

Mr & Mrs C S Dhaliwal

Manor House Residential Home

Inspection report

Hall Lane
Old Farnley
Leeds
West Yorkshire
LS12 5HA

Tel: 01132310216

Date of inspection visit:
16 August 2016

Date of publication:
29 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 16 August 2016 and was unannounced. We carried out an inspection in April 2014 where we found the provider had breached one regulation associated with regulation 9 (Care and welfare of people who use services) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found the planning and delivery of care was not always carried out in a way which met individual needs and did not always ensure the welfare and safety of people who used the service.

At the inspection on 16 August 2016 we found improvements had not been made with regard to this area and we found other areas of concern.

Manor House Residential Home is a converted stone building that has been extended to provide residential care, without nursing, for 30 older people. The home is located west of Leeds.

There was a registered manager in post; however, they were on annual leave when we visited. 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 care plans did not contain sufficient and relevant information. People were not protected against the risks of receiving care which may be inappropriate or unsafe. People told us they were bored. We saw the list of activities displayed in the home; however, these did not always take place.

We found staffing levels were not sufficient to meet people's needs. Appropriate recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff training was up to date to ensure people were cared for by knowledgeable and competent staff. Most staff had received regular supervision but this was not in line with the registered provider's supervision agreement. Staff had received an annual appraisal. Staff told us they felt supported by the management team.

Systems were in place for the management of medicines; however, people were not protected against the risks associated with the administration of medicines. Medication discrepancies were not investigated and during our inspection we noted, the room the controlled drugs and the refrigerator were located was not always locked. People were supported to maintain good health and had access to healthcare professionals and services.

People had opportunity to comment on the quality of service provided and influence service delivery. However, the quality assurance systems in place were not always effective. The deputy manager told us there were no complaints open for the home at the time of our inspection. We saw 'how to make a complaint' was contained within the home's 'service user guide'.

Staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of our inspection 22 DoLS applications had been completed. However, it was not clear how many applications had been granted. The care plans we looked at did not contain appropriate mental capacity decision specific assessments.

People who used the service told us they felt safe with the care they were provided with. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. We found one window on the ground floor did not have a restrictor fitted and we noted the window led to a nearby drop to a main road. Individual risks had been identified.

We observed the dining experience was a pleasant occasion and people had choice and variety in their diet. We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. Staff had a good knowledge and understanding of people's needs and worked together as a team. Staff were aware and knew how to respect people's privacy and dignity.

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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were not enough staff to meet people's needs. The recruitment process was robust and checks had been carried out.

Medicines were not always managed safely. Medicines discrepancies were not investigated.

Staff knew how to recognise and respond to abuse correctly. Individual risks had been assessed and identified. We found one window on the ground floor did not have a restrictor fitted and we noted the window led to a nearby drop to a main road.

Is the service effective?

Requires Improvement ●

The service was not always effective in meeting people's needs.

The service was not recording the specific decisions people were able to make in line with the Mental Capacity Act 2005.

Staff training was up to date to ensure people were cared for by knowledgeable and competent staff. Most staff had received regular supervision but this was not in line with the provider supervision agreement. Staff had received an annual appraisal.

People were supported to make choices in relation to their food and drink and to maintain good health.

Is the service caring?

Good ●

The service was caring.

We saw interactions between staff and people were positive, caring, warm and friendly. People told us they were happy living at the home.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive to people needs.

We found care plans did not contain sufficient and relevant information. People were not protected against the risks of receiving care which may be inappropriate or unsafe.

People told us there was a lack of activities. We saw the list of activity displayed in the home; however, these did not always take place. Entertainers did attend the home.

The deputy manager told us there were no complaints open for the home at the time of our inspection. We saw 'how to make a complaint' was contained within the home's 'service user guide'.

Is the service well-led?

The service was not always well-led.

There were audits in place, though these were not always effective when monitoring the quality of service delivery.

