purchased the property, Manor Court Home, in 1952, refurbished it and converted it into a care home, to fulfil the aims of the charity.

The Chairman of the Board of Trustees had been appointed in 2014, but was not appointed as the Nominated Individual' (NI) or representative for the provider, at the time of our previous inspection. In October 2017, since our previous inspection, the Chairman had been appointed as the Nominated Individual, that is, the person we communicate with about the service. During our inspection, the Chairman represented the Board of Trustees. We refer to the Chairman as 'the provider' in our report, but legal responsibility for the service is shared jointly by the whole Board of Trustees.

At the last inspection in February 2016, the service was rated Good. At this inspection we found improvements were required in the management, leadership and governance of the service, which also had an impact on the safety and responsiveness of the service and the overall rating.

There was not a 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.

The previous registered manager had left the service in September 2016. The provider had appointed the deputy manager as the manager, and relied on the manager to take over the responsibilities of a registered manager. The provider had invited the deputy manager to apply to become the registered manager, but they had not successfully submitted an application to become registered. We refer to the deputy who was managing the service as 'the manager' throughout our report. Because there is no registered manager at the service, all oversights and omissions are the responsibility of the provider that is, the Board of Trustees

The provider did not demonstrate knowledge of the Health and Social Care Act Regulations 2008, but had

relied on the manager to know how the Regulations applied to the service. The provider had not given the manager sufficient access to training in the requirements of being a registered person. The provider had not given the manager sufficient support, guidance or mentoring to equip them for the role of a registered manager. During our inspection visit, the manager told us they had decided not to apply to be the registered manager. They said they felt they needed more time to acquire sufficient knowledge and skills to be confident to be legally responsible for the service.

None of the Trustees of the Board had stepped in to guide, mentor or support the support the manager to understand the requirements of the delivering a registered service in accordance with the Regulations. They had not provided effective leadership for a service of this type. The systems and processes necessary to ensure good governance had not been established or operated effectively to enable improvements to the quality of the service.

Staff and the manager responded to and resolved complaints when they were raised, but there was not an effective system for recording, analysing and learning from complaints.

Improvements were required in analysing information about people's abilities and dependencies to ensure staffing levels were reviewed and revised in line with increases in people's needs.

Improvements were required in analysing information about accidents, incidents and falls, to ensure any risks related to the premises, staffing or staff's skills were minimised. Improvements were required in the guidance for the manager to ensure staff recruitment was consistent in making all the necessary checks in line with best practice.

Medicines were stored, administered and managed safely, but improvements were required in the guidance for staff to ensure they followed best practice in recording when and where creams and pain relief patches were applied to people's skin.

Work to minimise the risks related to fire safety was in progress at the time of our inspection visit. The local fire protection officer had revisited the service to check the provider was acting on their recommendations.

The provider minimised risks related to the premises and equipment through servicing agreements and regular checks by qualified professionals.

People were protected from the risks of abuse because staff were trained in recognising and reporting any safeguarding concerns. Risks to people's individual health and wellbeing were identified with the person and their representative and care was planned to minimise the identified risks.

People were cared for and supported by staff who had the skills and training to meet their needs effectively. People were supported to eat and drink enough to maintain a balanced diet that met their preferences.

People were supported to see healthcare professionals for routine appointments or when a change in their health was identified. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were thoughtful, kind and polite and had a positive attitude to their work and spoke with enthusiasm about caring for people. The manager and staff understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities. Staff respected people's right to privacy and supported people to maintain their dignity.

Staff were happy working at the home because they had confidence in their colleague's skills and worked as a team.

Further information is in the detailed findings below.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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.

Information available about people's needs and dependencies was not used to accurately review and revise staffing levels. Recruitment checks on staff's suitability for their role were not always completed in line with best practice. Medicines were managed and administered safely, but guidance for staff to apply people's creams and pain relief patches was not in line with best practice. Staff understood their responsibilities to protect people from the risks of abuse. People's care plans minimised their individual risks to their health and wellbeing.

### Is the service effective?

**Good** ●

The service remains Good.

Staff were trained and knew people well so they could effectively meet their individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and obtained people's consent to care before supporting them with personal tasks. The manager understood and worked within the principles of the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to access healthcare services when their health changes.

