

Rhymecare Ltd

Manor Barn Nursing Home

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

Manor Barn Nursing Home is registered to provide accommodation for up to 31 people, some of whom are living with dementia and who need support with their nursing and personal care needs. On the day of the inspection 23 people were living at the service. Manor Barn Nursing home is a large property with accommodation over two floors. There is a communal lounge, a communal dining room and enclosed garden.

We carried out the previous comprehensive inspection on 29 November 2016. The overall rating was requires improvement. We issued requirement notices in relation to the mental capacity act and the maintenance of records. Following the inspection, the provider sent us an action plan, telling us how they would make improvements and that the legal requirements would be completed by 31 March 2017. During this inspection, we found some improvements had been made but had continued concerns related to the mental capacity act, management of "as required" medicines and record keeping.

There was a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The new manager had been registered with the Commission in September 2017.

People and their relatives told us staff were caring and kind. People told us they liked living at the service, were happy and would recommend the service to their friends. Staff demonstrated kindness and compassion for people through their conversations and interactions. People told us their privacy and dignity was promoted and they were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated. Relatives confirmed they felt their loved ones were safe.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend or contribute to care reviews where possible. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure people's freedom was promoted. People were supported by consistent staff to help meet their needs in the way they preferred. People's independence was encouraged and staff helped people feel valued by engaging them in everyday tasks where they were able, for example laying the table and tidying their rooms if they wished. The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken.

People's medicines were mostly well managed. However, at the previous inspection in November 2016, it was noted that people did not have individual protocols in place in relation to 'When required' medication (also called 'PRN' drugs). These are medicines prescribed by GPs when a person has a short term or intermittent condition. These medications are not given as a regular daily dose or at specific times (e.g. during medication rounds) but given at the request of the person in accordance with their GP's instructions. "PRN" medicines. Although PRN protocols were in place, these required greater detail. For example, some people were prescribed pain relief but there was not clear guidance in place on how individual pain should be assessed if people were unable to communicate, there was no guidance in place if the dose of the medicine was variable and the medicine sheets did not always record the time the medicine was given which was important when medicines required a certain time gap or had a maximum dose within a 24 hour period. The PRN protocols similarly needed further detail if a person was prescribed sedative medicine to enable consistent care.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. However, we found the systems in place to record people's capacity and decisions made in relation to care and treatment required further improvement.

People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. However, where people's food and fluid were being monitored records in place at the time of the inspection did not accurately reflect the care people received. People were supported to access health care professionals to maintain their health and wellbeing.

Policies and procedures across the service were being developed to ensure information was given to people in accessible formats when required. People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and information for people with cognitive difficulties and information about the service was available in larger print for those people with visual impairments.

The service was led by the registered manager, provider and supported by a dedicated team of nurses and care staff. The quality assurance systems in place had not identified the areas of concern during the inspection. Following the inspection feedback changes were made to these processes to help assess the ongoing quality of the service. Complaints and incidents were learned from to ensure improvement. The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes to maintain quality care.

We found three breaches of Regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People had their medicines managed safely but further information was required about the medicines people needed "as and when" (PRN) to ensure these were administered consistently across staff.

People were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Requires Improvement ●

Is the service effective?

The service was mostly effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible. However, there was a risk people's rights were not protected because decisions specific capacity assessments were not completed.

People were supported by staff who were well supported and had the opportunity to reflect on practice and training needs.

People's eating and drinking needs were known and supported.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

People were supported in their decisions and given information and explanations in an accessible format if required.

Is the service responsive?

Good ●

The service was responsive.

People were thoroughly assessed to ensure the service could meet their needs. Equality and diversity was respected and people's individuality supported.

People received personalised care and support, which was responsive to their changing needs. Care records were written to reflect people's individual needs and were regularly reviewed and updated

People were involved in the planning of their care and their views and wishes were listened to and acted on. People's end of life preferences were known and followed.

People knew how to make a complaint and raise any concerns. Complaints were thoroughly investigated and learned from. People had no concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance systems were in place to drive improvement and raise standards of people's care. However, at the time of the inspection the systems in place had not ensured people's care in relation to the assessment of people's capacity, medicine management and record keeping met regulations. These issues had been identified at the previous inspection.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider and registered manager had clear visions and values about how they wished the service to be provided and

these values were understood and shared with the staff team and underpinned policies and practice.

People and those important to them were involved in discussions about the service and their views were valued and led to improvements.