People who used the service, relatives and health professionals were asked to comment on the quality of care and support through surveys and meetings.

Staff felt supported by the management team. However, staff meetings did not take place frequently.

Requires Improvement 

Manor House Residential 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.

This inspection took place on 16 August 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience who had experience of people living in care setting. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 28 people living at Manor House Residential Home. We spoke with nine people who used the service, three relatives, three visitors, six members of staff, the deputy manager and the nominated individual. During the inspection we reviewed a range of records that related to people's care and support and the management of the home. We looked at five people's care plans.

Before the inspection, the provider had not 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. We also reviewed all the information we held about the service. This included any statutory notifications which had been sent to us. We contacted the local authority and Healthwatch. Healthwatch stated they had no information about Manor House. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People and their families were generally satisfied with staffing levels, though there were some consistent comments that more staffing would be of benefit and provide greater engagement and stimulation for people who used the service.

The deputy manager explained the staffing numbers were one senior staff member and three care assistants during the day and one senior staff member and one care assistant during the night. However, they told us the night prior to our inspection there were two care assistants on shift during the night. We looked at the staff rotas over a four week period and found staffing levels were not always maintained at the levels indicated by the deputy manager. For example, on 08/08/2016 the rota showed there was one care assistant and one agency staff member during the night. Another example, on 14/08/2016 the rota showed there were two senior care staff and one care assistant during the day.

We asked the deputy manager how they decided on staffing levels. They told us this was according to the dependency levels of the people who used the service. We saw the dependency tool used by the provider, which showed people's dependency was low, medium, high or very high. There was no other information to indicate the level of support people required. We found staffing levels were not always sufficient to meet the needs of people who used the service. At the time of our inspection we were told by the deputy manager there were seven people who used the service who required two members of staff to support some or all aspects of their care. This meant people may have had to wait if two people asked for support at the same time.

Following our inspection the registered manager stated the staffing levels within the home were determined by a dependency tool, which considered the needs of the person and the hours the staff worked, day and night. The document had been completed in May and June 2016 and was available to evidence the home was in an average zone. This also had examples of individual resident's needs. At the time of the inspection there were three dependency residents that required two staff to support some or all aspects of their care.

We asked the deputy manager about the arrangements for administering medication during the night, if a senior member of staff was not on shift, as the care assistants were not trained to do this. They told us there were no formal arrangements in place if a person required pain relief medication during the night.

On the day of our inspection we noted people who used the service were seated in one main large lounge area and two smaller lounges. We saw staff presence was not as visible in the two smaller lounge areas. We noted staff occasionally went into one of the small lounge areas, which was in the annex part of the home.

The deputy manager told us, "We have another three staff waiting to start. I've two for nights and one for days. We'd lost a night and day staff recently." The nominated individual told us, "When [name of registered manager] comes back, we'll review the staffing."

There were not sufficient numbers of staff deployed in order to meet people's needs. This was a breach of

regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us there were enough staff on each shift and this enabled them to undertake their work. One staff member said, "I think there is enough staff. Shifts are covered." Another staff member told us, "We have a lot of new staff starting and this will make a difference." Staff said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours.

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. For recording the administration of medicines, medicine administration records (MAR's) were used. The MAR contained a photographic record and allergy information for each person. The MAR's showed staff were signing for the medication they were giving. However, we saw a medicine discrepancies recorded, which showed one person's tramadol medication had not been signed for on the 30 June 2016. No action had been recorded of how this had been addressed. We noted another person's MAR showed levothyroxine sodium, which stated 'take one a day' had not been signed for on 12 August 2016. A third person's MAR showed paracetamol had been handwritten twice and stated 'take one or two four times daily, no more than eight in one day'. This meant there was at risk of the person receiving the same medicine twice. The health and well-being of people living in the home was placed at unnecessary risk because it was not clear if people were receiving their medicines as prescribed.

