B Jugon

The Manor Care Homes

Inspection report

78-80 Lutterworth Road
Aylestone
Leicester
Leicestershire
LE2 8PG

Tel: 01162335040

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 23 January 2018, and the visit was unannounced.

The Manor provides residential and nursing care for older people. The Manor is registered to provide care for up to 67 people, over three units in the home. At the time of our inspection there were 15 people living at the home in Windsor unit, and Sovereign and Tudor units are currently closed. The Manor Care Homes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection of the service on 16 and 19 September 2017 we found there was an absence of the provider managing risks. This was a breach of Regulation 12 and 17 of the Health and Social Care Act 2008, and a breach of Regulation 18 (Registration) Regulations 2009, Notification of incidents.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well Led to at least good. We did not receive an action plan from the provider which should have outlined the action they were going to take. At this inspection we found that the provider had made improvements in all three areas where there was a breach. This followed the involvement of a consultant who brought their own staff team into the home to support the provider.

There was no registered manager in post. The provider confirmed the acting manager had begun the application process. 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.

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

The provider has formulated an action plan and has commenced improvements in the home. There is an extensive plan of refurbishment where improvements to the fire safety have been highlighted. Decoration of areas has commenced and these are being planned with people's dementia and failing sight in mind so areas will be highlighted in vivid colours.

At the last inspection of the service we found there was a lack of oversight by the provider to check quality monitoring had been carried out effectively. At this inspection, we found that the provider had commenced a wide range of quality monitoring checks. We will return to ensure these are embedded and protect people in the home.

The provider carried out quality monitoring checks in the home supported by the acting manager and home's staff. The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours if an emergency arose, or an equipment repair was necessary. The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals. Staff were aware of the reporting procedure for faults and repairs and had access to the maintenance diary to manage any emergency repairs.

We found that applications had been made to the local authority to legally deprive people of their liberty. The acting manager and care staff had been trained in the Mental Capacity Act (MCA) 2005. They were also aware of best interests meetings to ensure peoples treatment was in line with the MCA and Deprivation of Liberty Safeguards. People were asked for their written consent to care following their admission to the home. This was in addition to staff agreeing their actions prior to each caring intervention.

Staff had received training for their specific job role, and staff had begun to be enrolled on more formalised training which would increase their overall knowledge and provide them with a nationally recognised qualification in care. Staff were able to explain how they kept people safe from abuse, and were aware of whistleblowing and what external assistance there was to follow up and report suspected abuse. Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the home.

People were provided with a choice of meals that met their dietary and cultural needs. The catering staff were aware of people's dietary needs, and sought people's opinions about the menu choices to meet their individual dietary needs and preferences. A range of activities tailored to people's interests were provided by staff on a regular basis. Staff had had access to information and a good understanding of people's care needs. People were able to maintain contact with family and friends and visitors were welcome without undue restrictions.

Relatives we spoke with were complimentary about the acting manager and staff, and the care offered to their relations. People were involved in the review of their care plan, and when appropriate their relative's views were included. Staff had access to people's care plans and received regular updates about people's care needs. Care plans were being re-written to ensure they were easy to read and described the care and assistance people required. Care plans included changes to peoples care and treatment and people were offered and attended routine health checks, with health professionals both in the home and externally.

We observed staff positively interacted with people throughout the inspection, where people were offered choices and their decisions were respected.

We received positive feedback from the local authority with regard to the improved care and services offered to people at The Manor Care Homes.

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 consistently well led safe.

Potential risks to people's needs were mostly managed well though an incident had occurred whereby a person's safety was compromised. Some health and safety issues had not been identified.

