

Active Care Homes Limited

Manor House

Inspection report

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South Yorkshire
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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?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 7 and 8 January 2015 and was unannounced. Manor House was last inspected in May 2013 and we found they were meeting the regulations we looked at.

Manor House provides accommodation and personal care for up to ten people with learning disabilities and autistic spectrum disorders. On the day of the inspection five people were living at the home. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to

manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the arrangements in place for the administration and management of medicines and found that these were not always appropriate. We saw medication administration records (MAR's) which had been handwritten and not signed by staff, medication

Summary of findings

taken off site without appropriate documentation and creams and liquids without 'opened on' dates. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the MAR. Arrangements were in place for the storage of controlled drugs if required and we saw from training records, all staff had received medicines training.

The registered manager was respected by staff, people who used the service and their relatives.

There was a system of audits and formal quality assurance process in place, however some of these were not always carried out with sufficient robustness as to identify issues, for example medication audits. This could mean that the service, whilst formally monitored, may not ensure good care was provided and planned improvements and changes implemented in a timely manner.

Staff working at Manor House understood the needs of people who used the service and we saw that care was provided with kindness and compassion. People told us they were happy with the care provided.

People were relaxed and happy on the day of the inspection. We saw staff talking with people in a friendly manner. We saw staff assisted people as they needed whilst encouraging people to be as independent as possible.

We saw support plans contained information to guide staff who were assisting people. Risk assessments were completed although not all aspects of the support plans were up to date or reviewed in the timescale documented in the service user guide. We found people were supported to live full and active lives and had access to the local community.

People were able and encouraged to take part in activities which reflected their individual hobbies and interests. People were also supported to maintain strong relationships with their families.

Staff were well supported through a system of induction and training. There was a positive culture within the service which was demonstrated by the attitudes of staff and their approach to supporting people to develop their independence. We saw the service was organised to suit the needs of the people who lived there.

People were supported by sufficient numbers of staff on duty. Staff told us that staff could be increased to address changes in risk or changing support needs.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Management of medication was not always safe and in line with the services policies and procedures.

Staff had received training in safeguarding and understood their responsibilities with regard to adult protection.

Records showed that risks were not always reviewed regularly and updated when people's needs changed.

The provider undertook an environmental risk assessment which highlighted any risks and how to reduce them.

The provider had a policy for whistleblowing. Six staff told us they were aware of the policy and how to whistleblow.

Requires improvement



Is the service effective?

The service was effective.

The manager and staff had knowledge and understanding of the Mental Capacity Act 2005, and its Code of Practice.

Staff received induction training and worked alongside experienced staff.

People's nutritional needs were assessed and documented.

Communication between staff was good although the communication book was not always appropriately used.

Good



Is the service caring?

The service was caring.

The people we spoke with were complimentary about the care they received from staff and we saw positive interactions.

We looked at people's care plans and found information that informed staff their likes, dislikes, choices and preferences.

We also saw staff treated people with respect and patience, knocking on people's doors before entering.

Good



Is the service responsive?

The service was responsive.

The people we spoke with who used the service told us the service was responsive to their needs and requests.

Good



Summary of findings

Care records included risk assessments, support plans, person centred plans, personal care support plans and a health plan.

We saw that when people were at risk, health care professionals advice was obtained and the relevant advice sought.

We saw the provider held a complaints' policy, this was explained to everyone who received a service.

Is the service well-led?

The service was not always well led.

There were systems in place to monitor and improve the quality of the service provided. However not all the systems were always used effectively to identify where improvements were required to be made and implement actions to address these areas.

Staff records showed that supervision did not occur with the bi-monthly frequency expected by the provider.

Staff we spoke with said they worked well as a team and knew their roles and responsibilities very well.

Regular satisfaction surveys were undertaken to obtain people's views on the service and the support they received.

Requires improvement



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 checked 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 took place on 7 and 8 January 2015 and was unannounced. This meant that the provider did not know we were coming. The team consisted of an adult social care inspector.