### Is the service caring?

**Good** ●

The service remains Good

People were supported by kind and compassionate staff. Staff understood people's individual preferences, likes and dislikes. Staff promoted people's independence, by supporting them to make their own decisions. Staff respected people's privacy and promoted their dignity. Visitors felt welcome to visit at any time.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Staff were not always able to respond promptly to people's

needs because staffing levels had not been increased, but people's needs had increased. People's care plans were regularly reviewed and changed when their needs and abilities changed. Complaints were responded to, but the complaints procedure was not sufficiently robust to enable the provider to analyse and learn from complaints and take action to improve the service.

**Is the service well-led?**

The service was not well-led.

There was no registered manager in post and there had not been a registered manager in post since October 2016. The ratings of our previous inspection were not displayed in the home. The Board of Trustees did not have sufficient knowledge of the Regulations to ensure compliance with the requirements of leadership and good governance. The manager and staff managed the service to the best of their ability in accordance with their skills, experience and knowledge of the home. The manager and staff were not supported by an appropriately skilled and experienced leader.

**Inadequate** 

# Manor Court Home

## 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.

The comprehensive inspection site visit took place on 17 and 18 January 2018 and was unannounced. One inspector and an expert-by-experience undertook the inspection. 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 visit, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke with five people who lived at the home and three relatives/visitors. We spoke with the manager, two care staff, the cook, a housekeeper and the Chairman of the Board of the Trustees, who was the Nominated Individual and represented the provider during our inspection.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time. We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

# Is the service safe?

## Our findings

At this inspection, we found the service was as not as safe as we had found during the previous inspection in February 2016. The rating has been changed to Requires Improvement.

Everyone we spoke with told us they felt safe at the home because they felt safe with the staff. However, people told us they thought there were not enough staff. Two people and a relative told us people sometimes had to 'wait' to be supported to use the bathroom, and this had caused them discomfort. One person told us they had identified that people had become more dependent over time, but said the staffing level had not changed to accommodate the increase in people's needs. Another person said, "The [staff] are very good, but so many of the residents are needing extra care now compared when I first came here, so yes, I would say they need more staff now." A member of staff told us, "People's needs are greater, so staff are stretched."

The provider had not used the evidence available to them to calculate how many staff were needed to support people safely. The manager told us they had not used the dependency scores in people's care plans to determine how many staff were needed. The provider had not considered a dependency related staffing level to assure themselves there were enough staff on duty, but had continued to allocate the same number of staff on each shift as at our previous inspection in February 2016.

Risk assessment tools were used to identify any risks to people's health and wellbeing. This included risks of moving and handling, falls and nutrition. Where a potential risk had been identified, risk management plans informed staff how to manage and minimise the risks. Staff told us they had training in using equipment to support people to mobilise safely. One member of staff said their safety checks included the three 'R's, that is, to check they were using the right size and the right equipment for the right person.

People's care plans were regularly reviewed and their risk assessment scores were updated when their needs and abilities changed. For example, one person's care plans showed they had been independent in personal care, but now needed one staff to support them. This information, in conjunction with everyone else's changing dependency scores, was not used to provide reassurance that there were enough staff.

All staff attended training in safeguarding and understood their responsibilities to keep people safe from harm and the risk of abuse. Staff told us they had no concerns about how staff supported people, but would share any concerns with the manager. A member of staff said, "We always check each other's practice." The manager told us they understood their responsibilities under the safeguarding procedures, but had not needed to report any concerns to the local authority. The manager told us, "Some relatives need to be reminded, we cannot make people eat or do something, that would be abuse."

Staff understood the need to promote people's independence and to minimise risks. One member of staff told us about one person used to enjoy peeling vegetables, but said staff sat with the person to make sure they used the peeler safely. Staff encouraged people to maintain their independence by using a walking frame, which had a call bell attached to make sure they could call staff for assistance if needed.



Improvements were required in the safe recruitment of staff. The provider had not guided the manager in the requirements set out in the Regulations for safe staff recruitment. In the three staff files we looked at there was evidence that the manager had checked staff's suitability for their role with the Disclosure and Barring (DBS) service, to make sure they were safe to work at the service. The DBS is a national agency that keeps records of criminal convictions. However, they had not always obtained written or verbal references from staff's previous employers or educational establishments, about staff's behaviour and conduct. Where the manager had received verbal assurances from current staff, they had not recorded this in the staff file.

People's medicines were managed and administered safely, but additional guidance for staff should be implemented in line with best practice. Staff received training in medicines management and were observed in practice by the manager, to check their competence. Medicines were stored securely in a locked trolley, which was chained to a wall. Most medicines were supplied in a box for each person with information about the medicine dosage, frequency and time of day it should be given. Medicines that required extra checks because of their potential for abuse, were received and administered by two staff, in accordance with legislation.

