

RKL Living Ltd

Manor House Residential 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Manor House Residential Home is a residential care home providing accommodation for up to 22 people who require personal care, some of whom are living with dementia. The service is a converted period property. At the time of our inspection there were 17 people using the service.

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

The provider's systems and processes to assess and monitor the safety and quality of people's care continued to require further improvement and development.

We found the provider had not fully implemented the actions they told us they would take following their previous inspection.

We found improvements were needed in areas not identified by the provider.

The provider's policies and procedures were not consistently implemented by staff or understood.

Audits and practices to monitor the service had failed to monitor and keep under review staff knowledge, training and competence in key areas, which included medicine management and safeguarding people from abuse. Some staff had not undertaken training in topics related to the promotion of people's health and well-being.

People's safety was not assured as staff were not confident in identifying all types of potential abuse. Staff did not always follow the procedure for the administration of medication or the monitoring of safe medicine management. However, we found no evidence that people had not received their medicine as prescribed.

People and their family members told us they felt safe at Manor House Residential Home, as staff were available to help them when required. People were supported by sufficient staff who had undergone a safe recruitment process. People lived in an environment with safe infection and prevention measures.

People's health and wellbeing needs were assessed, and their health and welfare monitored by staff. Staff liaised with health care professionals about people's care. People's dietary needs were met and people were assisted by staff where required to eat and drink. Snacks and drinks were served throughout the day. A plan for ongoing environmental improvements to décor and furnishings was in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members were complimentary about the service and spoke of good communication with

the management team. The provider sought feedback from family members about the quality of the service and undertook an analysis of the findings.

The provider had identified areas for improvement, which included the planned introduction of an electronic system for the recording and monitoring of people's care, including medication and medicine systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 5 February 2020) and there were breaches of regulation. The service remains rated Requires Improvement. This service has been rated Requires Improvement for two consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an unannounced comprehensive inspection of this service on 7 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment, Safeguarding service users from abuse and improper treatment and Good governance.

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 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 remains the same. 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 House Residential Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified continued breaches in relation to safeguarding people from abuse and good governance, which included staff training and competency, and the implementation of some policies and procedures. We also found concerns related to medicine administration and medicine systems.

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 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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor House Residential 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 carried out 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 House Residential 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 House Residential 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 reviewed information we had received about the service. We sought feedback from the local authority who work with the service. 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 used all this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 8 November 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke in with 4 people using the service and 2 relatives. We spoke with the registered manager, a senior care assistant and 2 care assistants. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service, which included quality monitoring and auditing, minutes of meetings, policies and procedures.

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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to protect people from the risks of abuse as they did not have suitable systems to identify and report incidents of physical and verbal abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- People were at potential risk as staff knowledge of safeguarding and the types of abuse was limited. This meant there was potential for actual or allegations of abuse not being recognised by staff.
- The provider had failed to ensure all staff understood how to make a safeguarding alert, as detailed within their action plan following our previous inspection. Staff were aware they should report concerns to a member of the management team. However, some staff were not aware of external organisations where safeguarding concerns could be reported to. This meant staff were not familiar with the provider's safeguarding policy.
- The staff training matrix showed 6 of the 16 employed care staff had not completed training in safeguarding. This meant we could not be confident staff would understand their role and responsibilities in identifying and reporting potential abuse.

This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Safeguarding services users from abuse and improper treatment.

- People and their family members told us they felt safe at the home due to the presence of staff and the care they provided. A person when asked if they felt safe said, "Yes I do, there are always staff here."
- Records showed a family member had expressed concerns about a potential bruise on their relative's face. The registered manager had sought medical advice, and the GP had determined the mark was linked to a medical condition related to aging and not a bruise.
- People told us they knew how to raise concerns about safety. A person said, "CQC, I would talk to you, refer myself to a manager, or the owner of the care home."
- The registered manager audited people's care records to review any accident or incidents to identify potential signs of abuse. A record of all incidents and accidents was kept, which included referrals to the relevant agencies.