We saw most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. We saw people's medicines were stored in a trolley, which was locked in a cupboard when not in use. The arrangements in place for the storage of medicines were satisfactory. However, we noted at each medication round the trolley was located in a small room off the kitchen and staff had to walk through the kitchen each time they administered people's medication. The deputy manager told us, "We do so need help with that."

We spoke with a member of staff who told us one person required half a teaspoon of thickener in their drinks as they had swallowing difficulties. The deputy manager told us, "He chokes on liquids." We looked at this person's 'activities of daily living: nutrition' care plan which stated, 'Use my thickener as directed for all meals'. We saw this person had been assessed as being at high risk of choking. The deputy manager was unable to demonstrate how staff knew this was the correct amount of thickener for this person as it was not recorded on the MAR or in the care plan. They told us they would get confirmation from the GP.

Protocols were in place for the administration of 'as and when needed' (PRN) medicines. We saw the protocol demonstrated under what circumstances PRN medicines should be given. We noted one person's MAR stated 'senna tablets, take half to one tablet at night'. The deputy manager told us this was a PRN medicine; however this was not recorded as such on the MAR.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled drugs. We looked at the arrangements in place for the safe management of

controlled drugs and found this was safely managed. Each administration was signed for by two members of staff and the stock we checked matched against the controlled drugs register. Some medicines also needed to be kept in a fridge. The fridge temperatures were checked and recorded daily to ensure medicines were being stored at the required temperatures, however, the room temperature was not checked. Following our inspection the registered manager stated the temperature of the room where the medication was stored was recorded daily and documentation for this was available from the last two years.

During our inspection we noted, the room the controlled drugs and the refrigerator were located was not always locked. This brought to the attention of the deputy manager.

We saw effective systems were in place to manage prescribed topical creams and lotions. Records showed the usage of these medicines were recorded on a daily basis and body maps were in place to show staff where creams and lotions should be applied.

Staff who administered medication had received training. The records we looked at confirmed this and we saw staff had received a competency check for the administration of medication.

We looked at the medication audits and saw these had been completed every month during 2016. The audits checked areas such as training, ordering, administration storage and the return of medicines, although the format used restricted the amount of information which could be recorded. The registered manager checked stock levels against MAR charts, although this had been recorded on loose pieces of paper until August 2016 when this had become more formalised.

The management of medicines was not always safe. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at the safety of the premises and found the home was clean and odour free. Staff told us they reported maintenance issues in a communication book which the handyperson checked. We found three windows in the small lounge on the ground floor did not have window restrictors fitted. We were concerned one of the windows led to a nearby drop to a main road. We reported this to the deputy manager who arranged for a restrictor to be fitted to the window. We saw this was fitted on the day of our inspection. The nominated individual told us restrictors would be fitted to the other windows as soon as parts were available.

On the first floor we found the door for the cupboard containing the heating system was marked 'keep locked'. We checked this on our arrival and found the door was open. We found a lightbulb was out at the end of a corridor on the first floor which led to three people's rooms. We reported this to a staff member who arranged for the handyperson to change this.

We found a shelf in the corner of the ground floor corridor collapsed as this had not been properly fixed to the wall. We reported this to the handyperson who attempted to carry out a repair, but had to leave a note which asked people not to lean on it. Some garden furniture we saw was unclean which meant people were not able to use it.

We saw risk assessments had been carried out to cover activities and health and safety issues. These included slips and trips, heated surfaces and the lift. There were management plans in place to manage these. We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and the records we

looked at confirmed this.

Personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. We saw equipment had been regularly tested and all the certificates we saw were in date. This meant the service identified and managed risks relating to the welfare and safety of people who used the service.

People told us they felt safe in the home. One person told us, "I feel happy and safe here. The staff are very good, they look after me." Another person told us, "The staff are ok generally. I do feel secure and safe though."