People's medicines administration records (MAR) were signed by staff when they were administered or marked to show when people declined to take them. Medicines that were declined were listed and disposed of safely. Some people were prescribed medicines that were administered on an 'as required' basis such as for pain relief. Staff told us most people were able to say if they required pain relief. Staff observed people's body language and facial expression for signs of pain, if they were unable to express themselves verbally. Some pain relief medicines were administered through patches applied directly to people's skin. The site of the patches was not recorded on a body map, in line with best practice, to ensure the application sites were alternated to reduce the risk of skin damage.

Care staff applied prescribed creams when personal care was being provided. Staff signed a topical cream chart to confirm they had applied the cream, but we saw that one prescribed cream was only marked by the pharmacist 'as directed'. A member of staff told us they would know where to apply the cream through their regular handover meetings and discussions about care, but they did not have an accompanying body map to remind staff where to apply the cream, in line with best practice.

Staff monitored each other's practice to make sure medicines were administered safely and there was always sufficient stock. For 'as required' medicines, which were supplied in their original packaging, staff kept a running total of the amount received, administered and remaining, to minimise the risk of errors or omissions. People's medicines were regularly reviewed by their GP to make sure people continued to receive benefit from their medicines. A member of staff told us, if people had the capacity and wished to administer their own medicines, staff would support their preference. They told us one person had 'self-administered' to begin with, but now preferred staff to manage their medicines for them.

We saw the home was clean and the décor was well maintained, which made it easier to keep clean. Toilets were well stocked with toilet rolls, hand soap and paper towels. The provider had issued guidance to staff about how to keep the home clean and hygienic. For example, they had provided colour coded mops, buckets and cloths for housekeeping staff to use for different parts of the home. Care staff wore personal protective equipment when they supported people with care and aprons at meal times.

The provider had issued daily and weekly cleaning schedules for the kitchen staff, to make sure nothing was overlooked. The cook ensured food was stored and served at safe temperatures by checking the temperature of the fridges and freezers and by checking that meals were at a safe temperature before they were served. The service had achieved a 5 star rating by the environmental health officer.

However, improvements were required in supporting staff to manage the risks of keeping people's rooms clean if the room was occupied continuously. For example, one person, who chose to stay in their room, had visitors every day from early in the morning until after the housekeeping staff had finished for the day. During our inspection visit, a relative found the top of a high level piece of equipment was dusty. The provider had not assessed the risk of how to keep a room clean when it was occupied continuously. Housekeeping staff had not been given clear instructions about weighing the risks and benefits of asking visitors to leave the room, or step aside while they cleaned it. The provider had not appointed a 'champion', or lead member of staff, for infection prevention and control, in line with the Department of Health (DoH) guidance.

The provider had systems and processes to check the environment was safe for people. They had engaged external professionals to regularly check and service the essential supplies, such as water, gas and electricity, to make sure they were safe. The provider had implemented a system of regular checks and servicing of equipment, such as the lift and hoists. They employed a full time handyperson to undertake repairs and identify when replacement items were required. Staff told us the systems and processes were effective and the equipment they needed was always in good repair or replaced promptly.

Staff were aware of their responsibility to report and record any accidents, incidents and falls. The manager reviewed the records to identify if there were any changes in people's needs and to look at ways of reducing the risks of it occurring again. For example, one person who fell frequently was seen by a GP, who changed their medicines. The manager had put a sensor mat by the side of their bed, so staff were alerted as soon as the person got out of bed at night. Staff were able to go to the person promptly, to remind them to use their walking frame. Records showed these actions were effective at reducing the number of times the person fell.

However, the provider had not analysed the accident, incident and falls reports in total. They had not identified whether there were any patterns or trends that might direct them to take action across the whole home. For example, they had not analysed whether there was a pattern in the time of day, or use of rooms, or whether the number of staff or staff skills might be an underlying cause of accidents, incidents and falls.

The local fire protection officer had visited the home in June 2017 and had issued an 'enforcement notice' on the provider, because they had not taken all reasonable measures to keep people safe in the event of a fire. The provider had responded to the fire officer's report with an action plan. They had implemented some additional measures by the time of our inspection, and there were further actions in progress. A fire protection officer had revisited the service in December 2017, to check the provider was acting on their recommendations.

