

Mrs R Hart

# Manor Rest Home

## Inspection report

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18 December 2023

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Manor Rest Home is a residential care home providing the regulated activity of accommodation and personal care to up to 19 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 17 people using the service.

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

Not all risks to people were identified and recorded. We have made a recommendation about the management of risk. Although staff felt supported and valued by the provider and manager, formal supervision arrangements for staff were still not in place. We have made a recommendation about staff supervision. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Improvements were still required to monitor the quality of the service provided to ensure effective oversight and to meet regulatory requirements.

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these processes. Medicine arrangements ensured people received their prescribed medication and staff's practice was safe. The service was appropriately staffed to meet people's care and support needs. Recruitment procedures were followed to ensure the right staff were employed to care for vulnerable individuals with minor improvements still required. People were protected by the providers arrangements for the prevention and control of infection.

Staff received appropriate induction and training opportunities. The dining experience was positive, and people's nutritional and hydration needs were met. The service ensured people received appropriate healthcare support as and when needed from a variety of professional healthcare services. The service worked together with other organisations to ensure people received coordinated care and support.

People were treated with care and kindness. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs. The rapport between staff and people using the service was positive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement [Published 25 January 2023]

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulation.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

### Enforcement and Recommendations

We have identified breaches in relation to the management of risk, consent and the requirements of the Mental Capacity Act 2005 and the provider's quality assurance and governance arrangements at this inspection.

Please see the action we have told the provider to take at the end of this report.

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

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Manor Rest Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Manor Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Manor Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who use the service and 2 relatives about their experience of Manor Rest Home. We spoke with the providers of the service and the newly appointed manager.

We reviewed a range of records. This included 7 people's care records and 8 people's medication administration records. We looked at 4 staff files in relation to the provider's recruitment practices, and an additional 4 staff files relating to training and supervision records. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

Following the inspection, we contacted and spoke with 4 members of staff, so we could speak to them about their experience of working at Manor Rest Home. We also spoke with 9 people's relatives about their experience of Manor Rest Home for their loved one.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection to the service in December 2022, risks to people were not assessed and improvements were required to the service's management of medicines. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection in relation to the management of medicines. The provider no longer remained in breach of Regulation 12. Minor improvements were still required relating to the management of risk.

Assessing risk, safety monitoring and management

- Not all risks to people's safety and wellbeing were identified and recorded. Where these were in place, more detail was required as to how the risks posed should be mitigated.
- No risks were identified for 1 person who was admitted to the service in October 2023. Information recorded between January and October 2023 demonstrated 1 person had experienced 10 incidents whereby they were either found on the floor or had experienced a fall. A risk assessment was not sufficiently detailed for this person to demonstrate how the risks posed should be alleviated. Where people had a catheter in place, not all risks associated with the catheter had been considered or recorded. A catheter is a medical device used to empty the bladder and collect urine in a drainage bag.
- There were insufficient fire marshals on duty at each shift to evacuate people safely in case of a fire emergency. We discussed this with the provider, and they confirmed action would be taken to address this.

We recommend the provider consider current guidance on the management of risk for people using the service.

- At our last inspection to the service in December 2022, not all people using the service had a Personal Emergency Evacuation Plan [PEEP] in place. This is a bespoke plan for people who may have difficulties evacuating to a place of safety without support. An 'emergency grab' bag for the service was not in place at the service. This should contain items and information that are essential to recovering or continuing the provider's business and also vital information that will assist staff and the fire and rescue service. At this inspection all people using the service had an individualised PEEP and an 'emergency grab' bag had been sought.
- The service's fire safety systems were checked at regular intervals to ensure these were safe and equipment maintained in good working order.

At our last inspection to the service in December 2022, the provider did not ensure the proper and safe use of medicines. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the

provider no longer remained in breach of this part of the regulation.

#### Using medicines safely

- People were supported to receive their medicines safely. Accurate medicine records were maintained, and Medication Administration Records [MAR] demonstrated people received their medicines as they should and in line with the prescriber's instructions.
- The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medicines too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medicines were trained and had their competency assessed to ensure they remained competent to undertake this task safely.