Staff told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training and this was refreshed on a three yearly basis. Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. Staff we spoke with were confident incidents reported to the registered manager would be actioned immediately. Before our inspection we looked at the safeguarding notifications we had received from the registered provider. During this inspection we found records relating to each of notification. Where it was appropriate, referrals had been shared with the local safeguarding authority. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions. These included Dementia, first aid, health and safety, infection control, food hygiene, fire awareness and moving and handling. The deputy manager said they had a mechanism for monitoring training and identifying what training had been completed and what still needed to be completed by members of staff. We were told some staff were in the progress of obtaining or had obtained National Vocational Qualifications. Staff told us they had completed lots of training, which included health and safety and safeguarding. This ensured people continued to be cared for by staff who had maintained their skills.

We were told by the deputy manager staff completed an induction programme which included an introduction to the home, policies and procedure and training. We looked at staff files and were able to see information relating to the completion of induction.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision. We saw staff signed a 'supervision agreement', which stated 'formal supervision at least six times a year'. We noted supervisions were not carried out in line with the provider's supervision agreement. One staff members file showed they had received four supervisions during 2015 and once so far in 2016. We saw staff had received an annual appraisal. Following our inspection the registered manager stated 'Staff appraisals and supervisions are carried out in line with our policy and procedures and all staff have written evidence signed by the manager and themselves. Two staff members have returned to Manor House after other employment and supervisions have resumed for these staff. A staff member had long term sick and her supervisions were resumed on her return to work'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw records to confirm staff had received training in MCA and DoLS and the staff members we spoke with understood the practicalities around how to make decisions. Staff we spoke with told us people were supported to make choices throughout the day. During our inspection we observed staff supporting people to make decisions and they explained things and obtained people's permission before care or support needs were carried out.

The care plans we looked at did not contain appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected.

We saw the care plans contained a document called 'capacity to planned care', which contained generic information, for example, '[name of person] requires support with medications and personal hygiene needs'. We saw one person had a Do Not Attempt Resuscitation (DNAR) form in place dated 29/02/2016, which had not been signed by the person as it, stated they 'lacked capacity'. However, we saw they had signed 'consent to share documents' form dated 29/03/2016. Following our inspection the registered manager stated, 'The resident who lacked capacity to sign the DNAR documentation whilst in hospital as they were so ill, awaiting a meeting with their advocate and doctor to discuss this as stated in their care plan.

At the time of our inspection a staff member told us 22 DoLS applications had been submitted to the local authority. We were told by the deputy manager two DoLS applications had been granted, though a staff member looked on the computer and found one of these applications had not been granted. We asked the staff member how many DoLS applications had been granted in total. They were not able to say how many from the information on the computer.

People we spoke with were complimentary about the quality and quantity of food offered. Comments from people who used the service included; "The food's not bad at all, the staff seem keen enough on the job, though one or two seem a bit fed up and miserable. It's clean and tidy. It could be worse", "The staff are helpful and the food is good" and "The people are very nice, the food's good, nice and tasty."

We saw some people ate in the dining room or lounge and others in the privacy of their own bedroom. We observed both breakfast and lunchtime meals in the home. We noted the meal service was well organised and people were not rushed and clearly enjoyed their meal. We saw staff supported people if they needed it and staff worked hard to promote people's independence. The chef ensured the food was prepared in line with the person's needs. People were offered additional helpings or alternatives if needed.

We spoke with the chef who told us they were new to the home and were getting to know people's likes, dislikes and people's dietary needs, for example, people that required a diabetic diet. There was a three weekly menu, which each person had a choice of two options. We saw the food was freshly cooked and looked appetising. Portion sizes were according to individual preference. One staff member told us, "People have plenty fresh veg and fruit." Another staff member said, "The food is always hot and there is always a lot of fresh food."

We saw snacks and drinks were available throughout the day with staff having access to the kitchen when the chef had finished work for the day.