The provider had engaged an external professional to undertake a fire risk assessment of the premises, to understand where and how risks could be minimised. The provider had implemented an updated process for checking the safety of fire-fighting and fire protection equipment, including the emergency lighting and fire alarm system checks. They had re-issued detailed guidance for the handyperson to make sure fire door checks included checking the hinges, seals and automatic fire-door closures. All staff attended fire safety and first aid training, to make sure they knew what actions to take in the event of an emergency. Staff told us they attended regular fire drills and their understanding of the actions they should take in the event of a fire was assessed.

The provider had not undertaken an actual practice evacuation of everyone in the home, and there were additional risks that needed to be considered, with a plan for how to minimise them. In particular, further consideration needed to be given to the risks of people who were not independently mobile, living on the first and second floor of the building. The 'fire folder' in reception, did not supply any information about

people's individual needs for being supported in the event of the need to evacuate them in an emergency. The manager told us they would review how they would share this information in the event of an emergency.

The provider had engaged a specialist supplier to install modern fire-fighting equipment across the whole home. They told us they would send us a certificate of completion once it was installed.

## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in February 2016. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People told us they had confidence in the staff's skills and abilities to deliver care effectively. We saw staff were effective in supporting people. For example, people were supported to visit the bathroom before lunch and were supported to go out into the garden when they wanted to. People's clothes were clean and fitted them well.

The manager conducted an initial assessment of needs before people moved into the home, to ensure they could be supported effectively. People's care plans included an assessment of their needs and abilities and described the risks to the person's health and well-being, which were minimised by the care plan. The risk assessments used recognised risk management tools in line with NICE guidance, such as the 'waterlow' to check risks to people's skin integrity, and a 'malnutrition universal screening tool' (MUST), that checks risks to people's nutrition. The care plans described the number of staff and the equipment needed to support people safely and effectively. For example, one person who was at risk of falling was supported by the use of a walking frame, a bed that could be lowered, a raised toilet seat and a chair to use in the shower.

Staff told us they had the training they needed to be confident in their practice. Some staff that had been appointed since the introduction of the Care Certificate had been trained and achieved the certification. The Care Certificate training covers the fundamental standards of care that all health and social care staff are expected to achieve. Some more recent staff had not been enrolled on Care Certificate training. This was because the provider and manager did not know there is an expectation that staff who had not previously worked in care, should attend Care Certificate training. The manager told us they would check the Skills for Care website for the latest guidance in staff training and how to support staff to complete it.

Staff had attended training provided by an external supplier. Staff told us the training was good, because it included an end-of-course assessment where they could check their understanding. Most staff had obtained nationally recognised qualifications in health and social care. They told us the nationally recognised qualifications covered all the aspects included in the care certificate and all staff were expected to obtain them over time. Staff said they were supported and encouraged to continue to study for qualifications, which included an observed assessment of their practice.

The manager checked staff's practice through regular supervision and observation of their practice. Supervision is an opportunity for staff to discuss their roles and work practice with the registered manager and identify any training needs. Staff told us they also attended team meetings when they discussed their practice and effectiveness as a team. Records showed staff discussed issues such as food hygiene, standards of care, record keeping and team working.

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 an assessment shows a person lacks 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).

Staff had training in and understood the principles of the Mental Capacity Act 2005. A member of staff told us mental capacity should be assumed and people should be supported to make their own decisions by offering them choices. They told us people's capacity could be variable and they would show people different foods or clothes, to enable a person to 'point' if they were unable to express themselves. We saw staff offered people choices and sought their consent before they supported them throughout our inspection visit.

Where people had capacity, they had signed their own care plans to agree to being cared for and supported in accordance with their plans. For example, one person understood the risks related to going out alone and had agreed that they would be accompanied by a member of staff when they went out into the grounds or the local community, to keep them safe. Where a person did not have capacity to agree to their care plan, their representative had signed on their behalf, in their best interests. Where the manager had reason to question a person's capacity to understand information about risks related to their care and support, their care plans included a mental capacity assessment. Where restrictions on people's liberty had been identified, the appropriate applications had been submitted to the authorising authority.

People's care plans included their food likes, dislikes and any allergies or specific dietary needs. The cook told us the manager planned the menu according to each person's needs, preferences and any allergies or requests. A record of people's individual requirements was kept in the kitchen as a reminder for the cook and staff. One person told us, "I always enjoy the soup".