Concerns about people's safety and lifestyle choices were discussed with them or their relatives to ensure their views were supported. Staff understood their responsibility to report any observed or suspected abuse. Staff were employed in sufficient numbers to support people. Medicines were ordered, administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent to care before it was provided. Staff had completed essential training to meet people's needs safely and to a suitable standard. People received appropriate food choices that provided a well-balanced diet and met their nutritional and cultural needs.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as individuals and recognised their privacy and dignity at all times. Staff understood the importance of caring for people in a dignified way, and people and their relatives were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. People and their families were involved in planning how they were cared

for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People were confident to raise concerns or make a formal complaint when necessary. People were supported to have a dignified and pain free death.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was an acting manager in post. The provider has commenced using audits to check people were being provided with good care. Once these are established and developed they could demonstrate a well led home. People using the service and their relatives had opportunities to share their views and influence the development of the service.

The Manor Care Homes

Detailed findings

Background to this inspection

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

The inspection was prompted to follow up the enforcement action which resulted from the last inspection in September 2017.

Inspection site visit activity started on 23 January 2018 and ended on the same day. It included direct observations of the staff group and how they offered care to people, speaking with the people and their relatives, the management staff and a visiting health professional. We visited the office location on 23 January 2018 to see the acting manager and office staff; and to review care records and policies and procedures.

This unannounced inspection was carried out by two inspectors and an Inspection Manager. Before the inspection visit we looked at the information we held about The Manor including any concerns or compliments. We looked at the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Therefore, we used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with two people and five visiting relatives and a visiting health professional to gain their experiences of The Manor. The group quality assurance manager, support compliance manager, acting manager, deputy manager and lead nurse assisted us on the inspection. We asked them to supply us with information that showed how they managed the service, and the improvements regarding management

checks about the safety and governance of the home following our last visit. We also received some information following this inspection visit. We also spoke with a senior carer, three care staff, and the cook.

We looked at five people's care plan records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily records and risk assessments. We also looked at staff recruitment and training records, quality audits, records of complaints, incidents and accidents and safety records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of the service between 16 and 19 September 2017, we found that there were risks to the health and safety, and people's care was not properly risk assessed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider had made a number of safety improvements.

However there was one incident since the last inspection whereby the management of a service user did not ensure their safety. As a result this service user was left unsupervised for approximately five hours after falling within one of the units and required medical attention.

The provider did not send us an action plan following the last inspection to say when he would be compliant or what actions they would be doing to improve the service.
When we commenced this inspection we were provided with an action plan how the provider has commenced improvements in the home. This covered all three areas in the home and was compiled by the acting manager and other senior staff in conjunction with the recently appointed consultant. We saw that safety checks were on-going, and most of the decorating improvements had been completed in the Windsor unit. The acting manager told us all the remaining improvements would be completed by 5 February 2018. The intention was then to move onto the remaining two areas of the home, which would allow the re-admission of people at an appropriate time.

This service has a history of not consistently maintaining people's safety and ensuring that safety checks had been implemented. The provider needs to ensure the checks that are being undertaken by the consultancy company are embedded and sustained. However, some improvements were still required as a recent fire inspection had identified a number of issues that needed to be rectified. These had not been identified by the provider.

A visiting relative said, "He [named their relative] is safe." A second relative said, I feel [named] is definitely safe, they protect him from any harm.
People were protected from abuse by a well-informed staff group. Staff had a clear understanding of the different types of abuse which protected people in the home. One member of staff told us, "I am clear on safeguarding procedures."

Staff told us they had recent refresher training on how people were to be protected from abuse or harm. Staff were aware of their role and responsibilities in relation to ensuring people were protected and what action they needed to take if they suspected abuse had occurred. All of the staff we spoke with were aware of whistle blowing, and confirmed that they had seen the whistleblowing poster in the office. That provided information on which authorities outside the service staff could report on any concerns if necessary.

Staff we spoke with understood their responsibilities to keep people safe. Staff confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. Staff were able to explain what they would do if they suspected or witnessed abuse of any person who used the service. They told us

they would share their concerns with the managers or the staff member in charge. A staff member said, "Staff are very diligent and this helps to keep people safe. We know the people we are supporting really well." Another member of staff said, "I would be confident to raise concerns with the manager if I had any [safeguarding] or people from the outside [CQC or LA safeguarding]." This demonstrated that the provider had taken steps to ensure people were safeguarded from harm.