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included doctors, district nurses and chiropodists. Staff maintained records of all specialist involvement. One staff member told us, "We always get the GP if someone is not well. The dentist and opticians come here." Another staff member told us, "I would not hesitate to contact 999 in an emergency and I will not hesitate to get a GP if needed."

We spoke with three visiting health professionals during our inspection who told us they did not have any concerns regarding the home. They said the referrals made by the home were timely and appropriate.

Is the service caring?

Our findings

During our inspection we spent time with staff and people who used the service and we could see the relationships people had developed. Staff were friendly and they took time to listen and communicate with people. We observed the interactions between staff and people to be positive, caring and warm. There was a genuine rapport between some staff and people. There was a calm and relaxed atmosphere. It was evident from the discussions with staff and deputy manager they knew the people they supported very well. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

We asked people if staff were kind and caring and this was felt to be the case. Comments included; "I am happy here", "The food and staff are good, but there's not enough to do", "I have nothing to grumble about, they're very good here" and "I've been here quite a long time. It's not the most pleasant place. The kitchen staff are very good. There are some lovely people here but some are a bit 'chronic'."

Relatives we spoke with said, "The staff are brilliant here, I cannot praise them enough, they are brilliant with me, other visitors, families and the residents. They are supportive, confidential and genuinely care, though the staff numbers are limited. I am even thinking of volunteering here" and "I think my mum's happy here. She settled well, has her off days, but the staff are fab with her."

Staff we spoke with told us they were confident people received good care. One staff member told us, "People are well looked after." Another staff member said, "Care is good and it is very homely. I would be happy for a member of my family to live here." A third staff member said, "I want to treat people how I'd treat a parent."

Health professionals we spoke with said, "The staff are always very polite. I have witnessed them being caring with residents. They make the best of this old building" and "They seem friendly."

We saw people had free movement around the home and could choose where to sit and spend their time. The home was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day. We saw there were three separate lounge areas for people to use.

The home operated a key worker system for the people who used the service. The role involved ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives and health professionals.

We saw people were treated with respect and their privacy and dignity was taken care of.

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. One staff member told us, "I knock on doors and ask people what would they like for breakfast and what do they want to wear." Staff had received equality and diversity training which

gave them guidance on how to avoid treating people in a discriminatory way or disrespectfully. We saw the home had a dignity champion, which the staff member told us they had literature to read and would be sharing this information with the staff team.

We saw relatives and visitors were able to visit without restriction. One relative said, "Sometimes mum gets upset and staff calm her down. They make us very welcome and explain everything."

Following our inspection the registered manager stated, 'As a team, all staff were involved but the registered manager had signed a document for the home to take part in the research exploring physical activity in care homes. Individual residents had also signed documentation for their agreement to take part in the research'. The deputy manager told us their involvement with this programme had been a positive experience. They said staff had been asked to help people maintain their independence by encouraging them to undertake care tasks themselves. During our inspection we observed staff intervening to ensure people received assistance when it was appropriate.

Is the service responsive?

Our findings

At the last inspection in April 2014 we found the provider had breached one regulation. We found the planning and delivery of care was not always carried out in a way which met individual needs and did not always ensure the welfare and safety of people who used the service.

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

Staff we spoke with said, "The care plans contain enough information." Another staff member said, "The care plans tell you enough to look after people." A third staff member said, "I don't think the care plans are 100% but I do think they reflect the person."

One relative told us, "I have been involved in care planning and staff do listen to me and I always feel that I can raise issues."

We found the care plans we looked at contained some good information, however, we noted the care plans lacked detail and some people's care plans contained inaccurate or conflicting information.