At our last inspection to the service in December 2022, recruitment checks were not robust to ensure staff's suitability to work with vulnerable people. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

#### Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Relative's comments included, "There are enough staff. The staff spend time with them [people who use the service]" and, "There are enough staff and there always seems to be someone around if I need to talk to them."
- Since our last inspection to the service in December 2022, most records as required by regulation had been sought to make sure staff were recruited safely. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- While significant progress had been made to the provider's recruitment practices and procedures since December 2022, minor improvements were still required to ensure these arrangements were robust. This referred to written references for 2 members of staff and 1 member of staff's Adult First Check being received after the applicants had commenced in post. The reason for leaving their previous employment was not recorded for 1 member of staff. No work placement adjustment was considered for a member of staff who had a medical condition. The manager provided an assurance that the above would be addressed.

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

- People were safeguarded from abuse and avoidable harm. No safeguarding concerns had been raised about the service since our last inspection in December 2022.
- People told us they felt safe. Comments included, "I feel very safe living here" and, "Safe, yes definitely." Relatives told us they had no concerns about their family member's safety and wellbeing. Comments included, "[Family member] is safe there [Manor Rest Home]" and, "I feel [family member] is safe and well looked after."
- Staff had received training on how to recognise and report abuse within the last 12 months. Staff were able to tell us about the different types of abuse and what to do to make sure people were protected from harm.

#### Preventing and controlling infection

We were assured the provider was preventing visitors from catching and spreading infections.

We were assured the provider was supporting people living at the service to minimise the spread of infection and was responding effectively to risk and signs of infection.

We were assured the provider was using PPE effectively and safely.

We were assured the provider was promoting safety through the layout and hygiene practices of the

premises and making sure infection outbreaks can be effectively prevented or managed. We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with government guidance. Throughout both days of inspection, numerous visitors were observed to visit Manor Rest Home. Relatives told us they were always made to feel welcome when they visited their family member.

#### Learning lessons when things go wrong

- Accident and incidents were logged but were not analysed to identify potential trends and themes.
- Since our last inspection in December 2022, findings at this inspection demonstrated the provider was making progress and considerable effort to make the required improvements to satisfy both the Local Authority and Care Quality Commission.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decisions had been assessed and these were individual to the person. However, a best interest decision was not recorded where people had bedrails fitted and there was a lack of information available to confirm people and those acting on their behalf had been consulted and/or agreed to the use of CCTV at the service. Not all relatives were aware of the presence of the CCTV in communal areas. A relative told us, "I am not aware of the CCTV or been told about it."
- Where people had bedrails in place to keep them safe and to stop them falling out of bed, no assessment of capacity was completed or less restrictive options considered to demonstrate the equipment in place was in the person's best interests, including if the restrictions were necessary and proportionate. Following the inspection the provider forwarded a copy of the completed best interest decision for the person with bedrails.
- Information for 1 person recorded their cigarette lighter was held by staff. The rationale for this decision had not been recorded to determine this was in the person's best interests. Records suggested this person had variable capacity but specific decisions relating to the above had not been explored and recorded in relation to the restrictions imposed. Following the inspection the provider confirmed this person had now been assessed as having capacity and had consented to their lighter being held for safekeeping.
- Some people's mental capacity assessments had not been reviewed since 2022. Following the inspection

the provider told us that people's assessments had now been completed.

The provider did not ensure people's consent and best interest decisions had been obtained in line with legislation and guidance with MCA 2005 and DoLS. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection to the service in December 2022, effective arrangements were not in place to ensure staff had up to date training, received an appropriate induction or regular supervision. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation relating to staff training and induction. Improvements were still required to ensure staff received formal supervision.

Staff support: induction, training, skills, and experience

- Following our last inspection to the service in December 2022, the provider ensured all staff employed at Manor Rest Home had received mandatory training, including refresher training in key areas and in line with the organisation's expectations.
- Staff now received an induction when newly appointed to the organisation. Staff were also given the opportunity to 'shadow' more experienced staff.
- The manager confirmed staff had still not received regular formal supervision in line with the provider's policy, which stated this should be completed bi-monthly. Staff who had been employed longer than 12 months, had not had an appraisal of their overall performance. This remained outstanding from our previous inspection in December 2022. However, staff spoken with told us they felt supported and valued by the provider and manager.