Staff were motivated and inspired to develop and provide quality care. They felt listened to by management.

Manor Barn Nursing Home

Detailed findings

Background to this inspection

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

Manor Barn Nursing Home provides nursing care and accommodation to a maximum of 31 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided, and both were looked at during the inspection.

This inspection took place on 28 and 29 December 2017. The first day of the inspection was unannounced. The first day of the inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with ten people who used the service and spoke with seven visiting relatives for their views on the service. We reviewed people, relatives, staff and professional feedback during the inspection. We received one completed questionnaire from relatives during the inspection and email feedback from one family. We spoke with the registered manager, the deputy nurse manager, the compliance manager and two care staff during the inspection.

We looked at six records which related to people's individual care needs, these included their care plans and

their room records. We discussed staff recruitment processes with the registered manager, reviewed staff training and looked at the quality assurance processes used to review the quality of the care provided. We reviewed policies and procedures, people and staff feedback and the processes in place to manage medicines. We discussed complaints, safeguarding and incidents which had occurred within the home over the past 12 months, with the registered manager.

Is the service safe?

Our findings

People and relatives said the service was safe, however we found improvement was required in relation to aspects of medicine management to ensure these were administered safely and consistently.

At the previous inspection in November 2016, it was noted that people did not have individual protocols in place in relation to 'When required' medication (also called 'PRN' drugs). These are medicines prescribed by GPs when a person has a short term or intermittent condition. These medications are not given as a regular daily dose or at specific times (e.g. during medication rounds) but given at the request of the person in accordance with their GP's instructions. "PRN" medicines. Although PRN protocols were in place at this inspection, these required greater detail. For example, some people were prescribed pain relief but there was not clear guidance in place on how individual pain should be assessed if people were unable to communicate, there was no guidance in place if the dose of the medicine was variable, and the medicine sheets did not always record the time the medicine was given which was important when medicines required a certain time gap or had a maximum dose within a 24 hour period. The PRN protocols similarly needed further detail if a person was prescribed sedative medicine to enable consistent care. Staff were unable to tell us how they ensured consistency when administering PRN medicines without these in place.

Following this inspection the compliance manager advised, "All PRN medication documentation is currently being reviewed and rewritten to incorporate the points raised at feedback. We will then update the care plans to reflect any changes (intend to complete this by 18.01.18)".

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their medicines if they required, and had care plans in place which detailed the medicine they were prescribed. People also confirmed they were supported with their medicines when they required them, "Yes, every morning and evening I am given my medicines" and "Yes, they must give them to me, and yes on time." Staff who were responsible for administering medicines received training and their competency was checked to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines. Staff confirmed checks were in place to ensure people had received all of their medicines. Thorough records were in place in relation to specific medications, for example records were clear if medicines interacted with certain foods, and body maps were used to identify where skin creams were required. However, we found some people on skin creams had significant gaps in their daily room records to indicate they had their skin creams applied as prescribed. For example one person had nothing recorded between the 12 December 2017 and the 22 December 2017. We observed however that people's skin was in good condition and staff assured us creams were applied.

The systems, process and practices at Manor Barn Nursing Home enabled people to remain safe from harm. People's feedback included, "Yes, I feel quite safe, lovely people here" and "Yes, very safe, I can't fall from my bed, staff are here to help." People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being

mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place with local reporting procedures which staff were aware of. The PIR advised links had been developed with the local authority safeguarding team and the registered manager felt confident reporting any allegations of abuse and seeking advice from the team.

Policies and regular feedback from people using the service, helped confirm people were protected from discrimination and ensured all people were treated equally. At the time of the inspection policies were under review and being updated. Staff confirmed they had undergone training in this area. How to keep people safe was discussed in handovers and supervision and staff knew how to safeguard people and care for their property and belongings. Staff all confirmed they would not hesitate to raise any concerns.

People were supported by staff who were safely recruited. Checks on new staff were undertaken to ensure staff were safe to work with vulnerable people. Recruitment processes such as interviews helped the registered manager check the values and caring attitude of new staff.

People were kept safe by sufficient numbers of staff. People told us their call bells were answered promptly when they required assistance, "Yes, they are prompt when I call". The registered manager had worked hard to recruit additional staff so agency staff use was now minimal. In addition to care staff, there were two staff who shared the role of activities co ordinator, kitchen staff, cleaning staff, a gardener and maintenance to run the service. The staff team worked flexibly to provide cover for sickness and unforeseen events; this helped to provide continuity for people. Staff told us they had time for extended roles such as medicine management to support people's care safely.