The provider had recently introduced a revised safeguarding policy and procedure which informed staff of the action to take if they suspected abuse. Staff we spoke with had received training in protecting people from harm. We confirmed this with the training matrix and when speaking with staff.

Staff demonstrated an awareness of the support people required to stay safe. We saw people were offered the support detailed in their care plan and risk assessments. People's care records included risk assessments, which covered the activities related to people's health, safety, care and welfare. Care plans and associated risk assessments had recently been re-written and identified the risks to people's health and wellbeing. The care plans provided clear guidance for staff in respect of minimising risk.

We observed people were relaxed when staff offered assistance and support to people, and saw that staff moved and handled people safely using the equipment designated in their care plan.

Visiting relatives told us they were now involved in discussions and decisions about how risk was managed. One relative said to us, "There were issues with previous management; the lack of assessment when [name of family member] first moved in was a concern." They went onto explain they felt their relative was now cared for safely.

We found that staff were employed in sufficient numbers to care for people safely. One relative said, "I can always find staff if I need to." A second relative said, "We can visit when we want, and are always made to feel welcome and there is always enough staff around.

We observed people responded promptly to people's needs and requests were responded to promptly. We spoke with the acting manager who explained the staffing numbers were adjusted in line with people's dependencies, to ensure the environment was safe for people. One member of staff said, "Observations and supervision has improved, for example, we don't leave the lounges unattended."

Staff told us that they felt staff were employed in adequate numbers. We found staff were employed in numbers sufficient to ensure people's safety.

Staff confirmed the number of staff on duty each day. The acting manager was currently being assisted by the area manager as well as a nurse on duty each day and night. There was in addition a senior carer and three care staff in a morning, afternoon and evening, and a senior carer and two care staff at night. In addition there were catering and domestic staff and a handy person. The acting manager said that due to the extensive refurbishment programme they had employed a second handy person to assist with the re-decoration programme. That demonstrated a commitment by the provider to improve the overall safety in the home. We confirmed the staff numbers were typical with the current staffing rota.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff, and found that the relevant background checks had been completed before staff commenced work at the service. Staff we spoke with confirmed that they did not commence employment until they had the required pre-employments checks in place. This included a disclosure and barring check (DBS) and references.

We found that medicines were administered with people's safety in mind. Medicines were stored securely and at a temperature to ensure they remained active. Staff kept records of the room and fridge temperatures, and were knowledgeable about what to do if they deviated above or below the recommended storage temperatures.

We looked at the medication administration records (MARs) for four people. All the MARs were signed appropriately, and information about identified allergies and people's preference on how their medicine was offered was also included. This helped to ensure that people received their medicines safely. People in receipt of 'as required' or PRN medicines had these instructions added with the MARs to detail the circumstances when they should be given and the maximum dose the person should have in any 24 hour period.

Staff understood the signs and symptoms that some people may display when they may require PRN to be administered. We observed how staff administered medicines to people. People were being offered pain relief which was prescribed on an 'as required' basis. Staff stayed with people to ensure their medicines were taken, which demonstrated that staff understood the safety around administering medicines.

The safety of bottles of medicines that remained in their original container was seen as important. The acting manager said that was because they had a limited shelf life after being opened. Of the twelve bottles we saw all had a label on except one which had been opened that morning. The acting manager arranged for the label to be applied when we were in the room, which was done by the nurse on duty.

We spoke with the nurse who supported people to take their medicines and had recently had refreshed training in this area. They told us they were also subject to competency assessments to ensure their practice reflected the training they had received. We viewed the training matrix which confirmed staff had undertaken regular medication training.

We saw that staff had undertaken an infection control audit to ensure people were cared for safely. We saw that the audit compiled in October 2017, indicated there was a 'high risk' in six of the eight areas tested, which meant they achieved only minimal compliance with their rating tool. The acting manager had put an action plan in place to addresses all the areas of non-compliance. This included staff training and the development of an updated policy and procedures for staff. However, there was no plan to look at the improvements in detail till the next annual audit was due. That meant that meaningful change was not going to be measured and could not ensure that infection control had improved and people were safe in the home.