Prior to the inspection we gathered information about Manor House. We looked at the information we received

about the service from notifications sent to the Care Quality Commission by the registered manager. Before the inspection the registered manager of the service had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the visit we spoke with three people who lived at Manor House, six care staff, the registered manager and the nominated individual. We observed people being supported in the home, how the staff interacted with people. We saw a range of records including five care plans, policies and procedures, staff records and records of the homes quality assurance systems.

Is the service safe?

Our findings

We looked at the arrangements in place for the administration and management of medicines and found that these were not always appropriate. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). Arrangements were in place for the storage of controlled drugs if required and saw from training records, all staff had received medicines training. However we saw MAR's which had been handwritten and not signed by staff, medication taken off site without appropriate documentation and creams and liquids without 'opened on' dates. For example one person had visited their family for Christmas, yet their MAR had medication signed for by staff as having been administered by them. There was no record of their medication going off site during this return home. This meant that medication was not always correctly documented or managed.

We found that the registered person had not protected people against the risks associated with the unsafe use and management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service we spoke with told us that they felt they were kept safe. One person said, "I didn't always feel safe from other people who lived here but staff have put things in place and now I always feel safe."

The service completed a survey of people who used the service and their relatives during 2014 which showed that all of the respondents felt people that received care from the service were safe from harm. The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received a service. We spoke with six staff about their understanding of keeping people safe and how to act if they had any concerns that someone might be being abused. They were aware of different types of abuse and the signs that could indicate that abuse had occurred such as bruises or changes in people's behaviour. Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. Staff were confident that the provider would take any action needed to make sure people were safe.

Discussions with staff and a check of the records confirmed that staff were trained in safeguarding vulnerable adults. The registered manager was aware of the procedure for acting upon potential safeguarding incidents. Our records confirmed that when such incidents had occurred they were referred to the local authority safeguarding team.

We looked at five care records which confirmed that the provider had risk management systems in place. These were individualised, taking into account each person's needs and wishes. Policies and procedures to keep people safe were in place to ensure staff provided care in a consistent way that did not compromise people's rights.

Records showed that risks were not always reviewed regularly and updated when people's needs changed. For example the risk assessments in one person's file had last been reviewed in January 2014. This was contrary to the service user guide which detailed the frequency of review to be six monthly or sooner. In another instance, following advice from a social worker relating to a person's financial vulnerability, the communication book held an entry for November 2014. The entry said, "(Person) not allowed to take money home." The person's support plan did not have a risk assessment for this aspect of their support. In January 2015 the person's personal money sheet showed money being signed out for a home visit. Although in these examples, the risk assessments had not been updated or reviewed and we did not see any negative impact on the person, this presented a risk that people may not be fully protected.

The agency supported people to maintain their independence. Prior to commencing a service the provider met with the person and relevant others such as social workers and family members. They identified with the person their levels of independence and the support they required. They also identified any risks that person may need supporting with and looked at how to reduce them.

The provider also undertook an environmental risk assessment which highlighted any risks the person may be exposed to at Manor House and how to reduce them as much as possible.

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check. Not all the staff files we saw had undergone

Is the service safe?

a robust process. For example all sections of a reference from one person's previous employer stated, "cannot comment." No further documented steps had taken place with previous employers to establish the persons suitability. We spoke to the registered manager about this. They told us that these staff files were dated and recruitment procedures had since been improved.

The provider had a policy for whistleblowing. The six care staff we spoke told us they were aware of the policy and how to whistleblow, should the need arise.

Is the service effective?

Our findings

The Care Quality Commission (CQC), is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act's provisions and how it affected the people they provided a service to. They were aware of people's mental capacity to make day to day decisions about their lifestyle.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. Five training and supervision records showed staff had completed Common Induction Standards (CIS). These are the standards people working in adult social care currently need to meet before they can safely work unsupervised. Documents showed that staff had completed training including first aid, nutrition and health, fire safety, medication, infection control, mental health and challenging behaviour. The manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

Staff files showed that staff did not receive regular supervision. The providers development plan stated that staff should receive six supervisions per year. We found one staff member had received only two formal supervisions in 2014, another had been in post since 2010 and did not have any documented supervision or appraisal.