People were supported by staff who managed risk effectively. People's safety was discussed in staff meetings and regular handovers. People's mobility, continence, skin care, weight and nutritional needs were monitored closely to ensure any change was acted upon promptly. Falls at the service were low and those at risk of continued falls had preventative plans in place which considered whether a referral to the falls team was required and any equipment people might need. We observed equipment such as wheelchairs, walking frames and other moving and handling aids were used safely and regularly serviced.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. Staff gave examples of how they supported people to manage their own mobility as far as possible but being mindful of potential risks and ready to step in and support as required.

People had documentation and processes in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified for. Care plans were then developed to mitigate identified risks. For example in relation to skin care, people had the equipment they required such as special mattresses and seat cushions, regular repositioning, skin creams and people's skin was regularly checked.

People were protected from the risk of infection. People told us staff took the necessary precautions when undertaking personal care, for example wearing protective clothing such as gloves and aprons. The home was clean and smelled fresh during the inspection. One staff member had undertaken additional training in this area as an infection control champion, one of the changes they had implemented was additional protective equipment such as gloves and aprons in readily accessible areas of the home. A relative commented, "The hygiene in this home has been exceptional, as have the laundry facilities."

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Accidents and incidents were analysed by the registered manager for any learning and to prevent a reoccurrence. Lessons were learned from previous events, for example the registered manager explained how improvements were made to skin care after people had previously developed skin damage. Training, education and discussion with staff on good practice had been held and we found the management of skin care to be robust and involve the specialist tissue viability nurse where required. Feedback from the inspection was listened to by the registered manager and acted upon. For example during the inspection we found that some staff who were checking the mattress settings did not report settings which were incorrect for people's weight. Additional training was to be put in place for care staff.

Robust fire checks, procedures and training were in place. A fire safety audit carried out by West Sussex Fire and Rescue Service in October 2017 identified some areas for further improvement including the purchasing of fire evacuation equipment for non-ambulant people. These actions had been completed. Personal evacuation plans detailed how people were to be safely evacuated if necessary and a contingency plan was in place in the event of a serious fire.

Regular health and safety audits ensured continual improvement. The home was well maintained by the maintenance man and external contractors to ensure electrical, gas and water checks were completed as required.

Is the service effective?

Our findings

We found aspects of the service were not always effective.

At the previous inspection in November 2016, we found the Mental Capacity Act and Deprivation of Liberty Safeguards were not always followed. The provider sent us an action plan telling us the legal requirements would be met by 31 March 2017. We found some action had been taken in this area but we had continued concerns that decision specific mental capacity assessments were not completed.

The registered manager and staff understood some of their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 made on their behalf must be in their best interests and the least restrictive option available.

The registered manager had an understanding of the processes required to ensure decisions were made in the best interests of people. Throughout the inspection we heard staff regularly seeking people's consent to care and providing explanations for interventions. People confirmed, "Yes, I always give my permission and they do ask if I consent." Care records and staff confirmed where care was being given in people's best interests and where other's had the legal authority to make decisions on a person's behalf. Where more complex decision making was required care plans advised multi-disciplinary discussions should be held, for example one person required bed rails to keep them safe. Their relative told us this had been discussed with them but the decision specific assessment relating to how this decision was reached was not evident in the care records were reviewed.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards. Some people at the service were subject to these safeguards and other people had applications in progress with the local supervisory body. However, the service's recording of the decision making process and the mental capacity assessment in relation to whether the person was capable of making a decision to remain of their own accord at the home was absent.

Care and treatment of people must only be provided with the consent of the relevant person. Where some people did not have the ability to consent to their care and treatment, best interest decisions had not always involved the relevant people and been not been recorded. As a result, some aspects of care delivery were not following the principles of the mental capacity act.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When staff joined the organisation they received a flexible induction based upon their individual needs.

Those new to care were supported to complete the Care Certificate. The Care Certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of their induction. The registered manager advised the induction and shadowing continued until new staff felt confident with people.