People had a choice of meals and could eat in the dining room or their own bedroom, according to their personal preference. At lunch time people were offered soup, a choice of main meals and a choice of pudding. The menu was displayed outside the dining room, so people could choose in advance of the mealtime. The cook told us they asked people in the morning which meal they would like that day.

At lunch time in the dining room tables were laid with tablecloths, napkins and cutlery and people were able to sit in friendship groups, which encouraged people to recognise lunch as a social occasion. One person who needed encouragement to remain at the table in-between courses was reassured by staff that there was 'more to come'. We saw this person ate well after being encouraged by staff and people were offered second helpings. Everyone was offered a choice of drinks and there was a bowl of fruit on the side for people to help themselves to.

Staff were monitoring the fluid intake for one person who was at risk of not drinking enough. However, the fluid monitoring chart did not include a target amount for the person and the amount of fluid that had been consumed had not been added up to check the person drank enough for their needs. The manager told us they would ask the community nurse to advise them exactly how much fluid they should encourage the person to drink and would make sure staff kept a running total, to reassure themselves that the person was supported to drink effectively.

Staff carried meals upstairs for people who chose to eat in their own rooms. The cook told us if people were

assisted to eat in their rooms, staff took their main meal and pudding up at the same time and stayed in their room to assist them. For people who were able to eat independently, their pudding was taken up separately. One person and a relative told us the meals were not always hot when they were served in their rooms. On the day of our inspection, one person said their vegetables were cold. The manager and cook told us there was always enough to take a fresh hot meal up, and people just needed to let them know if they needed a replacement meal. The cook told us people's relatives could have lunch with their relation if they wanted to. They told us they had more compliments than complaints about the meals.

People's care plans included details about their medical history and their current medical risks and needs, to enable staff to identify any signs of ill health. Staff attended handover meetings at the change of every shift. Staff shared information about changes in people's appetites, mood and health, to make sure all staff were aware of changes in people's needs and abilities and were alert to the signs of ill health.

People were supported to see healthcare professionals such as their GP, dentist and optician to maintain their health. The manager had made space for community nurses to store people's treatment records in the office where they were safe and kept confidentially. The manager told us they had good working relationships with the community nurses. Staff kept a record of people's healthcare appointments in a home diary, to make sure they were not overlooked. People who had the capacity to manage their own healthcare were able to contact their GP themselves and arrange their own healthcare appointments.

The premises had been adapted and decorated to support people to move easily from their own bedroom and around the communal areas of the home. There were several communal rooms where people could sit and read, rest or watch what was going on around them. We saw people who were able to mobilise independently moved freely between the communal areas and their own bedrooms. The home had a lift and stair lift, which enabled people to move independently between each floor.

People were provided with hydraulic beds, which were adaptable to their changing needs. Every bedroom had an en-suite toilet and basin, which supported people's privacy. People were able to bring small items of furniture to make their bedroom more homely. We saw one person had brought their own chair to the lounge. They told us it was the most suitable for their needs and they preferred to spend their time in the lounge.

The shared toilets, bathroom and shower room were adapted with level seats, a shower chair and a bath chair to enable people to be as independent as possible or to be supported when needed. There was a large garden which people could use independently or with support from staff.

# Is the service caring?

## Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection in February 2016, because they felt staff cared about them. The rating continues to be Good.

People told us they were treated with kindness and dignity when they were supported with personal care. One person said, "The care staff are very good," and a relative told us, "It's really more like a home than an institution."

Staff demonstrated a positive attitude to their work and spoke with enthusiasm about caring for people. They told us they enjoyed working at Manor Court Home. A member of staff told us, "Staff really do care." We found the attitude and behaviour of staff towards people generated a sense of belonging and caring in people who lived at the home. People were as concerned about staff's welfare, as staff were about people's welfare.

Most of the staff had worked at the home for several years, and some, including the manager, had worked there for more than ten years, which gave people continuity and familiarity with the staff. Staff told us they knew people's individual likes, dislikes and preferred routines well. Most people chose to spend their time in the communal areas, which showed they were comfortable with the people they shared their home with.

Records showed people who had the capacity to discuss and agree how they were cared for and supported had signed their own care plan, which demonstrated their involvement. The manager ensured people were supported by external advice agencies, such as an advocate or appointee, to make sure they were supported to make financial or welfare decisions about their care and support.

Staff continued to involve people in making day to day decisions about their care and support throughout our inspection visit. We saw people were supported to maintain their independence and staff only assisted them if they wanted or needed assistance. We saw staff responded with a smile when people asked for their help or support.