The changes that have been introduced since our last inspection have been documented and any lessons learnt fed back to staff. We saw from the minutes of staff meetings where the reasons behind any failings were explained and staff prompted to ensure their practices were changed to improve the safety of people.

Good

Is the service effective?

Our findings

People's needs and choices were assessed to provide effective care plans. Though there have been few admissions recently, people's needs were assessed prior to moving into the home. The assessment forms the basis of the care plan, which is developed as the person's stay lengthens. We saw from current care plans that these have been updated recently.

Staff were trained to provide effective support to people. Staff commenced their training with an induction and then had access to courses which directly related to their role within the staff team. This training covered safeguarding, moving and handling, food and hygiene, fire awareness, health and safety and dementia care. The acting manager confirmed the staff induction training and on-going training were now linked to the care certificate, which is a nationally recognised training course. We saw evidence which confirmed a number of care staff had been enrolled on training courses, which included NVQ 2 and 3. One member of staff said, "I've done lots of training and they are supporting me to do my NVQ 2."

Staff told us that they had attended a staff meeting recently that had identified further training would be provided. Many staff have enrolled on the care certificate and more experienced staff had been identified to be a specialist 'lead'. A 'lead' member of staff is one that would develop a greater knowledge in a specific area, and be a point of information for other staff. The areas identified were dementia, infection control, tissue viability and dignity. That demonstrated a management commitment to staff becoming a more effective staff group.

One member of staff said, "I have completed lots of training, refresher in manual handling, food, health and safety in addition to on-line training. I have enough training to do my job well."

We saw the training matrix that all staff had updated essential training. The acting manager said the training matrix had been updated and would inform the management staff when training was required to be updated. We saw the acting manager had started to plan further training for the forthcoming year.

Staff felt the support and communication between the staff team had improved and was effective. One member of staff said, "I have regular supervision. He [acting manager] regular walks around the service and asks if everything is okay."

Staff confirmed that they had regular supervision. Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff. We spoke with the acting manager who showed us the plan of staff supervisions that had been undertaken and the future planned dates. We saw there were daily handover meetings which provided staff with updated information about people's health and wellbeing. Staff also told us they were supported through regular staff meetings with the acting manager.

One member of staff said, "He [acting manager] is very open and approachable. If he sees something isn't right, he will stop you and point this out and advise you how to do things correctly at the time, not leave it for [a] supervision [meeting]." This benefited the people using the service as it helped to ensure staff were

well-informed and able to care and support people effectively.

We found people were provided with a balanced and varied diet that met their cultural needs and helped maintain their weight. We observed staff offered a variety of drinks throughout the day which were accompanied by snacks.

One relative said, "The food has improved in terms of quality and quantity." A second relative added, The food has improved greatly, there are nice tablecloths [and] we can't fault the cleanliness." A third relative said, "In terms of meals, they don't use the cheapest of foods. The cook does a marvellous job, there's fresh fruit, biscuits, and even bakes cake on site."

We saw where people had been referred on to medical professionals where staff were concerned about potential weight loss. Records relating to nutrition and hydration were completed where people were at risk of malnutrition or dehydration. We saw that monitoring of some people's food intake was on-going due to them being at risk of malnourishment.

One member of staff said, "The food is better quality; people receive food in line with their cultures." A second member of staff said, "The changes are good and people feel better as a result. For example, lunch used to be at 12.00 which was too early, we were rushing to get people up and they weren't hungry if they had had a late breakfast. Now it's at 1.00pm, there is more time to care and mornings are more relaxed.

Information about people's likes and dislikes of food and drink were recorded in their care plans, which were available to staff. This information included any known food allergies was made available for catering staff.