People were supported by staff who had received training to meet their needs. Staff underwent training on essential subjects such as moving and handling, first aid and safeguarding as well as training that was specific to the people they supported, for example diabetes care, venepuncture and syringe driver training. All staff confirmed the training was good and they were encouraged to complete nationally accredited qualifications. Some staff had completed training to be "champions" in certain areas such as the nutrition and infection control champion roles.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and the compliance manager, nurses, senior staff and the registered manager confirmed an "open door" policy. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

People's nutritional needs were met with frequent meals, snacks and drinks offered and available throughout the day. Resident meetings encouraged people's involvement and choice with the menu and the registered manager monitored the quality of food. Mealtimes were unhurried and people could choose where they wished to eat. Feedback from people was positive regarding the food, "Very good"; "The food is very good, we have two very good cooks"; "The food is out of this world, it is first class." We observed staff asking people their choices for food and drinks throughout the inspection.

People's care plans provided details to help staff know what people's nutritional likes and dislikes were and highlighted any people who required support with their health needs or weight. For example one person noted to be losing weight had staff support, frequent, small meals offered and snacks to encourage their appetite. Staff gave examples of how they had supported people who had special dietary requirements, for example those needing a low fat diet or people who had diabetes. Staff knew who required their food and fluid intake to be monitored and when they needed to encourage people to eat and drink. We frequently saw staff supporting people to maintain good hydration but we found the documentation in people's rooms did not reflect the care they received in this area. We observed people had adapted cutlery and cups and plate guards where necessary to support them to remain as independent as possible with their food and drink.

People were protected by staff who made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. Physiotherapists, dieticians, people's doctors, chiropodists and other health professionals were regularly involved as required.

Changes in people's health were communicated to staff via regular handovers so staff were aware of people's needs. If staff noted a change we observed them seeking the advice and support of the nursing staff. Visiting professionals were encouraged to document their visits in people's notes to support good communication with all staff involved and we saw care plans reflected professional advice. People were encouraged to live healthier lives through staff education on food choices, encouragement to remain active through exercise and activity to provide meaningful stimulation.

Manor Barn Nursing Home was not purpose built; the environment had been adapted to provide a safe and accessible environment for people to mobilise. Handrails were available for people to move around the corridors safely. There were several communal areas of the service where people could have privacy with visitors or relax quietly. People were able to access a secure, flat garden. Plans were in place to refurbish the communal areas and develop a sensory area in 2018. A relative told us, "The environment and the layout of the nursing home is particularly pleasing."

The compliance manager told us the provider was looking at how technology could improve people's service. Since the last inspection people had access to wifi to enable them to connect with family who lived away. A new computerised care planning system was due to be trialled in another of the provider's services.

Is the service caring?

Our findings

The service continued to be caring. People told us, "Staff are very caring, very kind, it's good here"; "Very caring, they look after you, I like them." A relative's review commented, "I visit daily and can confirm that my husband has always been treated with courtesy, dignity and respect and I have been made a welcome visitor. Numerous thank you cards to the service told of the caring nature of staff, "Thank you all for the kindness, highest quality nursing care and compassion."

The registered manager and compliance manager told us the caring nature of staff was monitored closely through spot checks, feedback and supervision with staff. This helped ensure compassion, kindness, dignity and respect. People confirmed they were addressed as they requested and dignity respected.

People and relatives all told us staff were kind and caring and feedback forms also confirmed this. One relative shared, "I was gratified to discover that [X], one of the senior nurses, had worked there for seven years. He was especially understanding of my brother's circumstances and has been particularly supportive of both me and of my brother, taking the time to talk to both of us, above and beyond the requirements general daily care. I also found the other staff with whom I interacted generally pleasant and kind" and "there is a sense of calm and community among the residents, the staff, and the visitors (of which there were often many). It is a testament to Manor Barn that so many people seem happy and comfortable visiting their relatives and friends there". This reflected our inspection observations with staff approaching people in a calm, unhurried way. Staff spoke to people at eye level, held their hands and explained the care they were undertaking. People who were nursed in bed looked cared for, clean and comfortable.

Staff spoke of people in a caring, thoughtful way. Staff told us how much they enjoyed their jobs and the people they cared for. Good relationships with people had been built up over time, people were encouraged to express their views and contribute to their care. People we spoke with and reviews we read, confirmed people felt cared for,

Staff ensured people were supported and cared for as they would their own family. Staffing levels were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. Staff we spoke with had a good knowledge of people and how they liked to receive their care. Staff knew people's particular individual mannerisms and facial expressions if they were unable to verbally communicate. Staff gave us examples of how they communicated with people who were unable to verbally communicate and explained how they used hand gestures, facial expressions, pictures and written word to support understanding.

People's social interests and preferences were recorded and known by staff for example those who liked cricket or listening to classical music. People's religious needs were met and people were able to attend church or have communion within the home. If people were from a different culture or religion, the registered manager advised people's faith needs would be met.

