

Mr J R Anson & Mrs M A Anson

The Old Manor House

Inspection report

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The Old Manor is a care home which provides accommodation for up to 14 older people who require personal care. At the time of the inspection 9 people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 previously carried out a comprehensive inspection of The Old Manor in November 2015. At that inspection we identified one breach of the legal requirements. This related to how the service was supporting staff to receive training, supervision and appraisal to enable them to carry out their work. We subsequently issued one requirement and told the provider to take action to address the breach of the regulations. The provider sent the Care Quality Commission an action plan following the publication of the report to state they were taking suitable action to address the concerns we raised.

We carried out this inspection to check if the service had made the required improvements identified at that comprehensive inspection.

Before this inspection we also received a number of concerns from an anonymous source. The allegations included that staff were not trained to administer medicines; not trained to help people with moving and handling; staff were rude to people living at the service; and did not assist people to use the commode when they needed it. At this inspection we checked to see if there was any evidence to support these allegations.

At this inspection we assessed what training staff received. We judged that opportunities for training for staff members was not satisfactory. Records demonstrated staff had not had suitable training in several areas, which were legally required. This included manual handling, safeguarding and first aid. The organisation provided staff with a corporate induction. However we judged this was not of sufficient length and depth to provide staff with enough skills and knowledge so they could do their jobs safely. Staff did receive an induction, but records to evidence this were not satisfactory for us to be certain it was delivered appropriately. The majority of staff had received supervision, and as appropriate an annual appraisal. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Suitable arrangements were in place to assess if people had capacity to make decisions, and the registered manager knew what action to take if people lacked capacity. However care staff had limited knowledge about mental capacity, and staff training arrangements in this area were not sufficient.

People had access to doctors and other external medical support. This included chiropodists, dentists and opticians.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. People told us they felt well cared for by staff who worked with them. People said staff were caring and attentive. Comments received included, "I have no complaints everything is excellent," "I am fine here, everyone is doing a good job," and "They (the staff) could not do more than what they are doing."

People told us they liked the food at the service. Comments we received by people included, "Meals are very good," "On the whole food is good," and meals were, "Brilliant."

We also spoke with the staff on duty. The staff had no concerns about the practice of team members. Comments included, staff "Get on well with the residents." Staff said if they had any concerns about staff practice they would report it to management. Staff members we spoke with said they were certain management would deal with any concerns appropriately.

Risks in relation to people's daily lives were assessed, identified and planned for to help ensure risk of harm was reduced. However, such assessments were not always reviewed regularly. For example changes in a person, such as loss of weight, were not reflected in their current nutritional risk assessment held in their care plan. This meant that staff were not always provided with accurate information to help them meet people's care needs.

The registered manager told us that care plans should be reviewed every few months. Three out of the four care plans we reviewed had not been regularly reviewed. Five of the nine people who lived at the service permanently had care plans that required review. People's care plans were held in files which did not securely hold the pages which fell out when the file was opened. This meant that pages easily became detached or lost. People and, where appropriate, their relatives were able to review care plans.

One person looked after their own medicines and had responsibility for storing and taking their prescribed medicines. Their medicines were not stored securely. A competency assessment, in their care plan, had not been reviewed since January 2016. There was no assessment with their medicine administration record, which showed they were competent and safe to do this. Regular medicines audits were carried out but had not identified this concern.

The service held personal money for two people. This money was held in securely in separate zip pouches with running accounts recorded. One person's money was incorrect by £4. This error had been signed for and witnessed by two different staff and not identified until raised by the inspector.

People were supported by staff who knew how to recognise abuse and how to respond to any concerns. The service held a policy which was available to all staff to refer to as needed. Staff were confident that any concerns raised would be responded to appropriately by the registered manager.

Accidents and incidents that took place at the service were reported, recorded and audited. This meant the risk of re-occurrence was reduced.

People were provided with information on how to raise any concerns they may have. The service held a suitable complaints policy and had responded to concerns raised appropriately.

There were regular maintenance checks carried out at the service such as water, fire systems, wheelchairs, windows, and equipment such as the passenger lift. There was a maintenance person who addressed any repairs required in a timely manner.

People had access to some activities. Activities were provided by the care staff. Some external musicians visited to entertain people.

People and their families views of the service provided had been sought and recorded.

Staff felt well supported by an approachable and supportive registered manager. Staff told us the manager was "Very approachable," and "Easy to talk to," so staff felt they could approach the manager for help and advice when they needed this.

The registered manager was also the registered manager for another service in the Anson group. This meant they spent up to one day a week at this other service. The registered manager was supported day to day by a deputy manager. The provider and the operations manager also supported the registered manager. The registered manager had not previously identified the concerns found at this inspection.

