

# Barchester Healthcare Homes Limited

# The Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

The Manor Nursing Home providing personal and nursing care for up to 86 people. At the time of the inspection 40 people were living at the home.

The home is laid out over two floors and offers nursing and residential care. The home also provides a respite service.

### People's experience of using this service and what we found

Systems in place to communicate with people and relatives were not always effective. The registered manager was addressing some routines within the service, which had restricted some people's freedom of movement and choice due to the pandemic.

Staff commented positively about the leadership and management of the home. Staff told us they had concerns in regard to the planned changes to the management of the service.

People and their relatives told us they felt safe at The Manor. Safeguarding incidents were reported to the appropriate agencies. Staff felt confident to raise safeguarding concerns with the registered manager and were aware of external agencies where they could report concerns.

Risks to people were identified and guidance was in place for staff to reduce the level of risk to people. Checks were in place to ensure the environment and equipment was safe.

The service had ongoing monitoring arrangements to ensure all aspects of infection control followed best practice guidance. The provider ensured people were aware of social distancing rules in regards the pandemic. Visitors were able to see their loved one from specially adapted visitor suites.

Medicines were managed safely, and people received their medicines as prescribed from staff who had received training and had their competency assessed.

Some people at the service were living with an acquired brain injury. They had access to the in-house physiotherapist, but they did not have detailed plans to ensure each person reached their full potential.

Governance systems were in place to monitor the quality of service and the health, safety and welfare of people. There were enough staff available to support people safely and meet their needs. Staff were recruited safely.

We found improvements had been made at this inspection. The provider had addressed issues raised at the last inspection in their action plan.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was requires improvement (published 09 October 2019). Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when. At this inspection we found improvements had been made and the provider was no longer in breach of Regulations 12 (Safe care and treatment), Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Why we inspected

The inspection was prompted in part due to concerns received about risk to people's safe care and treatment at the service. A decision was made for us to inspect and examine those risks. The provider has taken action to mitigate the risks and these had been effective. We found no evidence during this inspection that people were at risk of harm from this concern.

At this inspection we only reviewed the safe and well led key questions. This is because of our current methodology and risks related to COVID-19 meant we were not reviewing the key questions in effective, caring and responsive. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details in our safe findings below

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# The Manor

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors who visited the service and an Expert by Experience who contacted people by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service and two relatives who were visiting the service. We spoke with ten members of staff as well as the registered manager, deputy manager, regional manager, and two nursing staff.

We reviewed a range of records. This included five people's care records and 15 medicine records. We also looked at records relating to the management of the service such as incident and accident records, health and safety records, audits and staff recruitment records and supervision.

After the inspection –

Following the inspection, we contacted eight relatives by telephone and one health professional. We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

### Using medicines safely

At our last inspection risks to people were not managed safely including the management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12

- At the last inspection we found that people were at increased risk because they did not always receive their medicines safely or as prescribed. We found improvements had been made at this inspection.
- People received their medicines as prescribed from staff who had received training and had their competency assessed. Medicines were administered in an unhurried manner and people were given the support they required to take their medicines.
- Regular audits were carried out and where issues were identified action was taken. For example, where errors had been made, staff involved were supported with additional training and competency checks to ensure safe practice.
- The pharmacist supplying medicines to the service undertook review visits, although due to the pandemic the last audit was completed October 2019. The review report showed good standards were maintained.

### Preventing and controlling infection

At our last inspection risks to people were not managed safely including the management and prevention of infections. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks would be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- People lived in a home which was clean and free from odours. Housekeeping staff were clear about the cleaning routine required to help ensure these standards were maintained.
- Because of the COVID-19 pandemic staff were seen wearing masks and had access to gloves and aprons when providing personal care. This helped to protect people from the risk of an infection.
- All visitors to the home had their temperature taken before entry. Visitors were able to see their loved one from specially adapted visitor suites.

#### Assessing risk, safety monitoring and management

- Risks were routinely assessed. Risk management plans considered risks relating to areas such as people's mobility, nutrition, behaviour and skin integrity. Staff were able to discuss people's risks and the action they needed to take to minimise the risk.
- Improvements had been made in relation to the management of potential skin damage; wound care; catheter care and the care of a person living with a tracheotomy.
- Essential equipment, such as suction machines and syringe drivers were serviced by external contractors. This equipment was due to be serviced in October 2020 but had been delayed due to Covid-19. Following the inspection, the registered manager confirmed servicing and calibration of the medical equipment would be completed by 16 December 2020.
- The provider ensured the environment and equipment were maintained. Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced.
- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency.
- If a person had been identified as being at risk of choking, records showed they had been assessed by the local speech and language therapy team (SALT). The recommendations made by the SALT were incorporated into individual care records.

#### Systems and processes to safeguard people from the risk of abuse

- At our last inspection the service was not fully engaged with safeguarding systems. At this inspection we found the service had effective safeguarding systems and processes in place. The registered manager told us, good links had been established with the local safeguarding team.
- Following the last inspection, to improve safety and outcomes for people, additional training had been sought for registered nurses and care practitioners. This aimed to enhance staff's clinical skills to better recognise when a person's condition may be deteriorating and escalate concerns to other health professionals as required.
- There were safeguarding systems in place. Staff understood the possible types of abuse people could be subjected to, had how to report internally and externally. One member of staff told us, "I would raise concerns if I was unhappy about any aspect of anyone's care".