People's care plans detailed family and friends who were important to them and those with authority to make decisions on their behalf. This helped staff to be knowledgeable about people's family dynamics and

enabled family members to be involved as they wished. People and their relatives were encouraged to express their views and be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place.

No one we met required care plans presented in an accessible format; however care reflected people's diverse needs and social situations. Care plans and information could be provided in larger fonts and the registered manager was looking at how the accessible information standards could be further incorporated in to people's care (The accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) We discussed highlighting important information in care records so these needs were flagged and shared, if required. We saw one person using a large magnifying glass so they could still enjoy their hobby. Staff gave an example of how they would involve people in their care and treatment if they were from a different country and didn't speak the language, for example using interpreters.

Staff understood the need for confidentiality, the safe storage of people's records, and knew not to share information without people's consent or unnecessarily.

Is the service responsive?

Our findings

The service provided responsive care to meet people's needs. Manor Barn Nursing Home employed two activities co coordinators across the week. At the last inspection in November 2016 it was noted that some people who were unable to engage in the group activities might be at risk of social isolation. The registered manager told us that two activity co-ordinators worked across the week now. People's social needs were assessed and people received one to one time in their room if they requested this.

People told us, "Yes we have activities here and outings"; "Yes, I like the activities and the harp"; "Yeah, it's very entertaining". The registered manager told us festive occasions were celebrated such as Halloween and Christmas and there were outings for example to the local garden centre and to the aerodrome museum for those who wished to participate. Activities planned for the forthcoming year included celebrating world chocolate day, baking, gardening. People who were at risk of social isolation had staff visit them and read to them, if possible activities such as decoration making were brought to them. Care plans identified the social stimulation people enjoyed and also those at risk of isolation who needed staff support to engage.

People and relatives confirmed they and professionals were involved in care planning and informed of any changes promptly. Relative comments included, "We were kept fully informed of all aspects of mums care and changes in her condition." People confirmed changes in health were noted and quickly responded to and during the course of the inspection we observed this.

The registered manager advised referrals came through word of mouth and through the local authority system. The service undertook their own assessment of people's strengths and needs. These included assessments of people's skin care and nutritional needs, level of dependency and pain and depression assessment tools if required. Comprehensive, individualised care plans were then developed based upon people's needs. The assessment process also helped to identify when staff required further training on health conditions before people came to live at Manor Barn Nursing Home. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition. If people had protected characteristics under the Equality Act (for example age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation) the registered manager assured us the provider's policies ensured people were treated equally and fairly. We spoke to the registered manager about updating the paper assessment tool and hospital transfer paperwork currently used by the provider to reflect the accessible information standard to highlight and flag possible protected characteristics and communication needs.

People had support plans in place which were individualised and encouraged choice. Care plans reflected how people liked to receive their personal care, be dressed and the aspects of their care they could manage themselves to maintain their independence. They provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. Support plans included information for staff about how to communicate with people if they had cognitive difficulties, had sight difficulties or hearing needs. People's care plans were personalised and written using their preferred name. People's care records were reviewed with them regularly and where appropriate, those who mattered to them and staff who knew

people well were also involved.

Staff shared examples of personalised care they provided. For example, staff were aware of people who had a gender preference for personal care, those who preferred their own company and people who had particular areas of the home they preferred to relax in. Bedrooms were personalised with people's belongings and the things which mattered to them.

Manor Barn Nursing home was proud of the end of life care people received. Feedback we reviewed at the service included, "They looked after mum extremely well in the remaining weeks of her life." The staff worked hard to ensure people who wished to remain at the home during their final days were able to, comfortable and pain free. Staff had attended training on end of life care with the local hospice and regularly attended meetings to ensure their practice remained up to date. People's last wishes were known and recorded. Staff had good working relationships with doctors and the hospice nurses to ensure people who might require pain relief had this promptly. Staff supported people who did not have family, and family members of other people were made welcome at the home and provided with food and comfort for as long as required.

There was a system in place for receiving and investigating complaints. Information about how to raise a complaint was visible in the entrance hall and the complaints policy was available in the office. We reviewed the complaints received in the past 12 months with the registered manager. These had been appropriately investigated and responded to. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager would resolve these. People's feedback included, "I have complained, they do listen and sort it out"; "I have nothing to complain about, I'm happy" and "Yes, they are very good at dealing with any of my moans." If people using the service or their families required the complaints policy in an accessible format, this would be arranged by the registered manager. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Is the service well-led?