We had concerns about quality assurance systems in place for example the ability of the registered persons' systems to detect and make improvements where problems at the service exist.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. Identified risks were not always regularly reviewed.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Staff were aware of how to raise any safeguarding concerns appropriately.

Requires Improvement 

Is the service effective?

The service was not always effective.

Arrangements in place to induct and train staff were not satisfactory, although there were suitable arrangements in place for staff to receive supervision and appraisal.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Requires Improvement 

Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Good 

Is the service responsive?

Good 

The service was responsive. People received person centred care that met their needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Some activities were provided in response to the wishes of the people living at the service.

Is the service well-led?

Requires Improvement 

The service was not entirely well-led.

The registered persons had not identified the concerns found at this inspection and suitable action had not occurred about previous statutory requirements.

Although people were asked for their views on the service, overall quality assurance systems were not satisfactory

Staff felt well supported by the approachable supportive registered manager.

The Old Manor House

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 March and 6 April 2017. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of one adult social care inspector.

The inspection was initially to review what action had been taken to meet the breach in regulation identified during the comprehensive inspection completed in November 2015. We also wanted to check care practice due to concerns we received before the inspection. We subsequently decided to make this a comprehensive inspection

Before the inspection we reviewed the action plan provided by the service following the last inspection, previous inspection reports and other information we held about the service. We also looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection people we spoke with four people who used the service. We spoke with three members of staff, the registered manager, the owner of the service, and two other senior managers. We looked around the premises and observed care practices. We inspected three records relating to the care of individuals. We inspected seven staff files, and other organisational records held by the service.

Is the service safe?

Our findings

Care plans contained risk assessments for a range of circumstances including people managing their own medicines, using hot water bottles and nutritional risks. Where a risk had been clearly identified there was some guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. However, such risks had not always been regularly reviewed and updated. For example, one person was managing their own medicines. The medicines were held in an open bag beside their bed. The person's room was not locked when they were not present. This meant that the medicines were not securely stored and could be accessed by other people living at the service.

The medicine administration record (MAR) for this person did not hold a current risk assessment to ensure the person was competent and safe to manage their own medicines. The prescribed dosage for one medicine altered regularly and had to be adjusted by the person themselves following guidance from their GP. Their care plan held a risk assessment which had not been reviewed since January 2016. This meant the person had not been reviewed for over a year to ensure they were safely managing all the doses of their prescribed medicines. The services management of self medication processes are contrary to the guidance set out in the National Institute for Clinical Excellence (NICE) guidelines for managing medicines in care homes.

A file containing records of the weight of one person showed they had lost weight recently. The service had contacted healthcare professionals for support and staff were providing this person with high calorie supplements. However, the nutritional risk assessment for this person had not been reviewed since April last year. This meant that staff were not provided with accurate and current information on how to meet this person's nutritional needs.

The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The service held the personal money for two people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by staff who checked and witnessed any transactions. We checked the money held for two people against the records kept at the service and one was incorrect. One person's money was £4 short of the records held. This was a recording error which was rectified at the time of this inspection. However, the last transaction where the error occurred had been signed and witnessed by two staff without the error being recognised.

People and their families told us they felt it was safe at The Old Manor House. Comments included, "I am quite safe here" and "Yes I think it is fine there."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Not all staff had received recent training updates on Safeguarding Adults and were not aware that the local

authority were the lead organisation for investigating safeguarding concerns in the county.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence would be reduced.

People who required the staff to manage their medicines told us they received their medicines when required. We checked the medicine administration records (MAR) and staff had signed to record each time people received their prescribed medicines. If medicines were declined that was clearly recorded. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and people received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. These were stored and recorded according to legal requirements. We checked the medicines held against the records and they tallied. There were regular audits being carried out on the MAR charts, tablets held, cream dates and signatures on hand written entries. This meant that any errors were identified in a timely manner.

The service were storing medicines that required cold storage, there was not a medicine refrigerator at the service so medicines were held in a locked secured box in the kitchen in a food refrigerator. There were records that showed the refrigerator temperatures were monitored daily. Medicines were stored between 2 and 8 degrees centigrade consistently. Satisfactory procedures were in place to ensure staff had training about the administration of medicines.

An audit trail was kept of medicines received into the service and those returned to the pharmacy for destruction.

The Old Manor House was well maintained and all necessary safety checks and tests had been completed by appropriately qualified contractors. Fire safety drills had been regularly completed and all fire fighting equipment had been regularly serviced.

Recruitment systems were generally satisfactory and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. However, one new staff member had not had a reference requested from their last carer worker position in another care home which they left in October 2016. The registered manager was unable to explain why this was the case.

