

SSB Carehomes Limited

# The Manor Nursing Home

## Inspection report

Dog & Duck lane  
Morton  
Gainsborough  
Lincolnshire  
DN21 3BB

Tel: 01427612796  
Website: [www.ssbcarehomes.com](http://www.ssbcarehomes.com)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The Manor Nursing Home is a 'care home with nursing'. 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. It provides accommodation for older people, people living with a learning disability and those with mental health conditions or dementia. The home can accommodate up to 26 people. At the time of our inspection there were 22 people living in the home. Care is provided in two units which are based on a single site.

At the last inspection in August 2017 the service was rated, 'Requires Improvement'. We found a breach in Regulation 17. The provider had failed to put in place processes and systems to address issues previously identified by CQC. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good. We undertook an unannounced focused inspection of The Manor Nursing Home on 15 June 2018. The team inspected the service against two of the five questions we ask about services: is the service safe, is the service well led? This is because these were areas where concerns had been raised. At this inspection we found the overall rating remained requires improvement. Issues identified at the previous inspection had failed to be fully addressed. This is the third time the service has been rated 'Requires improvement'. We found their remained a continuous breach of Regulation 17.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

There was 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

Quality checks were being completed but these had not identified some of the issues we found at inspection. Issues identified at previous inspections had not been addressed fully.

Medicines were not managed consistently safely. Where people received their medicines without their knowledge (covertly) the provider had not followed best practice guidelines.

There were arrangements to prevent and control infections.

The provider had ensured that there was enough staff on duty. In addition, people told us that they received

person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been consistently completed before new staff had been appointed.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had not been consistently involved in the running of the service. The registered manager had put in place arrangements that were designed to enable the service to learn and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

The provider had informed us about accidents and incidents.

Further information is in the detailed findings below.

## 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 consistently safe.

Arrangements were not in place to ensure medicines were effective when given without people's knowledge (covertly) or in food. Systems were not in place to ensure people received the correct amount of medicines when variable doses were prescribed.

Risk assessments were completed and plans to mitigate the risk were in place.

There were systems, processes and practices to safeguard people.

There were sufficient staff available.

Arrangements were in place to prevent the spread of infection.

**Requires Improvement** 

### Is the service well-led?

The service was not consistently well led.

Issues from previous inspections had not been fully addressed.

Quality monitoring arrangements failed to identify the issues raised at previous inspections.

People and staff opinions were not sought consistently on the services provided.

People and their relatives felt their opinions were valued when asked.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people.

**Requires Improvement** 

# The Manor Nursing 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 inspection was prompted in part by concerns raised about the care provided in another location owned by the provider. For this reason, we looked at issues around safe care and how well led the service was.

This inspection took place on 15 June 2018 and was unannounced.

The inspection was carried out by an inspector and a specialist advisor. The specialist advisor was a nurse.

Before the inspection we examined information, we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we visited both units. We spoke with three people who lived at the service, two members of care staff, one nurse, the provider, the administrator and the registered manager. We also looked at three care records and records that related to how the service was managed including staffing, training and quality assurance.

# Is the service safe?

## Our findings

The service was rated requires improvement at the last inspection and this time it remained requires improvement.

Where people received their medicines in food without their knowledge (covertly), to assist them to be able to take their medicines, we observed the appropriate arrangements had not been put in place to ensure the method of administration did not affect the way the medicines worked. We checked the provider's medicine policy and saw it included best practice guidance with reference to covert medicines and medicines given in food. However this guidance was not being followed. We spoke with the registered manager about this who told us they had been unable to obtain the appropriate advice. We saw evidence of ongoing discussions in order to resolve the issue. However there remained a risk that people's medicines would be less effective due to the method of administration.

Medicine administration records (MARs) were not completed according to the provider's policy. Where people were prescribed variable doses of medicines on a regular basis, for example, one or two tablets the MAR did not detail how many had been given. This meant it was not clear from the MAR how much medicine a person had been administered. This lack of detail may have compromised people's safety.

We identified a person had not received their medicines at the prescribed time on an ongoing basis. We spoke with the registered manager about this who told us it was because they were usually asleep at these times and they would contact the GP regarding this. Medicine front sheets were in place and included information about allergies. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them.

Risk assessments had been put in place for a range of issues including the use of bed rails and skin care. Risks to people's safety had been consistently assessed, monitored and managed, so that people were supported to stay safe while their freedom was respected. During our inspection the lift was out of action and arrangements had been made to ensure people were made safe until the repair was completed. Arrangements were in place to protect people in the event of situations such as fire or flood.