Using medicines safely

- Improvements were needed to ensure safe systems for medicine management were consistently followed by staff.
- We observed on one occasion a member of staff dispense a person's medicine without checking the medicine name and dosage against the medication administration record [MAR]. This posed a potential risk of the person not receiving the medicine as prescribed. The staff member dispensed the medicine directly into their hand whilst not wear gloves. This posed a risk to both the staff member and the person. The registered manager was present at the time of the incident and acknowledged the staff member had not followed the correct protocol.
- We identified staff were not counting medicines to ensure the quantity on site was consistent with the records completed daily. Of the sample of medicines we checked, we found one occasion where the stock on site was not consistent with the records. The registered manager said action would be taken to make improvements.
- Staff had undertaken training on medicine management. However, the registered manager acknowledged staff competencies for medicine management had not been routinely undertaken. Following our inspection the registered manager forwarded a staff's medicine competency assessment to us to show they had started to take action to address this issue.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Safe care and treatment.

- People's records detailed the prescribed medicine, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.
- People told us staff gave them their medicine. A person said, "They [staff] give meds on time, I take it when they give it to me." Staff were seen asking people with known health conditions which caused discomfort and pain if they required pain management medication.
- An assessment of people's capacity to make informed decisions regarding their medicine had been undertaken. Where it had been determined people did not have capacity a best interests decision had been made for medicine to be administered covertly (without their knowledge). Health care professionals had been involved in best interest decisions.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks relating to the health and safety of people or take action to mitigate risks. This was 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 was no longer in breach of this aspect of regulation 12 as action had been taken to mitigate risks to the environment and fire safety systems.

- Fire safety procedures had improved. Fire exits were clear, and Personal Emergency Evacuation Plans (PEEPs) had been developed, which provided information as to the support required by a person should they need to evacuate in an emergency.
- Environmental risks had been assessed and action taken. This included the covering of radiators to prevent people from touching hot surfaces and the safe storage of items which may cause harm such as

toiletries which maybe ingested.

- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. For example, people who were at risk of falls had sensor mats by their bed or comfy chair. When the person got up the sensor mat triggered an alarm which enabled staff to respond and assist them in a timely manner. A family member told us they were aware their relative's bed had been lowered, and a sensor mat placed in the room.
- People's safety was maintained by staff and external contractors who undertook scheduled checks of systems and equipment to ensure they were in good working order.

Staffing and recruitment

- People told us there were sufficient staff to meet their needs. A person said, "Staff come straight away." Some people told us they used their call bell if they needed support and that staff responded promptly. A person said, "I've got a call bell, I only press it when struggling with my breath."
- Staff numbers were kept under review and were based on the needs of people and the promotion of their safety. Throughout the inspection care staff were observed demonstrating empathy and care, and were continually ensuring people were okay, and asking if they needed anything.
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was 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

- The registered manager advised visitors were required to contact the service and request a date and time for visit. This was so they could manage the number of visitors at one time. We raised with both the nominated individual and registered manager current government guidance for COVID-19 and visitors, both confirmed government guidance would be adhered to and they would remove the need for visitors to book an appointment.

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. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A programme of refurbishment and redecoration was in place with improvements having taken place since the previous inspection. At the time of our inspection a bathroom was being refurbished and some bedrooms had or were in the process of being decorated, which included new carpets and furnishings.
- We observed many people spending time with each other in communal rooms.
- Outdoor facilities included the garden and lawned areas to the rear and side of the service, and a central courtyard with seating.

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

- People's needs were assessed prior to their moving into the service, to ensure their needs could be met, this included consideration to their needs as defined under the Equality Act. For example, religious or cultural needs.
- People's needs were kept under review, and their care plans updated to reflect any changes in their needs.
- Family members told us they were kept informed about key changes and were involved in decisions where a Lasting Power of Attorney (LPA) for health and welfare was in place. A family member told us, "My [relative] has LPA and they speak to the home regarding decisions on care."

