

Plenus Care Ltd

The Manor

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 4 March 2015 and was unannounced.

The Manor provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 25 people who require personal and nursing care. At the time of our inspection there were 20 people living at the home.

At the time of our 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.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We found that there were long periods of time when there was little staff interaction. However we observed that

Summary of findings

when staff did interact with people this was usually in a positive manner. People told us that they felt safe and well cared for. When we spoke with staff they were able to tell us about how to keep people safe. However medicines were not stored safely and infection control risks were not consistently managed and people were at risk of cross infection.

We saw that staff obtained people's consent before providing care to them. The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP.

Staff responded in a timely and appropriate manner to people and people had their privacy and dignity considered. Staff were kind and sensitive to people when they were providing support. Staff had a good

understanding of people's needs. However people did not have access to activities and excursions to local facilities and experienced long periods of time without interaction from staff.

People were supported to eat enough to keep them healthy. People were offered drinks throughout the day but did not have open access to drinks during the day. People had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff told us that they felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. However, the complaints process was not openly in view and was only available in written format, therefore not everyone was able to access this.

Audits were not carried out on a regular basis. Accidents and incidents were recorded and reviewed to ensure trends and patterns were identified. The provider had not informed us of two incidents which they are required by law to tell us about.

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 safe.

Staff were aware of arrangements to keep people safe. The provider had policies and procedures in place to support staff. However systems were not in place to ensure that people were cared for safely.

Medicines were not stored and administered safely.

Infection control arrangements did not protect people from risk of cross infection.

There were insufficient staff to provide care safely.

Inadequate



Is the service effective?

The service was not consistently effective.

Staff were supported in their role and received appropriate training.

People's nutritional needs were met and people had access to healthcare services.

The provider did not act in accordance with the Mental Capacity Act 2005 (MCA).

Requires improvement



Is the service caring?

The service was not consistently caring.

Staff provided care in a kind and sensitive manner. However there were long periods of time when people did not receive any interactions with staff. Where people had difficulty communicating staff used non-verbal communication.

People were treated with dignity.

Requires improvement



Is the service responsive?

The service is not consistently responsive.

Activities and leisure pursuits did not reflect people's personal preferences and experiences,

Care records had not been consistently reviewed and updated

People and relatives were aware of how to make a complaint and raise concerns.

Requires improvement



Is the service well-led?

The service was not consistently well led.

A process for quality review was not in place.

Requires improvement



Summary of findings

We had not been informed of incidents as part of our formal notification system.

A whistleblowing policy and procedure was in place.

The Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 March 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of relevant care, for example, dementia care.

Before our inspection we contacted the local authority commissioners for information in order to get their view on

the quality of care provided by the service. We also looked at notifications which we held about the organisation and information that had been sent to us by other agencies. Notifications are events which have happened in the service that the provider is required to tell us about.

During our inspection we observed care and spoke with the registered manager, two members of care staff, one relative and seven people who used the service. We also looked at five care plans and records of accidents and incidents and medicines. We asked the provider to send us information about audits and staff training because these documents were not readily available during our inspection, we did not receive these.

We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. We observed four people for a one hour period.

Is the service safe?

Our findings

During our inspection we found that there was an unpleasant odour in some parts of the home and carpets were stained in both communal and bedroom areas and soiled with bodily fluids in one area, this could have exposed people to harmful bacteria and be spread around the home. We saw that there were personal toiletries, for example soap, left in two communal bathing areas which would be a cross infection risk if they were used for other people. We also saw that equipment such as wheelchairs and hoists were dirty and there was no record of when it was last cleaned.

Staff had received training on infection control and although we observed staff washing their hands to prevent cross infection, hand gel and soap dispensers were available throughout the home however we observed that some of these were empty. Hand gel and soap is important for staff to use in order to reduce the risk of cross infection and was not readily available because the dispensers were empty. During the, lunchtime period we observed staff did not wear protective clothing to prevent cross infection.