We saw care plan evaluations were completed on a monthly basis. These covered areas such as continence, hygiene, mobility, nutrition, medicines and activities. However, where people's needs had been identified as having changed, the amendments were not always made to people's care plans. For example, one person's activities of daily living: mobilising care plan dated March 2016 stated, 'I am independent with my mobility'. We saw this had not been updated after the person fell and sustained a serious injury in April 2016. The person's 'activity of daily living: environment' dated April 2016 noted, 'Since having a fall I can no longer get up or sit down without the help of two care staff'. The patient summary home report dated April 2016 stated: 'two staff to assist me and help me from room to room'. On the day of our inspection we asked a staff member about this person's current moving and handling needs and were told, "[Name of person] has one staff member to support him."

We saw seven different versions of the spelling of how one person's name in their care plan. The person-centred care plan dated November 2015 for the same person stated their desired outcome was, 'Ensure [name of person] is happy at Manor House and she has everything she wants'. The care plan did not identify what action staff should take to ensure this happened. The 'activities of daily living: safety' record noted, 'Areas of high risk to me: Bedroom, dining area and lounges'. There was no information to identify the specific risks in each of these areas. The 'activities of daily living: Mobilizing' form stated, 'What I am able to do: I walk independently'. On the same form it was recorded, 'I need support from staff when I want to go to my room, in case I get lost'.

We saw records which confirmed relatives had been invited to attend six monthly reviews carried out by the registered provider. This meant relatives were included as part of the care planning for their family member.

We looked at people's interests and hobbies which were recorded in their care plans. For example, one person's activity assessment dated May 2015 stated staff needed to help encourage them participate in bingo. Although we saw bingo was listed on the activities planner, the activity records we looked at did not contain any reference to whether the person had participated or had declined to join in with bingo.

We spoke with one health professional who told us, "We have a few concerns about the care planning."

The care plans did not fully reflect people's preferences or meet their needs appropriately. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

The registered provider did not have an appointed activities coordinator. We were told staff were responsible for providing activities for people. One staff member told us, "We do the quiz thing and the music lady comes. We have bean bags and hula hoop thing." Another staff member said, "The organist lady comes on a Wednesday. We do quizzes and games, jigsaws, colouring, listen to music and sing. Activities are not every day."

We saw an activities planner which listed hairdressing and a clothes party as activities on the day of our inspection. Staff told us the hairdresser was not available and the clothes party had taken place a week earlier. We observed a quiz during the morning and saw only two people from 17 who participated. We saw one person walked out of the lounge and went into the dining area when the quiz was taking place. People found the questions difficult to answer as the quiz had not been designed to appropriately meet their needs.

Other activities listed included a music session, arts and crafts, baking, ball games, a film afternoon, bingo and board games.

People we spoke with talked consistently of boredom and the lack of activity. We saw little stimulation. Whilst people told us they enjoyed the 'piano lady', they always played and sang the same songs. Comments included; "There's not anything to do, we just sit around", "There's nothing to entertain me and I don't think I've ever been in the garden", "There's not enough to do" and "It's very boring here. I have made friends with some of the other ladies."

We saw three televisions were all set to a channel which stayed on throughout the inspection. The positioning of the television in the main lounge area was poor as some people could not see the screen.

We saw there was a pleasant garden and a courtyard area. We noted the garden furniture had not been cleaned for some time and some old furniture/materials were stored in the courtyard area. We asked staff if the garden was used. One staff member told us, "The garden is used in the Summer, we have BBQ's. We have not had any BBQ's this year and we have not used the garden as much as last year."

We looked at one person's activity assessment dated April 2016 stated 'I like to knit.' We looked at the activity record dated 19 July 2016 to 27 July 2016 and saw there was no mention of the person knitting. The record showed mainly chatting and watching television. We looked at another person's activity assessment dated May 2016, which stated the person had an interest in cycling and staff needed to ask them if they would like to participate in bingo. We saw the person's activities were recorded daily, but regular reference was made to 'chatted to others', 'had a walk around' and 'had a sleep'. The only reference to participation in

activities was 'enjoyed music afternoon' and participating in 'swinging 60's' event. We saw there was no comments recorded regarding participating in bingo.