We recommend the provider refers to current guidance or seeks advice from a reputable source to ensure all staff receive regular formal supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics. This information was used to inform areas of their care plan.

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the quality of the meals provided were positive. Comments included, "The food is lovely" and, "I like the dinners here." Relative's comments were also positive and included, "The food quality is 100%. When I was at the home and saw [family member] at the table, I was envious of the food provided" and, "[Family member] has told me the meals are lovely."
- Observations demonstrated people experienced a positive dining experience. Where people required staff assistance to eat and drink, this was provided in a respectful and dignified manner.
- Where people were at risk of poor nutrition, their weight was monitored and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively within and across organisations to deliver effective care, support, and treatment. People were supported to access healthcare services and support as needed.

- Relatives told us they were kept up to date about their family members needs and the outcome of health-related appointments. A relative told us, "I am kept up to date with all [family member's] appointments." Another relative told us when their family member was unwell, a GP was called promptly.

Adapting service, design, decoration to meet people's needs

- People's diverse needs were respected as their bedrooms were personalised with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a lounge and large separate dining area and room for 'in-house' activities. Adaptations and equipment were in place in order to meet people's assessed needs.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection to the service in December 2022, systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of this regulation.

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

- The provider's arrangements to assess and monitor the service had notably improved since December 2022. However, further improvements were still required to ensure these arrangements were effective.
- The quality assurance and governance arrangements in place were not as reliable or effective in identifying shortfalls in the service. Audits needed strengthening to ensure these were used more effectively, as they failed to pick up the issues identified as part of this inspection. For example, risks for people using the service were not routinely assessed and had not been picked up by the provider. People's capacity to make decisions was not always assessed.
- Where audits recorded there were corrective actions to be addressed, action plans were not routinely completed. For example, care plan audits reviewed since September 2023 recorded 'updates' or 'changes' were required to people's care plan documentation. Health and Safety audits since June 2023 recorded areas requiring further action. No information was recorded to indicate if corrective actions highlighted had been addressed or if these remained outstanding.
- An accurate and complete record in respect of each person using the service was not maintained. There was no completed care plan for 1 person detailing their care needs and how their care and support needs should be delivered by staff. The manager responded during feedback stating they would complete this person's care plan without delay. Quality assurance and governance arrangements at the service had not picked this up demonstrating the provider's and manager's oversight was not as effective as it should be.

Effective arrangements were not in place to ensure robust quality monitoring arrangements were in place. This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and their relatives were positive about the service. They told us they were happy with the care and support provided by staff. Relative's comments included, "[Family member] is getting the best care they

can", "I have never had one moment of doubt about [family member's] care" and, "All [family member's] needs are met, and I am kept up to date about their care at all times."

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

- The provider and manager understood their responsibilities under the duty of candour.

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

- Since our last inspection in December 2022, although the provider was the registered manager, they had employed an additional manager to have effective day to day oversight of the service. The provider continued to visit the service most days and it was evident that there was a good working relationship between both parties.
- The provider and manager appeared receptive to our findings and suggestions and demonstrated a commitment to improving the service to enable greater oversight and governance of the service and to ensure people received safe care and treatment in line with regulatory requirements.

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

- Since our last inspection to the service in December 2022, people and their relatives had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire.
- People's comments were positive and included, "I get all of the help I need", "It's very friendly, clean, and very homely. If I'm not well, I am looked after very well by the staff" and, "I would recommend the service and I am happy to tell my friends." Relatives feedback was also very complimentary and positive.
- The views of staff had now been sought to enable the provider and manager to gather information on a variety of work-related issues. Variable comments were recorded by staff, but where areas for improvement were cited, no information was recorded to indicate if these had been addressed. For example, not all staff felt there was effective teamwork and some members of staff expressed they found the job stressful.
- Meetings for staff were not routinely held. Since our last inspection in December 2022, only 1 staff meeting had been held in February 2023. The manager told us there was a plan in place to increase these meetings in 2024.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure people's consent and best interest decisions had been obtained in line with legislation and guidance with MCA 2005 and DoLS. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective arrangements were not in place to ensure robust quality monitoring arrangements were in place. This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>