When we walked around the home we observed that there were areas which required refurbishment. For example we saw in a bathroom area the flooring was cracked and there was exposed plaster on the walls. These areas could not be easily cleaned to prevent the spread of infections.

A recent external infection control audit had been carried out in January 2015. The registered manager told us that it had highlighted some of the issues we had identified, and an action plan put in place to address them. The manager was not able to show us this at the inspection.

We found that the registered person had not protected people against the risk of cross infection. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at six people's medicine records and found that they had been completed consistently. We observed medicines being administered to people and noted that appropriate checks were carried out and the

administration records were completed. However, the arrangements for managing people's medicines which required storage at a certain temperature and controlled drugs were not reliable.

The home did not have access to a working drug refrigerator for the storage of medicines which require cold storage so they remain effective. We found a domestic fridge in a kitchen area had been used to store three tubes of people's topical creams and these were stored alongside dairy products which meant there was a risk of contamination. The provider did not monitor the temperature of the fridge to ensure that medicines were kept at a consistent temperature to ensure they remained effective. We found that of the three tubes of topical creams, only one had a legible person's name on it. This meant that staff could not confirm who the cream belonged to. We also noted that the three tubes of topical creams were open and there was no date to indicate when they had been opened by staff. This meant staff could not be assured the cream was in date and safe to use.

We found that medicines were not stored in a manner which met the legal requirements of the Misuse of Drugs (Safe Custody) Regulation 1973. The medicines cabinet for safe storage for medicines covered by the Misuse of drugs (safe Custody) Regulation 1973 was not locked as per regulation and medicines were stored in the external medicine cabinet. Additionally they did not have an appropriate method of recording these medicines. This meant that medicines were not recorded on receipt, administration and disposal and it was not clear whether people had received their medicines. There was a risk that staff or people living at the service could access these medicines. The provider was unable to account for the medicines.

We found that the registered person had not protected people against the risk of inappropriate storage and recording 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(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe living at the home. One person said, "I am very very happy here. ... and feel very safe indeed... I feel more safe here than where I was before". A relative we spoke with told us that they felt their family member was safe.

Is the service safe?

Staff that we spoke with were aware of what steps they would take internally and externally if they suspected that people were at risk of harm. Staff said that information about safeguarding concerns was fed back and that they were kept informed of safeguarding issues. The provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual plans were in place for people in the event of an emergency. However individual risk assessments were not always completed for people who used the service. For example, a person was described as being prone to falls but a risk assessment had not been completed. Risk assessments were also not in place for people who used bed rails to ensure that they were being used appropriately.

A person who lived at the home said, "The staff are always busy but they look after me well." Some people told us that they may have to wait a short while for care but staff would come eventually.

One member of staff told us that they felt they were short of staff on occasions. We observed long periods during the day when staff were not available in the main lounge area to support and interact with people. The registered manager told us that they had recently recruited to additional posts and were in the process of carrying out recruitment checks. They said that when these staff members commenced at the home there would be more flexibility around covering the shifts and an increased number of staff for times when they were very busy. The registered manager told us that currently there was not always a senior care staff on duty to lead the shift but that they had recently promoted two members of staff to address this issue.

The provider had a recruitment process in place which was managed centrally and included carrying out checks and obtaining references before staff commenced employment. Staff told us that they had had checks carried out before they started employment with the provider.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person told us, “The staff are very good and know what I like.”

A member of staff told us they had received an induction when they started with the provider. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. They said that they had received recent training in areas such as moving and handling, food hygiene and infection control. One member of staff also told us about their recent training on dementia care which helped them to provide appropriate care to people.

Staff were also satisfied with the support they received from the registered manager of the service and told us that they felt supported in their role. They told us that they received regular supervision including appraisals.

People who used the service told us that they enjoyed the food at the home. One person said, “We’ve a choice for lunch. I don’t like the sausage here so will be having egg and bacon.” They told us “The cook comes in and asks what you want at about 10am.” We observed staff providing people with an alternative meal when they refused their lunch.