The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly. We saw from the staff rota there were sufficient staff on shift to meet people's needs. There was one staff member who worked at night. Staff told us they felt they were a good team and worked well together.

Is the service effective?

Our findings

At our inspection in November 2015 we judged the service was not supporting staff to receive suitable training, supervision and appraisal to enable them to carry out their work. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we checked the registered provider's training policy, dated May 2016, to see what training staff were required to receive. The policy stated staff should receive training about fire prevention, infection control, food hygiene (if staff handled food,) basic life support (related to first aid) and manual handling, in line with guidance issued by the Health and Safety Executive, and industry standards outlined by Skills for Care. Staff also needed to receive training about safeguarding, and the Mental Capacity Act 2005, as outlined by government guidance. Where necessary staff also need training about health conditions such as dementia. If they handle medicines, staff need training in this area.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The organisation's training policy stated all new staff should complete the Care Certificate.

The registered provider stated all staff were required to undertake the organisation's Corporate Induction as soon as possible after they commenced employment. This lasted half a day and covered: an introduction to the organisation; an introduction to the Care Certificate; The Mental Capacity Act (2005) / Deprivation of liberty Safeguards /the best interest process; Confidentiality; 'Do Not Resuscitate' notices and Treatment Escalation plans; Manual Handling; Safeguarding and Infection Control. First Aid training was provided in a three hour period on the same day or the day after the Corporate Induction. We requested information to confirm staff who provided this training were qualified to do so. Although the trainer was a registered nurse, we were not provided with further information.

We checked training records to see if staff had received appropriate training to carry out their jobs. There had been a large turnover of staff, within the last year, and most of the staff had commenced employment at the service within this period.

Records showed that most people had attended the corporate induction, although two staff who had commenced employment since October 2016 had not yet attended this. In respect of the Care Certificate although three staff members had obtained this, there was no evidence other staff had commenced or completed this.

When staff started working at the service the registered manager completed an induction checklist with them. Four staff had a completed copy of this, but there was no record other staff had completed this. The checklist was brief and did not include some important areas such as people reading and having care plans explained to them or when shadow shifts were completed.

Two members of staff told us they had completed some shadow shifts, and had or were completing the Care Certificate. Both staff members said they had completed some training since they had worked at the service.

According to records four staff had attended the organisation's first aid course and two other staff had attended first aid courses provided externally. One night care assistant had not received first aid training. This was of concern as the person worked nights on their own.

Manual handling training was provided by senior staff within the organisation. We requested information that staff teaching manual handling were qualified to do so, and had recent training to check their skills were up to date. We were not provided with this information.

Although we were told none of the people who lived at the service required lifting, we were told some people required either a stand aid or a handling belt to assist them with any moving and handling. We were told staff were trained to use this equipment within the service, and competency assessments were completed to document staff were safe to use it.

Three staff each had evidence of completing one moving and handling competency assessment, although the completed competency assessments did not cover all manoeuvres used at the service. There was no evidence other staff had completed any competency assessments, although four staff had evidence they had completed some training in this area.

In respect of fire training staff received this within the service all but one member of staff members had evidence that fire instruction had been provided.

In respect of safeguarding training we were told this issue was covered within the corporate induction. The registered manager informed us the local authority safeguarding leaflet was available to staff, and they were required to read and sign the policy and procedure file when they started working at the service. Records showed four staff had attended the corporate induction. Two members of staff had no evidence of receiving this training since they commenced working at the service.

Infection control training was covered on the corporate induction. Some staff had either completed some training in this area from other courses or through National Vocational Qualifications. However two had no evidence of receiving any training in this area.

Two care staff had evidence of valid food handling training, one member of staff had an out of date certificate, and there was no evidence other staff had received training in this area. The cook said she had current training. The registered provider said further training was planned at the end of March 2017.

Staff had their competency in safe handling of medicines assessed, through observation, by the registered manager. Staff had either completed, or were completing further training, by correspondence course, in this area.

Mental Capacity Act 2005 and Deprivation of Liberty safeguards training was covered on the corporate induction, although three members of staff had no evidence of receiving training in these areas.

In respect of dementia, we were told none of the people who lived at the service currently had this diagnosis. However some of the people we spoke with demonstrated they had memory loss. Four staff had received some training about dementia.

It is recommended that staff receive training about the needs of people with dementia.

In regard to National Vocational Qualifications in care four staff had either obtained a qualification or were working towards one.

In regard to supervision The Old Manor is a relatively small care home, with a relatively small staff team. Staff we spoke with said they could approach the manager at any time, and she was helpful and supportive. There was evidence five staff had received supervision since January 2017, although the senior carer only had a record of a supervision in November 2015.