Although we found staff did not receive regular formal supervision, all staff we spoke with told us they felt supported by the management team. One staff member told us, "We work really well together, it's a great team to be in." Another member of staff said, "We are always supported by the manager and we all support each other."

People's nutritional needs were assessed and documented. We saw that people's likes, dislikes and any allergies had also been recorded. All staff we spoke with were knowledgeable about the dietary needs of people who used the service. One person who used the service at the time of our inspection told us, "The food is good, it's my choice of what and when to eat." The registered manager, staff and people who used the service told us that menus were individual to the person and all meals were planned and discussed. One person who used the service told us, "I like to shop for the things we need for dinner." Another person we spoke with told us they enjoyed the food and were able to choose what they wanted and always had enough to eat and drink.

No one who used the service was identified as at risk of malnutrition or dehydration.

The registered manager and staff monitored and recorded people's dietary intake to ensure people received the most nutritional benefit from their food choices. We saw that fresh fruit was always available to people who used the service. One person we spoke with told us, "I choose what to eat for my meals and we shop for it, the food is really good." We also saw that an assessment in one person's care plan had categorised them as overweight. However since the assessment the person had not been weighed or had a Body Mass Index (BMI) score. A Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women.

Communication between staff was good. Staff told us they received a handover from other staff prior to commencing work this included reading a communication book. However the communication book was not always appropriately used. For example we found an entry in the communication book informing other readers that a person's medication had changed. This change had not been documented in the person's care plan.

Is the service caring?

Our findings

The people we spoke with were complimentary about the care they received from staff. People said the staff were caring. For example, one person told us, “I wouldn’t change anything or anyone. I am really happy here and with the staff.” Other comments we received included; “This is my home so I should be and am aware of things that are happening. I chose the paint colours when my flat was decorated.”

We observed positive interactions with people and staff. Every person we spoke with was positive about the care staff and said that the staff were good. We spent time in the lounge, kitchen and an annexed flat talking with people who used the service and talking to staff. We found people were talking and laughing in a positive atmosphere. One person who used the service told us, “I think the staff are great, we spend a lot of time together so I know they are good.”

Care staff we observed always asked people the level of assistance they required with a particular task. For example, we saw staff talking to one person about the assistance they may need to prepare their breakfast. The person expressed that they did not require any help. The member of staff remained in the kitchen, observed and let the person know, “I’ll be here if you need any help.” We also saw staff treated people with respect and patience, knocking on people’s doors before entering.

We looked at people’s care plans and found information that informed staff their likes, dislikes, choices and preferences. People we spoke with were able to be involved in their care plans. They told us they were aware of what staff wrote in the plans. One person told us, “I know I am involved as I regularly sit and talk to staff about things.” We saw records in the care files that showed when reviews took place, it happened with the involvement of the person who received the service and other relevant healthcare professionals and relatives.

People had unrestricted movement around the home and could choose where to spend their recreational time. Whilst we saw that staff addressed people with kindness, understood their needs and promoted independence we saw entries in documents which was contrary to this. For example the staff handover sheet for one person who used the service held the entry, “Good shift, not seen.” When prompted to document the strengths of a person in another care plan, staff had made the entry. “(person) does not have any strengths.” Service users did not suffer as a direct result of these comments however they are not indicative of person centred care.

The people we spoke with were complimentary about the care they received from staff. People said the staff were caring. For example, one person told us, “I wouldn’t change anything or anyone. I am really happy here and with the staff.” Other comments we received included; “This is my home so I should be and am aware of things that are happening. I chose the paint colours when my flat was decorated.”

Is the service responsive?

Our findings

The people we spoke with who used the service told us the service was responsive to their needs and requests. Staff told us, “We know and understand the individual needs, wants and preferences of the people here.”

We looked at the care plans for all five people who lived at Manor House at the time of our inspection. We found that each person’s care plan outlined areas where they needed support and how to best to meet those support needs. Care plans we looked at showed individual risks had been assessed and identified as part of the support and care planning process.