People told us they felt the home was clean. Checks had been carried out to ensure areas were kept clean and measures were in place to prevent the spread of infection.

People told us that they felt safe living in the service. We saw evidence of people being supported to maintain their feeling of safety. For example staff supported people to move safely and at their own pace. Relatives also told us they were confident that their family members were safe. There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse both internally and externally to the service, so that they could act if they were concerned that a person was at risk. All staff were able to tell us how they would respond to suspected abuse. Staff were also able to explain different types of abuse and how they would

recognise abuse correctly. Staff confirmed to us that they had received training in this topic. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they could tell us about these. For example, they said they would try to pre-empt situations and divert people from things that distressed them.

The provider had ensured there was enough staff on duty to provide safe care to people. Staff said they thought there was sufficient staff. We observed during our inspection people were responded to in a timely manner.

We examined records of the background checks that the registered persons had completed when appointing new members of care staff. We found the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents and told us about an incident which had occurred and they received feedback about it during handover because it affected how they needed to support a person. Records showed that arrangements were in place to monitor accidents and near misses so that they could establish how and why they had occurred.

# Is the service well-led?

## Our findings

We have carried out two comprehensive inspections at this service in August 2016 and August 2017. On both occasions, the service has been rated as 'Requires Improvement', with repeated issues highlighted as concerns.

Breaches of regulation were identified in August 2017. The provider had failed to put in place processes and systems to address issues previously identified by CQC. This was a breach of the Health and Social Care Act (Regulated Activities) regulations 2014 in Regulation 17.

At this inspection we found some improvements had been made in relation to regulation 17 however the provider had failed to fully address the issues raised at the previous inspection regarding medicines. At the time of our inspection there was a lack of appropriate systems and processes to address these issues, for example, to ensure medicines were managed according to national guidance.

Continued breaches of the regulations demonstrate that the service is still not consistently well led and does not give us confidence that the provider can deliver and sustain the improvements needed to ensure the health, safety and welfare of people using the service.

At the previous inspection we found audits that had been completed did not effectively identify areas for improvement. At this inspection we found records showed that the registered persons had regularly checked to make sure that people benefited from having all the care and facilities they needed. However, these checks had not consistently addressed the issues found at this and previous inspections. For example, medicine audits had not identified issues regarding variable doses. At this inspection we found that systems were not in place to ensure staff worked to the medicines policy. Systems in place to monitor the quality of care people received and to drive improvements were not adequate.

We saw there were a number of areas which required refurbishment and we observed that although some refurbishment had taken place this had now slowed. A refurbishment plan dated March 2018 was in place but we found no evidence of completion or dates for completion of the issues identified. The provider had failed to address the issues identified for refurbishment in a timely manner.

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

Checks were carried out on issues such as falls, mattresses and health and safety issues. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed.

People and their relatives told us that they considered the service to be well run. There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff described the home as having a good atmosphere for people. A member of staff



told us, they enjoyed working at the home and that "Residents were well cared for." Staff said they thought there was a good team in place and the culture was very supportive. They told us they felt appreciated. A member of staff told us, "The registered manager is brilliant, and does whatever is necessary for resident's care."

Relatives we spoke with knew who the registered manager was and felt they could approach them with any problems they had. However, two people who lived at the service told us they were not sure about the process for raising concerns but would speak with staff if they needed to. Staff told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. A member of staff told us the registered manager was very approachable and fair.

Regular staff meetings were not held, the most recent meeting had taken place in March 2017 however staff said they felt they were kept informed about issues. We observed that as a consequence of the meeting staffing numbers had been increased to reflect the needs of people living at the home. A member of staff told us, they felt well supported by the manager.

We found that people who lived in the service, their relatives and members of staff had not been engaged regularly in the running of the service. A relative and residents meeting had taken place in December 2017 where activities had been discussed but no further meetings had taken place or were planned.

The registered manager had developed working relationships with local services such as the local authority and GP services. They had engaged with projects such as Harm Free Care with the NHS and although this had now completed as a project they told us they were continuing to use the tools as best practice.

The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection. Records showed that the registered persons had correctly told us about events that had occurred in the service, such as accidents and injuries.

This section is primarily information for the provider

## 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to fully address the issues raised at the previous inspection. There was a lack of appropriate systems and processes to address these issues, for example, to ensure medicines were managed according to national guidance.