Our findings

At the previous inspection in November 2016, it was identified that the records in place for aspects of medicine management, food and fluid charts, bowel charts and repositioning records were not consistently maintained. The provider sent us an action plan telling us a peer checking system would be implemented. At this inspection, we found the quality assurance processes in place to monitor the quality and accurate recording of people's room charts remained an area for improvement.

Quality assurance processes such as audits were in place, they included regular checks of people's care plans but at the time of the inspection did not include checks on the room records which detailed the amount people were eating and drinking, how frequently they were turned to prevent skin damage and how frequently they had their skin creams applied. For example, one person we checked who was on daily monitoring of their fluid intake had only had 110mls of fluid in a 24 hour period and another person had gaps in their bowel monitoring chart between the 7th and 12th of December 2017. We spoke with the provider and registered manager about the discrepancy in the care people received and the documentation reflecting this. They admitted the current auditing processes in place did not include the room records and immediately took action to incorporate a checking system to ensure staff completed these records fully.

We found the areas of concern at this inspection were also noted at the previous inspection.

The governance systems in place had not made sufficient changes and learned from the previous inspection findings to ensure compliance with the regulations. Records were not an accurate and a complete reflection of the care and treatment people received. This is a breach of Regulation 17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the previous inspection, a new registered manager had been appointed and registered with the Commission in September 2017. They told us they worked closely with the providers and the compliance manager to offer a high quality, caring service. The registered manager advised they had worked hard to address staffing issues within the service, reduce agency staff use and now had a stable team in post. In addition, the service had reflected on the findings of the last inspection to improve the activities on offer. People and relative feedback included, "I feel the quality of the service is faultless and cannot be improved upon"; "I would have no hesitation in recommending Manor Barn Nursing Home to anyone"; "A high standard of care, comfort and support...well run and maintained home."

The provider, registered manager and compliance manager were approachable and knew people and staff well. They told us they frequently walked around the building and spoke with people, relatives and staff to ensure the service was running well. An annual timetable of audits for example medicine audits, health and safety audits and care plan reviews were in place to monitor the quality of service provision. Audits completed by the registered manager were sent to the compliance manager and provider and any actions addressed promptly. The registered manager told us the providers were supportive and proactive and if any equipment or maintenance was required to enhance people's care this was arranged without delay.

Staff meetings were held frequently and staff told us they felt involved, valued and listened to. Staff were

invested in and encouraged to hold key roles within the service for example "champion" and "lead" roles were in place for infection control, continence care and nutrition. The management team told us they believe these roles gave staff a sense of purpose. The service encouraged staff to provide quality care and support. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. The nutrition champion role had seen people enjoying smoothies and non-alcoholic cocktails in the summer months to increase their hydration. The compliance manager told us, "I always have time for one to one conversations with staff, to give positive feedback and say thank you."

Relative and residents meetings were also held to involve people in developments and gain their ideas for example we saw relatives feedback in relation to a new garden fountain to further improve the garden.

The registered manager worked in partnership with other agencies when required, for example primary healthcare service, the local hospital, the local hospice, pharmacy and social workers. The registered manager told us a new local forum was being set up where best practice would be discussed and they were planning to attend. Community links were in place with local schools, colleges and churches. During our inspection a local children's choir was signing carols to people. The compliance manager told us they were considering participating in the national care home open day next summer and inviting local people to visit the service.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office and we were informed policies were being reviewed at the time of the inspection. The provider's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong. Inspection feedback was listened to and acted upon quickly to address the areas which we noted required improvement.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Regulation 11 (1) (2) (3) Need for Consent
Treatment of disease, disorder or injury	Care and treatment of people must only be provided with the consent of the relevant person. Where some people did not have the ability to consent to their care and treatment, best interest decisions had not always involved the relevant people and been not been recorded. As a result, some aspects of care delivery was unlawful.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Regulation 12 (1) (2) (g) Care and Treatment must be provided in a safe way for service users.
Treatment of disease, disorder or injury	Protocols for managing "as required" medicines require development to ensure these are administered safely and consistently.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 (1)(2) (a) (b)(c) Good Governance
Treatment of disease, disorder or injury	Accurate, complete and contemporaneous records were not kept in respect of each service user. The systems and processes in place were not sufficient to ensure compliance and assess,

monitor and improve the quality and safety of the services provided.