Overall we have judged the registered persons had not taken satisfactory action to meet the requirement set at the inspection in November 2015.

Although we were informed one was being developed, we were concerned there was no central system to monitor the delivery of training. The only way we could ascertain what training staff received was to check what certificates, or other information was on file. This information was incomplete, and the registered provider sent us further information after the inspection, which was not previously held on staff records. The only training we were told which was planned was a food handling session, and further dates for the corporate induction. We were not provided with any information, when the staff who had not received training would attend relevant sessions.

We were concerned about the brevity of the corporate induction and whether it provided staff with sufficient information to be deemed as meeting legal and industry recognised standards of training. We were concerned that staff who had attended this session, had not, or did not have a plan to attend more detailed training about the issues covered. We were not provided with confirmation that first aid and manual handling trainers were qualified to teach these skills.

As a consequence we were concerned that people were at risk due to staff not receiving appropriate formal training about important matters such as moving and handling, first aid, safeguarding, infection control and the Mental Capacity Act 2005.

This is a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us they did not feel restricted. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. 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 people lack mental capacity to take particular decisions, any decisions 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met.

The registered manager said it had not been necessary to submit any applications to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with did not demonstrate an awareness of the legislation. Staff had not received formal training about the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were happy with their meals. People told us they had enough to eat and drink. Comments about meals included, "Meals are very good," "On the whole food is good," and meals were "Brilliant." Staff said, because The Old Manor was a small home they knew people's individual likes and dislikes. The registered manager said a choice of meal was available to people, and the cook would ask people in the morning what they would like for the lunch and evening tea. People told us they were regularly offered cups of tea, coffee or a cold drink. The registered manager said people did not require help to eat their meals.

People told us they could see a GP if requested. Other medical practitioners such as a chiropodist, dentist or an optician visited the service. A district nurse currently visited about twice a week to change dressings.

The home had appropriate aids and adaptations for people with physical disabilities such as bath chairs to assist people in and out of the bath, and a passenger lift. The services environment was maintained to a satisfactory standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The service was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable.

Is the service caring?

Our findings

Before this inspection we received a number of concerns from an anonymous source. The allegations included staff were rude to people living at the service; and did not assist people to use the commode when they needed it. At this inspection we checked to see if there was any evidence there was any validity to these allegations.

People were positive about the care they received from staff. Comments received included, "I have no complaints everything is excellent," "I am fine here, everyone is doing a good job," and "They (the staff) could not do more than what they are doing." Asked if staff were ever rude people told us, "No, staff are very good here," "They are very polite to me," and "Staff are great with the residents....there is no malice." The people we spoke with said they had never witnessed staff being rude to other people who lived at the service. Staff members we spoke with said they had not witnessed any poor practice, staff "Get on well with the residents," and if staff did have any concerns they would report these to management. Staff members said management were, "Very approachable," and "Easy to talk to." Staff said they were certain management would deal with any concerns appropriately.

People said there was enough staff to help them. We were told if people rang the call bell staff would come promptly and provide them with suitable assistance. People we spoke with said there had not been a delay in staff taking them to the toilet, or staff had never left them too long in the toilet. One person said, "They (staff) come very quickly," when they pressed the call bell, and they had not been kept waiting. Staff told us they answered call bells, "As promptly as we can," and felt staffing levels were satisfactory to prevent any significant delays in responding to people's needs.

We observed staff working in a kind, professional and caring manner. Staff were judged to be patient, calm, and did not rush people. Staff provided personal care discreetly. The people we met were all well dressed and looked well cared for. Staff were observed sitting with people in the lounge and making conversation. People said their bedroom doors were always shut when care was being provided.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. However, as stated elsewhere in the report, we do have concerns about care records being regularly reviewed and updated as necessary. There was information about people's backgrounds, and life prior to moving into the home. This information is useful to staff to help to get to know the person when they move into the home. The registered manager said where possible care plans were completed with and explained to people and their representatives.

People said their privacy was respected. For example, staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. People said they found their bedrooms warm and comfortable.

The registered manager told us visitors were welcome and could visit at any time. People could go to their bedrooms, and also to the lounge or dining room if they wanted to meet with visitors.

Is the service responsive?

Our findings

People told us they were happy living at the service and that staff responded to their needs appropriately. Comments included, "They (Staff) are good as gold" and "It is lovely here I have no worries."