People had been assessed with regard to their nutritional needs and where appropriate, plans of care had been put in place. Where people had specific nutritional needs referrals had been made to speech and language therapists and dieticians to assist staff in meeting their needs. Allergies or particular dislikes were highlighted in the care plans to ensure that staff were aware of these. We observed people were offered drinks at various times during the day, however drinks were not available for people to help themselves throughout the day. Care staff were familiar with the nutritional requirements of people, however records of food and fluid intake were not in place to ensure people received an appropriate amount of food and fluids in order to meet their needs.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. For example people were able to access the GP for regular check-ups and reviews. GP surgeries carried out regular reviews of people’s care and we saw

records of this. The provider made appropriate referrals when required for advice and support for example, to the optician and specialist services such as the mental health services. We saw where people had physical health problems they had been referred in a timely manner to the GP and treatment provided. One person told us that the district nurse visited them regularly to assist with their skin care.

Staff received daily handovers where they discussed what had happened to people on the previous shift. They said that these helped them to respond appropriately to people and ensure that they were aware of any changes to their care and health. We observed that the handover related to people’s wellbeing and personal care needs.

Where people did not have the capacity to consent, the provider did not act in accordance with

the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests. For example, we saw that one person received their medicines covertly. These are medicines which are given without the person being aware of it, for example, in their food. We could not see that there was a specific support plan for this person and evidence that appropriate health and social care professionals were involved in with this arrangement was not available. In addition, there was no information available to demonstrate that any decisions were made in the person best interests. When we spoke with staff we found they were unclear about the Mental Capacity Act 2005 however we observed that they gained consent from people before delivering care.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are

trained to assess whether the restriction is needed. If the location is a care home, the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one subject to a DoLS.

Is the service caring?

Our findings

Although we saw good examples of staff being caring in their approach when they were providing care, there were long periods when people were left without any meaningful interaction from staff. We observed that the majority of meaningful interaction only occurred when care was being provided and at other times people were left without access to support or engagement. On one occasion during our inspection we observed a member of staff spoke indiscreetly to people when they were asking them if they could assist them with their care. The member of staff spoke loudly to a person so that other people in the room overheard the question.

People who used the service and their families told us they were happy with the care and support they received. One person said, "They are nice here, it makes all the difference." Another person told us, "Staff are very kind and caring and courteous. They treat me with respect."

We saw that the home had received a number of thank you cards from relatives. Comments were positive, for example, 'Thank you for your kind love and attention,' and 'Thank you for looking after [relative] so well.'

We saw that staff interacted in a kind manner with people and that they were sensitive to people's needs. For example, staff checked that people had finished their drinks before removing their cups. Staff called people by their preferred name and chatted with them about the morning and what they had done. Staff were able to tell us about people's needs and how they supported them to meet their needs. For example one person liked to have

regular contact with their relative and became distressed if this did not happen. Staff made arrangements in advance on a regular basis for the person to speak with their relative.

One member of staff told us, "The Manor is a 'lovely home. It's somewhere you can take your time and talk with people and not feel too rushed,'" and "People treat it like their home and it's around their choice."

People who were unable to verbally express their views appeared very comfortable with the staff who supported them. We saw staff responded to non-verbal communication when providing care to people.

Staff usually provided support and assistance to people in a sensitive manner. For example, asking people if they required assistance. When staff supported people to move they did so at their own pace and provided encouragement and support. Staff explained what they were going to do and also what the person needed to do to assist them.

People told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on bedroom doors. Staff understood what privacy and dignity meant in relation to supporting people with personal care. At lunchtime tables were set with tablecloths and napkins and people were asked if they wanted a protective apron to wear.

Bedrooms had been personalised with people's belongings, to assist people to feel at home. The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounges. All the rooms at the home were used as single rooms. The registered manager told us that they keep a double room available for couples who may want to share.

Is the service responsive?

Our findings

Throughout the day we saw that staff responded appropriately to people's choices for support. We saw that staff always asked people if they wanted support and waited for their consent before providing it.