People's preferences were not achieved and their needs were not been met. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

The deputy manager told us there were no complaints open for the home at the time of our inspection. We saw 'how to make a complaint' was contained within the home's 'service user guide'.

We found a suggestion box in the entrance area and a sign which stated, 'Visitors to the home are asked to complete a survey. It is important you discuss any concerns you have.' This meant the registered provider welcomed comments about the service people received.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. On the day of our inspection the deputy manager was managing the home as the registered manager was on leave. The deputy manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People we spoke with were not aware of who the registered manager was; though relatives were. Relatives were happy with the care their family member received. They said they kept them up to date with their family member's physical and emotional well-being. One relative told us "I am not sure how ill my mum is or who I ask to find out, she won't tell me anything and I know she's been to hospital. They are very good with her though." Following our inspection the registered manager stated they were able to give the relative the consultants contact details and the registered manager maintained they had kept the relative informed of their relatives illnesses.

Staff we spoke with told us the home was well managed and the registered manager was very approachable and always happy to listen. One staff member told us, "It is a good management team." Another staff member said, "The manager is nice, the management team are fine."

The deputy manager told us the registered manager monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of audits, which included care plans, infection control and laundry. We noted the audits had not been redone but had been reviewed. For example, the laundry audit had been completed in December 2014 and reviewed by the registered manager in March and May 2015. We did not see evidence, which showed any actions resulting from the review of the audits had been recorded or acted upon. We saw an annual infection control audit had been carried out in December 2015 by the registered manager showing a result of 81% partial compliance. We asked the deputy manager if they had an action plan. The deputy manager told us, "Maybe no action plans were created." The deputy manager acknowledged, "Reviewing the old audits is not doing new ones." Following our inspection the registered manager stated 'Laundry audit was completed in June 2016 with no actions to take. Infection control audit had been completed in June 2016 with an action plan and dates when completed'.

The nominated individual told us the registered manager produced a monthly report for them as part of their checks. We looked at these records and found they confirmed items which were checked, although specific details regarding action needed and follow up from previous actions was not evident.

We saw staff meetings had been held in July 2015 and April 2016. We looked at the meeting minutes for April 2016 when discussions included DoLS, keyworker system, cleaning and the dignity champion. We asked the deputy manager how often staff meetings were held. They said they would like to have them monthly but agreed they were not happening that frequently. They also said, "We do have a problem getting them all together." One staff member told us, "We have meetings, but not frequently." Following our inspection the registered manager stated. 'Staff meetings were held in April 2015, July 2015, November 2015, December

2015, April 2016, and July 2016 with meeting minutes and staff signatures of attendance. We accept that one staff meeting is acceptable per quarter'.

The quality assurance systems did not include robust processes that were operated effectively enough to ensure safety and quality. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

We saw resident and family meetings for September and November 2016 were on display in the entrance to the home. We saw the meetings minutes for March and May 2016 included discussion regarding seating, activities, staffing and menus. We noted the May 2016 meeting was attended by 15 people who used the service. We saw residents meetings and the minutes were displayed on a notice board in the dining room, along with the results of a quality assurance survey for November 2015. We saw the quality assurance survey was completed by residents, family members and health professionals. The majority of comments were positive and a list of what had been done by the registered provider to improve some areas had been noted. However, the information was not easily accessible and the notice board did not have any signage to say what it was.

We saw the registered provider had carried out supervision with the registered manager in March, May and July 2016.

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 9 HSCA RA Regulations 2014 Person-centred care People's preferences were not achieved and their needs were not been met. Regulation 9 (1) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was not always safe. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance system did not include robust processes that were operated effectively enough to ensure safety and quality. Regulation 17 (1), (2) (a) (b) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of staff deployed in order to meet people's needs. Regulation 18 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care plans did not fully reflect people's preferences or meet their needs appropriately. Regulation 9 (1) (b) (c)

The enforcement action we took:

Warning notice