People had the choice to eat in the dining room, lounge or their bedroom. We observed people at lunchtime who looked relaxed throughout the meal. We saw some people were encouraged to eat independently where others required to be prompted and some needed one-to-one assistance to complete their meal. This was done at a pace to suit the person, and staff were positioned appropriately to provide good eye contact. Where people required specific support to eat and drink, staff support, beakers or lip plates were provided and staff supported people to eat and drink at their own pace. This demonstrated staff were aware how to make the meal time pleasurable for the person and maintain an effective relationship.

People were supported with a choice of meals. Where people were unable to decide from staff offering them a verbal choice, we saw they were offered two different plated meals. We also saw another person who chose their meal from the servery. That demonstrated staff provided people with effective choices. Staff were attentive and responded to requests when people wanted second helpings or assistance with cutting their food into smaller pieces. We saw all staff maintained relaxed conversations with people throughout the meal. Staff were able to tell us about people and their individual likes and dislikes, allergies and specific dietary needs such as a liquidised diet and thickened fluids.

We saw people's dietary needs had been assessed and where a need had been identified, people were referred to their GP, speech and language therapist (SALT) and the dietician. This ensured any changes to people's dietary needs were managed in line with professional guidelines. Some people were recorded as having a poor appetite. Records showed how much the person ate and drank to ensure they had sufficient amounts to maintain their health. The acting manager said if they had concerns about the health of anyone monitored this way, they would seek further medical advice. This approach ensured that people received effective support with their nutrition and hydration.

We spoke with a visiting health professional who said, "I have seen improvements overall, some gaps but that's the same in every home. I have the information I need to complete my assessments and staff appear to be following guidance. For example, they are using their initiative and introducing full fat, butter, etc where people are at risk of losing weight, and monitoring the impact of this before they refer to us." That demonstrated an effective use of staff and the professional's time.

The acting manager showed us where the redecoration of the premises provided a more practical approach where people had diminishing sight. The handrails in the ground floor corridor were painted a shade of yellow that was more recognisable where people had sight impairments such as macular degeneration. The programme of decoration is on-going and is planned to be more dementia friendly where toilets are highlighted, so benefiting people's independence and dignity. The colour scheme was being discussed with the people living in the home and their relatives.

People's consent to care and treatment was sought in line with legislation and guidance. We heard people being asked for their consent before the staff provided this. We heard staff asking if people wanted a cup of tea and choices of snacks were also offered. That demonstrated the staff group were aware of communicating effectively and gaining people's consent before offering care.

Though some people were unable to consent directly to staff when they were offered care and support, we saw people were relaxed when staff offered this support. That demonstrated that the staff approach was effective and did not cause people concern or anxiety. We observed people were offered the support detailed in their care plan and risk assessments.

Records showed that people who used the service had mental capacity assessments in place with regard to making certain choices and decisions. When people lacked capacity to give their informed consent, the law required registered persons to ensure that important decisions were taken in their best interests. A part of this process involved consulting closely with relatives and with health and social care professionals who know a person and have an interest in their wellbeing.

The acting manager and care staff had been trained in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 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 to 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that the acting manager had ensured that 14 people were protected by the DoLS. Records showed that the acting manager had applied for the necessary authorisation from the relevant local authority. Some people have been represented by a family member. They can represent the person's views to those responsible for making decisions about their care and treatment, and check those working with the person, adhere to the main principles of the MCA and act as a safeguard for the person's rights. The acting manager stated they were in the process of providing a notice board for people to explain the DoLS processes and restrictions.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by a caring staff group.

People's relatives told us the staff group were compassionate and caring. One relative said, "I find [named acting manager] great, lovely personality, with relatives and patients and seems to know what is needed." A second relative said, "I cannot fault them; they are extremely caring." A third relative said, "Staff are marvellous with [named relative] [staff are] very patient with them."

We observed people were treated with kindness and compassion by a caring staff group, where interactions with people throughout the inspection showed that staff were caring and people were treated respectfully. One relative said, "The care shows in their [staff] manner and the staff genuinely love them (the people)." A second relative said, "For the first time this year, got a lovely Christmas present. All these personal things count."