All the people living in the home, including those who chose to stay in their bedrooms or to only come downstairs for meals, were treated with the same thoughtfulness and genuine concern for their wellbeing. During the shift handover meeting the outgoing staff reminded the incoming staff which people needed that 'extra bit of support' in the afternoon.

People were treated with respect and staff promoted their dignity. Staff spoke respectfully to each other and to our inspection team about people. We saw the manager knocked on people's bedroom doors and called out the person's name before entering. When the manager explained people's needs, they shut the office door or spoke in a hushed voice. When people needed assistance to go to the bathroom, staff supported them into the room, then staff came out, shut the door and waited to be called, to ensure the person had privacy.

Relatives and visitors told us they always felt welcome at the home and could visit as often as they liked.



## Is the service responsive?

### Our findings

At this inspection, we found staff were not able to be as responsive to people's needs and concerns as they were during the previous inspection in February 2016. The rating has been changed to Requires Improvement.

People and relatives told us they felt staff were not able to respond to their needs as promptly as they used to, because people's needs had increased and the staffing level had remained the same. People and relatives were concerned as to whether staff had sufficient time to engage effectively with people, particularly those people who did not have many visitors, or who needed support to engage in their environment independently. The manager, who was previously the deputy manager, had been appointed as the manager by the Board of Trustees, but had not been supported to compare the increase in people's level of dependency to the number and allocation of staff. An administrator had been appointed, as requested by the manager, but the provider had not appointed a deputy manager. Staff reported they felt 'overstretched.'

One person told us, "The bell is answered quite quickly most of the time", but another person told us, "I need two care staff to help me now, so I often have to wait." Some relatives felt that because they were frequent visitors, there was an expectation that they would support and speak up for their relation, and thereby reduce the need for staff intervention. A relative told us, "Unless our family are involved, there are no nice extras" and "We aren't knocking the care staff, they are too busy."

Staff told us they had previously been able to organise more events and trips out for people, but people's needs and dependencies had increased, so more time was needed to support people with personal care. Care staff told us they still organised trips to the local garden centre, where people could have lunch out, but most activities and events were home based. Staff told us they arranged bingo, raffles, external singers, religious services and armchair exercise sessions.

People's care plans included a brief life history, which included information about the person's work and home life, interests, important relationships and any cultural or religious beliefs and traditions. This enabled staff to get to know people well and to understand what was important to them. Records showed people's care plans were regularly reviewed and were updated when their needs and abilities changed. People were invited to participate in planning and reviewing their care. The manager told us they invited people's relatives to a review of care meeting, but very few relatives were able to attend.

We saw people who were able to maintain their interests independently were able to do so. We saw one person spent time reading in the conservatory, a small group of people spent time talking together in the small lounge and the majority of people were watching television in the large lounge in the morning. Care staff told us there was not a dedicated member of support staff to engage and interact with people, while care staff supported people with personal care. A member of staff assessed that care staff had approximately one and a half hours in the morning and again in the afternoon to support 19 individuals to engage in activities according to their interests and abilities.

The manager told us they had managed to obtain three hours a week one-to-one support from an external agency for one person, due to their specific needs. However, they did not have any dedicated, employed activities staff. Care staff had supported several people with hand and nail care in the morning of our inspection visit. There was a 'What's on programme' for the month in the hallway. The poster said there would be group singing in the large lounge in the afternoon, but this did not happen as planned.

People's care plans included the RESPECT form, as agreed with the local clinical commissioning group. The RESPECT form confirmed that the person or their representative and other healthcare professionals had been consulted about their wishes and treatment options in the event of the person becoming unwell or of going into cardiac arrest in the future. People's religious and cultural traditions and preferences were included as part of their initial assessment of needs, to guide staff about how people would wish to be cared for, if people and their relatives did not want to talk about the end of their life.

The manager told us that people's end of life wishes were captured in their care plans if people wished to discuss it and through informal conversations, because very few people liked to consider the eventuality. They had listened carefully when the topic was raised and had identified, for example, that one person would want to wear their usual make up and for staff to sit with them.

Care staff told us they responded to individual complaints about the service straight away. They told us people and relatives were able to raise their individual concerns about their care or the food with the staff or the manager. A member of care staff told us, "They tell us of small issues. We can change things." They told us they had not received any complaints personally, but they knew a relative who was concerned their relation had not eaten their meal and it had gone cold when they fell asleep. The cook had told us they would always be able to supply a fresh, hot meal in that event.