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

The registered manager told us that the service operated a key worker system. This meant that each person living at the service had a named care worker who was responsible for communicating with family and healthcare professionals and the overview of their care. However, it was not clear from any of the care plans that we reviewed which member of staff was the key worker for each person. The registered manager could not find this information in one care file when asked and told us that there was a list of key workers in her office. This meant the key worker system was not clearly recorded in each person's care file. People who used the service that we spoke with were not aware of this system.

Care plans contained guidance for staff on how to support people. The files that held the care plans were not effective in securely holding the pages which fell out each time the file was opened. This meant pages could fall out and become lost or replaced in the wrong order. The care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information provided staff with guidance on how to meet people's needs in the way they wished. People's preferences and dislikes were recorded. For example, one care plan stated the person did not like to eat meat and another person liked to have a sandwich at about 10pm at they got hungry at that time. People were asked about their experience of receiving care and this was regularly recorded in their care files.

Specific information was provided for staff on people's individual needs. For example, in one care plan there was a list of food that the person should avoid due to the specific medicines they were taking.

Three of the four care plans we case tracked had not been reviewed regularly. Five out the nine care plans for people living permanently at the service required to be updated and reviewed. This meant that some care plans did not contain accurate and up to date information for staff. However, staff were clear on each person's current care needs and people were receiving appropriate care.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. At each shift change there was a handover record completed which staff could refer to later in the shift if needed. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

One person was being cared for in bed most of the time. Records showed staff checked on this person every few hours. This person lay on a pressure relieving mattress which was set according to their needs. This setting was clearly recorded in their care plan and checked each day by staff. This meant the risk of the

person developing pressure damage was reduced.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

People had access to some activities. Staff provided activities when people wished. Staff and the deputy manager told us that many people living at the service did not wish to take part in activities, but they enjoyed singing and music. An external musician visited the service to entertain people. Some people went out in to the local community some with family and some independently. The front door of the service was not secured and easily opened by people who wished to go out. Some people visited another service in the organisation which was close by, they were taken by mini bus to join in activities in another care service. Staff told us they took some people out for a walk when staff numbers allowed it.

Residents meetings were not well supported. The registered manager had held a meeting recently and found that people were not particularly interested in a formal meeting but preferred to have regular informal conversations with staff as they wished.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure was available to people and their families. People told us they had not had any reason to complain. We saw the service had responded to a concern appropriately.

Is the service well-led?

Our findings

At our last inspection in November 2015 we found there was a breach of the regulations regarding the provision of supervision and training support to staff. Following the inspection the service sent us an action plan stating what action they would take to address the concerns. It stated, "We are completing staff competency assessments which link and work alongside supervisions. It will be the job of the management team with the on going reviewing which will highlight where competencies/further training will be required." The service held a training policy which stated, "All staff are required to undertake training which falls into Category 1 as a condition of their employment as this includes mandatory training required to meet legislative requirements." Category 1 included fire training, induction, infection control, food hygiene, basic life support and manual handling and safeguarding adults. As detailed in the Effective domain of this report we found the registered persons was not following their own policy and action taken had not been effective in ensuring that all staff have covered the mandatory training requirements.

The registered manager at The Old Manor was also the registered manager for another service in the organisation. They were not present at the Old Manor House up to one day a week. This meant that they were not always able to give this service their full attention. This inspection found further concerns regarding the management and recording of risk, errors in the recording of service users money, and care plan reviews that had not been regularly reviewed and updated. Similarly more senior management did not appear to have systems in place to check the service was ensuring compliance with previous statutory requirements which were issued, or ensure the other shortfalls we picked up were identified and subsequently addressed.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

There were however some systems in place to monitor the quality of the service provided. Audits were carried out on health and safety and medicines processes. People and their families had been provided with an opportunity to share their views and experiences of the service provided in a survey. There were responses from all people who lived at the service. This meant the service was constantly striving to improve the service it provided.

The registered manager worked in the service regularly providing care and supporting staff this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual

Relatives and staff told us the registered manager was approachable and friendly. Some staff were not able to recall any one to one supervision sessions they had. However staff said they felt supported by the registered manager and able to access any assistance when needed. Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "We can always go to her" and "I am really happy here I love it."

There were clear lines of accountability both within the service and at provider level. The registered manager was supported by a deputy manager, the provider and the operations manager.

There was a maintenance person who addressed any reported defects and carried out regular checks at the premises. For example, water, door guards, windows, and wheelchairs. All equipment at the service was regularly checked to ensure it was safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care plans and risk assessments were not always accurate or reviewed regularly.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not satisfactory for example to identify and rectify problems where they exist e.g. training, risk assessment and care planning.

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 18 HSCA RA Regulations 2014 Staffing Arrangements to provide induction and training were not satisfactory.

The enforcement action we took:

A warning notice was issued to the registered provider