We observed two members of staff who assisted people to eat their lunch. We saw where a member of staff prompted another person to eat their meal. They told us this was important to preserve people's skills and independence. The staff ensured that people's clothes were protected from food spillages, which assured their dignity. That demonstrated staff took steps to promote people's dignity.

We observed care staff had a good rapport with people and engaged some in meaningful conversation throughout the day. However some people were unable to express their views and opinions. Records showed that family members had been involved in care plan reviews, where the person was unable to.

The acting manager told us care plans now reflected people's needs and were being reviewed monthly. The acting manager and staff confirmed people's relatives were asked to take part in care plan reviews.

We observed that staff checked on people's well-being throughout the day. Individual choices, preferences and decisions made about people's care and support needs were recorded. These daily records included the care and support people received, and demonstrated that staff supported people's decisions about how they wanted to be cared for.

We observed staff respected people's privacy and dignity, and heard staff knocking on people's bedrooms before entering and announcing themselves. That demonstrated staff were aware of the need to ensure people's privacy and dignity.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs.

One relative told us, "[Name of family member] used to be aggressive at home. This behaviour has reduced a lot because of how staff support him. They respond to how he is on the day, and recognised if he is agitated or sleepy and adjust the care to support them."

Care plans were person centred and each plan we sampled included a document titled 'This is me.' Each detailed the medical health needs of the person, details of their family and who was important to them, work history, hobbies and interests. There was also a section on significant life events, the impact these had on the person and how this may affect their care. For example, one person had to give up driving due to a medical diagnosis which left them in very low mood. This had continued as their health condition has progressed and the care plan instructed staff to be vigilant for changes in mood and to provide extra support when the person was in a low mood. For another person, it was important for them to be dressed smartly and had a daily grooming regime and regular haircuts. On the day of inspection, the person was dressed smartly and properly groomed.

Care plans also include an accident and emergency grab sheet which included details such as their medical history and activities of daily living. Also included are copies of people's individual PEEP. Though care plans were well detailed they did not yet reflect best practice in terms of dementia care.

Where people needed support with personal care, plans detailed how the support was to be provided, what the person could do for themselves and what they liked to have around them. For example, one person liked specific toiletries which were provided by their family.

One member of staff said, "Care plans are updated with changes to needs but we tend to find out through detailed handovers from nurses who make us aware of any changes, then we can read the care plan later."

Care plans were reviewed regularly and there was evidence that relatives were involved in the review where people were unable. For example, one relative had fed back to the staff that the person no longer appeared to be interested in activities they used to be so asked if new activities could be explored. We saw staff had responded to this through the activity coordinator. A second relative told us, "The activities co-ordinator is wonderful; they will get them up to dance if possible."
The activity manager is supported by an activity co-ordinator. They maintain a log of activities people are interested in, the activities provided, how people were engaged and the outcome. The staff also recorded the people who didn't engage which led to staff exploring alternative choices. The activities provided included sensory, games, puzzles, arts and crafts and going out into community.

We observed people undertaking activities, one person playing catch and throw with activity staff, they enjoyed the session and told them not to stop. We also observed staff supporting another person to study a world map. The person asked for a map of their country so they could find where they were born and this

was provided through a lap top. The person was able to find the area they were born which brought back many memories which they talked about with staff. The person was engrossed in their activity and told us it made them happy. That again demonstrated that care and stimulation were personalised and responded to their needs. We also saw other activities being undertaken which included colouring, listening to music, finger nails being manicured, dominoes and general conversations, all people reacted positively.

Care planning reflected people's individualised needs and we saw evidence of information on allergies, likes, dislikes, wishes and aspirations, and past life histories completed by people and their families. We saw where the staff had responded to the changes in people's lives, and made applications to the local authority for DoLS restrictions. A relative told us that their relation was involved in an accident where they fell in the night and sustained a head injury. Staff immediately contacted them and informed them of the accident and that he was going to hospital. When he returned the staff had reviewed the risks, put a sensor mat by the bed and increased night time observations to reduce the risk of a re-occurrence. That demonstrated the care process was responsive to people's changing needs.