Care records included risk assessments, support plans, person centred plans, personal care support plans and a health plan. In some cases we found that record keeping was not always up to date, completed fully or reviewed in a timely manner. For example, one person’s last recorded personal safety plan was dated in 2013. The risk assessments in another person’s plan were last reviewed January 2014. This was not in line with the service user guide which declared that care plans should be review every six months or sooner. However although these records were not fully up to date we saw that staff knew people who used the service well and the care they required to meet their needs.

People’s care plans contained details of activities people liked to undertake. On occasions some people required

additional support of two to one staffing whilst undertaking certain activities. We saw evidence that the staffing was provided to facilitate this. We saw activities included shopping, trips, going out for lunch and physical activities such as swimming. One person we spoke with said, “I am always asked about activities, some I choose to do and some I don’t, it’s up to me.”

We saw that when people were at risk, health care professionals advice was obtained and the relevant advice sought. The physical wellbeing section of one person’s file described how they had four weekly check ups with a nurse.

We saw the provider held a complaints’ policy, this was explained to everyone who received a service. The policy was displayed in a communal area to be accessible by people who used the service, however this was not in an easy to read format. The registered manager told us, and records supported, that they had received no formal complaints since our last inspection. One person told us, “I don’t have anything to complain about.” People also told us that if they felt the need to complain they were confident they would receive the support of staff to do so. One person said, “Staff would help me with anything if couldn’t do it myself.”

The registered manager told us that a forum was to be introduced in the immediate future. This will include people who use the service and relatives and will be used to increase involvement and help shape the service.

Is the service well-led?

Our findings

There were systems in place to monitor and improve the quality of the service provided. These included the environment, infection control, fire safety and medication. However not all the systems were used robustly. For example a medication audit dated 1 January 2015 had not been signed by the person undertaking the audit. Creams in the medication fridge did not have 'opened on' dates. Medication had been signed as being administered whilst a person was at home with family. The audit had not picked up these issues and as such they went unaddressed. As the audit was not signed it was not possible to determine who had undertaken the audit and if they were an appropriate person to do so. Care Plan audits had not recognised the issues we identified in relation to care documentation not being fully up to date.

Staff records showed that supervision did not occur with the bi-monthly frequency expected by the provider. We looked at staff supervision records in five staff files. One person had received two recorded supervisions in 2014. Another member of staff had been employed since 2010 and had no record of supervision on file. The systems in place to monitor the quality of services provided had not identified that staff were not receiving regular formal supervision and appraisal in line with their policy.

We found that the registered person had not protected people against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems to regularly assess and monitor the quality of the services and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff members we spoke with said communication with the registered manager was very good and they felt

supported to carry out their roles in supporting people. They said they felt confident to raise any concerns or discuss people's care at any time. Staff we spoke with said they worked well as a team and knew their roles and responsibilities very well.

One staff member we spoke with told us, "The management team and staff team are always supportive of each other. We have a positive culture here."

The nominated individual also carried out regular visits to Manor House. During these visits they spoke to and gained feedback on the service from people who used the service and staff. We saw that actions had been produced as a result of the visit. For example a bathroom had been closed for refurbishment. Consultation had been carried out with people who used the service to help determine the new layout and look of the replacement bathroom.

Regular satisfaction surveys were undertaken to obtain people's views on the service and the support they received. The feedback received indicated that people were happy with the service they received.

We spoke to six staff. They told us they received supervision and an annual appraisal of their work. They told us that they found the manager to be very supportive. One person told us, "We get lots of training including NVQ's, it's really good."

There were regular staff meetings arranged, to ensure communication of any changes with any aspect of the home. We saw that the timings of some of these meetings had been arranged to ensure that those staff who worked nights could attend. Staff said if they were unable to attend the meeting there was always minutes available so they could see what was discussed. Staff also told us if they wanted to raise anything the registered manager was always approachable and listened.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified and the associated risks minimised.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include</p> <p>(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;</p> <p>(g) the proper and safe management of medicines;</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> |