Improvements were required in analysis of complaints. The provider's complaints policy and procedure was explained in a poster at the entrance to the home. There was a complaints log at the entrance, but nothing had been recorded in the book since June 2016. From information received from other agencies, we knew the provider had knowledge of two complaints about the service in February 2017, but these were not recorded in the complaints book. There was no documentary evidence of how the provider had responded to or analysed complaints to decide what action they could take to minimise the risks of the same or similar complaints being made in the future. The provider told us they were in the act of responding to a current complaint, which sounded similar to one of the complaints about the service in February 2016.

# Is the service well-led?

## Our findings

At this inspection, we found the staff were as not as well-led as we had found during the previous inspection in February 2016. The rating has been changed to Inadequate.

Improvements were required in the leadership and management of the service. There had not been a registered manager in post since September 2016, when the previous registered manager had left the service. In September 2016 the provider had asked a recruitment agency that specialised in social care staff recruitment to find them a replacement manager. The provider had not identified a suitable candidate at that time. The provider told us they had appointed the deputy manager to the manager post, due to their, "Vast experience of delivering care" and had invited them to apply to be the registered manager. During our inspection visit, the manager told us they had decided not to apply to be the registered manager. They said they felt they needed more time to acquire sufficient knowledge and skills to be confident to be legally responsible for the service. The service had been without a registered manager for 15 months.

This is a breach of Schedule 1 of the Health and Social Care Act Regulations 2009.

Improvements were required in the provider's understanding of the obligations of registration. A copy of our previous inspection report had been put in a magazine holder in the entrance hall, but the ratings were not 'legibly and conspicuously' displayed, as required by the Regulations. The manager and provider told us they did not know they were required to display their ratings. The manager told us they would look at the CQC website to find out how to obtain a poster that they could display.

This is a breach Regulation 20A of the Health and Social Care Act Regulations 2014.

There had been other changes in the management of the service since our previous inspection. The Chairman of the Trust had been appointed in 2014, but had only taken on the role of the 'nominated individual', or NI, in October 2017. The 'nominated individual' is the named representative for the service, that is, the person we communicate with about the service. During our inspection, the Chairman, in their capacity as the NI, represented the Board of Trustees. The Chairman told us this was a voluntary post. They said they had no knowledge of the Regulations and no previous experience of working in the care sector, so they were not personally able to support the manager to run the home in accordance with the Regulations or best practice.

The provider told us the current Board of Trustees had previous experience of working in the health and social care sector. However, none of the Trustees of the Board had stepped in to guide, mentor or support the manager to understand the requirements of delivering a registered service in accordance with the Regulations. An associate of the Board of Trustees with experience of the health and social care sector had supported and mentored the previous registered manager. This person was no longer available to support the manager. The provider had relied on the manager's experience and knowledge of working in the sector.

The Board of Trustees had not provided effective leadership for a service of this type. The systems and

processes necessary to ensure good governance had not been established or operated effectively to enable improvements to the quality of the service. The Board of Trustees did not give effective support or guidance to the manager about how the Regulations applied to the service. The Trustees did not demonstrate sufficient knowledge of the Health and Social Care Act Regulations 2008, to ensure the service was provided in accordance with the Regulations.

The manager had not been given sufficient access to training in the requirements of being a registered person. They had not received sufficient support, guidance or mentoring to equip them for the role and responsibilities of a registered manager. No staff had been identified or appointed to roles to support the manager with specific lead responsibilities, for example, as infection prevention and control or nutrition champions or a deputy manager.

The manager had access to paper records and templates that the previous registered manager had used to support them in the management of the service. Some of the records and templates the previous registered manager had used and relied on gave the manager a false reassurance about the effectiveness of their quality monitoring audits and they were not in line with best practice. For example, the manager had undertaken several audits of the quality of the service, but had not completed them as frequently as the guidance and best practice required. The most up-to-date guidance requires that infection prevention and control systems, procedures and practice should be checked monthly, as should checks that mattresses are fit for use. The manager had completed an infection prevention and control audit in September 2017 and planned to audit again in September 2018. The manager showed us this was the frequency identified by the previous registered manager.