Staff had access to people's care plans and received updates about their care needs through daily handover meetings. Staff told us a handover took place at the start of each shift, so staff could be updated about people's needs and if any changes in their care had been identified. A staff member said, "There have been many changes. The monitoring records (to monitor people's health) have improved as we now record everything on one form which helps."

Care plans had specific instruction for people who presented with behaviour that challenged the staff. We saw information from the British Institute of Learning Disability (BILD) that detailed how staff could calm a person down. We saw where these techniques had been used successfully and the person had responded well. This technique is known as positive behaviour support (PBS) and when used correctly can cut down the restrictive practices that can be found when a DoLS is granted.

The provider had systems in place to record complaints. One person said, "I like living here, no complaints." One relative said, "I have no complaints with the staff."

People's relatives said they knew how to make a complaint. Relatives told us they felt comfortable to raise any concerns and complaints but had never had to. They were aware of the acting manager and felt they could approach him or staff with complaints.

Staff felt confident to raise concerns and issues with the manager and were confident these would be listened to and acted upon. The acting manager told us they had received three written complaints in the last 12 months. An outcome had been provided for each, and changes were made to the service, as a result. Complaint information was fed back to staff though staff meetings or individual supervision sessions, so that staff were aware of the issue and any change required. Analysis by the registered manager did not reveal any patterns or themes with previous complaints.

We looked at the complaints policy and procedure, which included details of the local authority, which are the appropriate body to investigate complaints.

We saw that the staff had planned changes to people's care plans, in advance for their end of life care. For example one expressed they did not wish to go to hospital, but to remain at manor care homes. Other care plans also had information supplied by people's relatives. The staff showed us that plans were in place for people and they had sought the assistance of one person's GP to supply the medicine to be used in the final stages of a person's life, used to give them a dignified and pain free death.

One relative told us their relation was very poorly and being cared for in bed. They told us staff had been very responsive in getting medical help and advice in a timely manner and provided good care whilst waiting for them to respond to the prescribed treatment.

One person had an advance decision care plan in place and a do not attempt resuscitation (DNACPR) advance decision. This had been agreed with the person at the time when they had full capacity. That meant staff were clear about the person's wishes, and could inform any other appropriate authority of this. For example if the person was admitted to hospital. That demonstrated people were supported to have a planned ending to their life that reflected their wishes.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the service between 16 and 19 September 2017, we found breach of Regulation 18 (Registration) Regulations 2009, Notification of incidents. Improvements were required as the provider had not notified us, without delay, of an allegation of abuse in relation to a service user. The provider did not send us a plan of action following the last inspection to state when they would be compliant.

At this inspection we found there was had been an improvement where we had been sent information about the incidents that affected people in the home. We will continue to monitor this and ensure this improvement is sustained at the next inspection of the service

At our last inspection of the service, we found evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. We asked the provider to ensure that systems were established to ensure regular monitoring of the quality of the services to identify, assess and manage risks relating to the health, welfare and safety of people using the service.

At this inspection we found areas that we previously identified as Inadequate had now improved.

We found the provider's audit processes to monitor the quality of the service provided, had commenced and if continued would be sufficient to ensure people received safe levels of care on a consistent and on-going basis. This had improved following the involvement of a consultant who was supporting the provider. One member of staff said, "The manager knows what he is doing and is around, monitoring things."

The acting manager demonstrated the quality assurance audits that had been introduced recently and the corresponding records completed by the managers' and staff which ensured people have begun to be safe and well cared for. These included regular checks on the medicines system, care plans, risk assessments, accidents and incidents, people's weight loss or gain and their nutritional and dietary requirements. These had resulted in follow up appointments being arranged for people at risk of malnutrition. That meant the acting manager and staff had undertaken some audits that demonstrated how the service had begun to improve. We will return to ensure the improvement has been sustained and people continue to be protected and cared for safely.