#### Staffing and recruitment

- The number of people living in the home since our last inspection had reduced. People using the service confirmed that there were sufficient staff to keep them safe. Relatives informed us they could not answer this question adequately as they had not been inside the home since March this year due to the Covid pandemic. However, they were not aware of any staffing shortages.
- There were enough staff on duty to meet people's needs. We observed people had regular contact and supervision with staff and requests for support were responded to promptly. Records showed where regular comfort checks were to be carried out by staff, they had been achieved.



- Safe recruitment systems were in place to ensure only suitable staff were employed.

#### Learning lessons when things go wrong

- There were systems in place to ensure accidents, safeguarding and incidents were recorded, investigated and action taken.
- Incidents and accidents were analysed for themes and trends. The management team shared any learning through daily meetings and handover records.
- The registered manager had a learning approach to incidents and issues at the service. They monitored areas such as incidents and accidents to identify any patterns. Where issues arose, they were discussed at staff meetings and the monthly quality and clinical governance meetings.
- Staff were aware of their responsibilities to raise concerns and record safety incidents and near misses. They expressed confidence in the registered manager and deputy manager and said they could speak with them about issues of concern.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

We only reviewed the safe and well led key questions. This meant we were not reviewing the effective, caring and responsive key questions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection there were shortfalls in the services leadership. Leaders and the culture they created had not assured the delivery of high-quality care. This was a breach of regulation 17, (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection there were improvements and the provider was no longer in breach of regulation 17(Good Governance).

- The registered manager had ensured a robust system of checks and audits were carried out, reviewed and discussed with staff. Areas such as medicines, safeguarding, tissue viability and accidents and incidents were regularly reviewed. This provided the registered manager and provider with a detailed overview of the safety and quality of the service.
- The improved clinical governance and records had also improved communication and understanding amongst staff. This had supported the improvements found at this inspection.
- Staff had confidence in the registered manager, and they expressed their concern about their departure in the New Year. One said, "I love coming to work now. The quality and safety has improved enormously under (the registered manager). We are just on an even keel and the team is working so well together. We are all sad (the registered manager) is leaving." This was echoed by several staff.
- People living at the service also raised concerns in regard the changes of management. One person told us that they had felt safe and supported since the registered manager had come to the service, they told us, "I am very sad and not happy about it. She is very good at managing the service and has made a big difference for us all. It is more friendly, I have felt safer here we will all miss her".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some people at the service were living with an acquired brain injury. Although the service was not a rehabilitation service the provider had employed physios to help maintain mobility. However, the registered manager had recognised the limitations within the service to support people to gain their independence and fulfil their potential. They were liaising with the commissioners to ensure placements were suitable to

support people with specialist needs.

- The registered manager was addressing some routines within the service. For example, several people were in bed at 5.30pm. We saw five people who were in bed by 5.30. Two people told us they would like to get up, but care staff informed us, they had already been up that day. Another person when asked if it was their choice to be in bed, shrugged their shoulders. The registered manager informed us staff needed more direction in supporting people to stay up and recognise these were younger adults. They informed us this issue was being addressed with staff and additional evening activities were being explored to offer more stimulation and social contact for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in line with their duty of candour.
- There were systems in place to ensure the duty of candour was followed. When incidents occurred in the home the registered manager considered the duty of candour and recorded on the incident form where relevant parties, such as people's relatives, were informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems in place to communicate with people and relatives were not always effective. The registered manager was addressing some routines within the service, which had restricted some people's freedom of movement and choice due to the pandemic. For example, some people told us they would like to go outside or see a hairdresser. Comments included, "I do get bored we used to be able to go outside now we are not allowed". "I am sure they could have tested a hairdresser for Covid, and they could have worn PPE". Relatives also raised concerns that their loved ones had not been able to have their hair cut since March 2020. One relative said, "Mum is a very proud lady and has always had her hair cut and styled. It is upsetting that she has not been able to do this since last March". The provider addressed some of these issues in their letter to relatives in September 2020. Following the inspection, the provider told us they had advertised for a hairdresser.

- Relatives and health professionals told us communication was good. Relatives told us they had regular communication with the provider and management team. Visiting entertainers supported The Manor virtually and this included different faith groups offering weekly support. iPads had been purchased by the provider to support people to keep in contact with their loved ones.

Working in partnership with others

- We acknowledge our inspection took place during the COVID-19 pandemic. The registered manager informed us throughout the pandemic they had continued to work closely with other health professionals family and friends.
- Overall, relatives told us they were happy with the care their family members received, and they were kept up to date about important changes in people's physical health. The registered manager informed us there was an increase in positive compliments. We observed many of these compliments at the time of the inspection in the compliment file.
- The provider was ensuring that people's family and friends remained in contact. There was a visiting policy in place and visitors were able to book an appointment with their loved ones safely in specialised visitor suites.

Continuous learning and improving care

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.