Staff were able to tell us about people's individual needs and preferences. They told us about how they responded in order to meet people's needs. For example one person preferred to spend time in their room and staff said that they would talk with them and offer to support them to come downstairs but respect their wishes. Another person had been able to bring their pet to live with them at the home and we observed that staff supported them to care for it.

Relatives were encouraged to visit and support people. One person said, "It was my birthday last week and we had a cake and cards." Another person said "We have bingo on Tuesdays and play whist." We saw in the care records there was information about important dates to people such as anniversaries, memories and people's interests, unfortunately these were not always fully completed.

A person told us, "It can be a bit boring sometimes though." During our inspection we did not observe any activities taking place. The registered manager told us that a member of staff provided activities two days a week and during the other days staff were expected to provide

activities. However when we spoke with staff they told us that this was often difficult to do currently due to staffing numbers. The registered manager told us that they had links with the local school and church but that despite being close to the church they did not visit the church.

We looked at care records for five people who used the service. We saw that care records had not been reviewed since December 2014 and had not been updated to ensure that they reflected the care and support people required. For example, a person had experienced problems with their catheter and it was not clear from the record whether this was still a problem because the care record had not been updated.

The people told us that they did not know what was in their care plan. Care records included consent forms for issues such as photography and had been signed by people on admission however neither the relative or the people we spoke with felt that they were familiar with what was in the care records.

The complaints procedure was not on display in the home. Relatives told us that they would know how to complain if they needed to as they had previously received information about how to complain and would be happy to raise issues with the staff and registered manager. We saw that a log was maintained of complaints and a recent complaint had been resolved satisfactorily.

Is the service well-led?

Our findings

The provider didn't take account of feedback and incidents and there was no evidence of change following reviews. The registered manager told us that they did not have an audit programme in place but were hoping to develop one when they received administration support. This meant that there were no processes in place to ensure the service delivered high quality care and make improvements to the service. They said that they had recently recruited to an administration post and that this should help them with these tasks. An external infection control audit had been carried out in January 2015. We asked the registered manager for a range of information during our inspection including training and supervision information and copies of external audits, however they were unable to provide these. They told us they would forward the relevant information to us however this has not been received.

We found that on two occasions we should have been informed of incidents which the provider is required to notify us of. We discussed this with the registered manager however the information was still subsequently not received. Additionally the provider was not meeting the legal requirements for the storage of medicines.

Prior to our inspection we had received concerns from relatives about issues that had not been resolved. The relatives we spoke with told us that they would be happy to raise any concerns they had. They said that they would go to the registered manager and were confident that they would sort it out quickly. However people and relatives had not been asked for their comments and opinions on a regular basis in order to improve the service provision. The registered manager told us they were in the process of developing a survey in order to do this.

We found that arrangements were not in place to regularly assess and monitor the quality of the services provided. 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.

Staff said there were good communication arrangements in place which supported them in their role. Staff told us that they would feel comfortable raising issues. They said that they were aware of their roles and who to go to for assistance and support. One member of staff told us that the registered manager was 'very' approachable to both staff and people who lived at the home. A staff member told us that they had staff meetings but that they hadn't had one for a while.

The registered manager was the registered manager for two homes. However, there was a deputy manager in place to ensure that during the absence of the registered manager arrangements were in place to lead the service. The registered manager told us that the current deputy manager was leaving but they had recruited a new deputy manager and had arranged for them to work together for a short period to facilitate a smooth handover. They said this should ensure continuity of care for people and assist them in providing appropriate support to staff.

We observed that the registered manager took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. Throughout our inspection we observed the registered manager interacted with staff, relatives and people who lived at the home.

They told us that they were trying to develop staff's roles so that they could provide more support to each other. For example they were developing staff to be trainers in some areas such as moving and handling and infection control.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12(1)(2)(h) Processes were not in place for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

Regulated activity

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12(1) (2) (g) was not being met. Appropriate arrangements were not in place for the safe storage of medicines.

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (2) (a) and (b) was not being met. Arrangements were not in place to regularly assess and monitor the quality of the service.