Improvements were required in analysing information about people's abilities and dependencies to ensure staffing levels were reviewed and revised in line with increases in people's needs. The manager had continued to use their experience and skills to minimise risks to people's individual health and wellbeing. They had assessed risks to people's health and wellbeing and written care plans that met their needs and promoted their independence. People's care plans were regularly reviewed and updated when their needs changed, but their dependency scores had not been aggregated to calculate how many hours of staff time were needed to respond to people's needs promptly. The manager and provider were insufficiently familiar with the management tools available to use information to improve the service.

Improvements were required in analysing other information that was available to the provider, to drive improvements at the service. The manager had monitored accidents, incidents and falls and had taken appropriate action to minimise people's individual risks. The provider had not supported the manager to analyse all accidents, incidents and falls, with the aim of identifying risks related to the premises or staffing at the home, which could reduce the number of accidents, incidents and falls in total. Complaints had not been logged systematically and had not been analysed to identify trends or actions to drive improvements.

Improvements were required in the guidance for the manager to ensure consistency in making all the necessary checks, in line with best practice, when recruiting staff. The manager had continued to recruit staff to ensure there were enough staff to support people safely. They had obtained confirmation of staff's suitability for their role from the Disclosure and Barring service, and requested references from staff's previous employers. However, when staff's previous employers had not responded promptly, the manager had always not sought alternatives referees or recorded their risk assessment to employ staff without two references. The manager and provider were insufficiently familiar with the Regulations to identify best practice in recruitment to avoid risks to people's safety.

Improvements were required in the governance of the service. A member of the Board of Trustees, who was

also a member of the home's management committee, had visited the home in January 2018, to check the quality of the service. They had spoken with people who lived at the home and visiting relatives and with staff. Their written report described that people were happy with the accommodation and their care and staff were happy with their employment. The member of the Board had not checked the manager's audits and had not undertaken any audits related to the safety or effectiveness of the service.

The information in the service user guide had not been updated since 2016 when the previous registered manager had been in post. Other information available in the entrance hall, such as leaflets about support services for people who need care and the Trust's accounts, was out of date so was not relevant to people or visitors.

There was a risk that people's views of the service were not being sought or listened to. Meetings with people living in the home, that had been a regular occurrence at the time of our previous inspection, were no longer being arranged or supported by the provider. In March 2017, the manager had invited people to complete a questionnaire about their view of the service, and everyone had completed it. The response was mostly very favourable, but the questionnaire had not been analysed. The issues that people had said were 'less than satisfactory' and the comments and suggestions people had made for improvements, had not been identified, categorised or followed up. The result of the survey had not been shared with people and relatives and no specific actions were planned to improve people's experience of the service based on their views.

The manager had also invited staff to complete a survey in March 2017, but only three staff had responded and they were all positive. The majority of staff had not responded, or shared their views and suggestions for how the service could be improved. The provider had not thought to run the survey again, perhaps with different questions, or considered how else they could capture staff's views and suggestions for improvements.

The provider told us that the member of the Board, who visited the service in January 2018, had no knowledge of the Regulations that govern this type of service. The Board of Trustees had not established systems or processes to ensure compliance with the Regulations. The Board of Trustees had not evaluated the information available to them, to improve people's experience of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008.

The manager understood their responsibility for submitting statutory notifications to the CQC, in the absence of a registered manager. For example, they notified us of incidents that personally affected people who used the service.

The manager told us they had taken advice and recommendations about safe medicines management from their local NHS service. They had revised the medicines management policy and installed a new medicines refrigerator and implemented regular temperature monitoring of medicines. Medicines were managed and administered safely, but guidance for staff to apply people's creams and pain relief patches was not in line with best practice.

The manager continued to minimise risks to staff's effectiveness. They arranged regular staff team meetings and supervision meetings to make sure staff were informed of changes in people's needs and reminded of their responsibilities. Staff told us that when the manager or administrator identified any issues with the daily records, they had a conversation with the member of staff who needed to improve their record keeping.

The provider had correctly identified that staff would be happy with the continuity of leadership by appointing the manager. Staff told us they worked well as a team and said they had confidence in the manager's leadership. The manager and staff had continued to put people at the heart of the service. When a toilet cistern had unexpectedly sprung a leak in the middle of the night, the manager and staff had responded immediately to resolve the problem. They had obtained the services of a plumber and electrician to make urgent repairs. Staff had come in early to clean up and make sure the kitchen was back in action before 8 o'clock in the morning, so that people would be able to have breakfast in accordance with their usual and preferred routines.

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  Systems and processes had not been established or operated effectively to ensure compliance with the requirements of Good governance.

### **The enforcement action we took:**

Requirement notice