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. The acting and deputy managers' carried out a range of scheduled checks and monitoring activity to provide assurance that people had received the improved care and support they needed. The group quality assurance manager then reviewed the quality checks to ensure that people who lived in the home were safe and well cared for. The acting manager also spoke with people, visitors and staff whilst in the home to ascertain how effective the staff group were. They said to us they also operated an 'open door' policy, where any visitor or staff could speak with them at any time. This was confirmed by a member of staff who said, "The new [acting] manager is very approachable. I can go to him for advice and guidance."

We asked the acting manager for the records of safety tests. The periodic test of gas and electrical

appliances and water safety tests were in date. Regular tests of the fire alarm system and emergency lighting were also in place and tested by staff on a weekly basis. That demonstrated the acting manager ensured the home was safe and demonstrated good management skills. Staff were aware of the process for reporting faults and repairs, and had access to a list of on call contact telephone numbers if there was an interruption in the provision of service. Other information included in the facilities folder in the main office and also held by the nurse on duty included instructions where the gas, electrical and water isolation points were located.

People who lived in the home, their relatives and visiting professionals were asked to comment through the quality questionnaires that had been distributed recently. The staff had distributed these, and shared the outcomes with the staff group. The acting manager said there were further questionnaires that would be circulated later in the year, but the managers' were continuing to meet with relatives and staff on a one to one basis to ensure clear and transparent communication.

People's relatives' told us they had good relationships with the managers' and staff in the home. One person said, "There were issues with previous management; the lack of assessment when [name of family member] first moved in was a concern." Another relative said, "The new [acting] manager needs time to demonstrate how they can improve things."

Staff told us the management team were hands on and assisted in the day to day running of the home. One member of staff said, "We see the [named] acting manager out on the floor all the time, he helps us a lot. A second member of staff said, "If I have any concerns, I can tell him [acting manager] and he sorts it out."

The acting manager understood their responsibilities and displayed a commitment to providing quality care. Staff were aware of their accountability and responsibilities to care for and protect people and knew how to access managerial support when required. Staff felt the acting manager was approachable and understanding, and told us they were supportive. One member of staff said, "Things are improving. If staff raised concerns before, these weren't looked at. Now, we feel listened to and there is better confidentiality so when you raise something, it's kept confidential." A second staff member said, "I can raise issues or concerns in staff meetings and the manager makes sure we have information about changes when we need it."

We spoke with the acting manager about the visions and values of the provider. He said the provider was revising the Statement of Purpose which would include the vision for the home, and values of how care was going to be provided.

People who lived at the home and their relatives were involved in individual meetings with the home's management team. One relative said, "We feel involved, no meetings lately due to on-going situation but we are regularly involved and the new provider has spoken of their plans for the service."

Since the acting manager has been in post (from October 2017), there has been one staff meeting. We looked at the minutes of this meeting, which provided an outline of how the home will be developed in the foreseeable future. Other items discussed focussed on the need for improved communication between staff and the nurse on duty to ensure people's care and safety was improved. The acting manager told us that staff were also supported to improve their practice though individual supervision sessions. He said staff had responded positively through these and that he used the information gained from the staff to develop people's care plans. That demonstrated the acting manager used staff's long term knowledge of people to develop and improve their care plans and their experience of care.

The acting manager understood their responsibilities and ensured that we (CQC) were notified of events that

affected the people, staff and building. The acting manager had a clear understanding of what they wanted to achieve for the people at the home and they were supported by the group quality manager, deputy manager and staff group. There was a clear management structure in the home and staff were aware who they could contact out of hours if needed.

Staff had detailed job descriptions and had supervision meetings though regular staff meetings had yet to be organised. The acting manager explained individual supervision was used to support staff to maintain and improve their performance. Staff confirmed they had attended supervision sessions and had access to copies of the provider's policies and procedures, some of which had been updated. Staff understood their roles and this updated information ensured that they were provided with consistent information. This was used to provide a stable level of safe care throughout the home.

Prior to our inspection visit we contacted the health authority and the local authority commissioners responsible for the care of people who used the service. They had positive comments about the acting manager, the staff and the quality of care provided, and have provided regular checks to ensure the people remaining in the home were safe and well looked after.