Staff support: induction, training, skills and experience

- The provider's training matrix showed some staff had not undertaken training in key areas related to people's care and welfare. For example, pressure area care, oral hygiene and diabetes. The registered manager informed us staff would be rostered to come into work to complete the outstanding training courses.
- Staff spoke positively about the induction they had received, which included working alongside experienced staff. This meant people had the opportunity to meet new staff who understood their needs before providing their care.
- Staff received supervision and guidance to support them in their roles. Staff told us the registered manager and senior staff were supportive.

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

- People's nutritional and hydration needs were met. Drinks were served regularly throughout the day, and meals were chosen from a menu supplemented by the serving of snacks.
- People told us there were two options available at mealtimes, and snacks and drinks were served regularly. A person said, "Plenty of drinks, blackcurrant, drinks are regularly brought around." A second

person said, "Teatime there could be sandwiches, boiled eggs, they are very good."

- Staff were observed supporting and encouraging people to eat their lunchtime meal, all assistance was provided at the person's preferred pace.
- People's health was considered with regards to their dietary needs, which included diets to meet specific needs such as those living with diabetes or soft diets where people were at risk of choking.

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

- People's day to day health and well-being was monitored by staff with referrals being made to health care professionals where required. For example, where people experienced weight loss staff liaised with dieticians and the person's GP.
- People told us appointments were made with their GP who was quick to respond. A person said, "Dr [name], will see us either same day or next day." A second person said, "A phone call to make an appointment with the health centre, I go to them, or my family will take me." Family members told us they were aware of chiropodists and opticians visiting the home.
- The registered manager liaised with services including hospitals to ensure people's needs were known and understood before they moved between services to better support their care and support.

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.

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.

- People's care records contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. Where people could not make such decisions, best interest decisions were made.
- The registered manager had submitted DoLS applications and kept records as to when the application had been submitted and the applications progress with the responsible authority.
- The registered manager was aware of the people who had an LPA (lasting power of attorney) for health and welfare and property and affairs decisions in place.

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.

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

At our last inspection the provider had failed to have systems and processes in place to assess, monitor and improve the quality and safety of people's care. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The provider's systems and processes for monitoring the safety and quality of the service continued to be insufficient or robust. The provider acted following our inspection; however, the issues we found had not been identified by their quality monitoring systems and processes. This put people at continued risk due to a lack of robust governance.
- The provider's quality monitoring and auditing of medicine systems and processes had failed to identify staff were not consistently following the procedure for medicines administration and management.
- Policies and procedures were not fully implemented. We found some staff had not completed training in safeguarding, which was not consistent with the provider's policy which stated training would be provided and regularly updated. This also meant the provider had not completed their action plan which they had assured us they would address following the last inspection.
- Monitoring of staff training was not robust. We found some staff had not undertaken training in a timely manner to promote people's safety and welfare, which included staff who in the absence of the registered manager and deputy manager were responsible for people's safety and quality of care. This put people at potential risk as senior care staff may not have the knowledge required to make decisions to promote good quality outcomes for people.
- We found some wardrobes had not been secured to bedroom walls to prevent the risk of them falling or being pulled onto people. The provider's quality assurance system had not identified this and therefore people had remained at risk of harm from this concern.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Good governance.

- The registered manager told us action would be taken to address the issues we raised. We were sent photographs to evidence wardrobes had been secured to bedrooms walls, and we were informed staff would complete the required training.
- Systems for recording and monitoring accidents and incidents had been developed, which included the action taken to reduce further risks.
- Environmental audits were completed, and a programme of refurbishment was in place.
- The registered manager was supported by monthly meetings with the nominated individual.
- Staff told us daily handovers provided up to date information about people's health and welfare, along with any changes or monitoring linked to their care and support.

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

- The registered manager and staff created a homely environment for people to live. A family member said, "It's a small place, which means my relative doesn't get forgotten about." A second family member said, "It's quite a peaceful home, and music is played."
- People were seen relaxing, listening to music or watching television. Art and craft materials were available in the one of the lounges. One person pointed out the gnomes they had recently painted, and one person sat reading a book.
- Family members spoke positively about the care provided, which included the positive and caring relationships developed between their relative and staff. A family member said, "I see more smiles with them [staff] than me." Family members told us how their relative always appeared clean and well presented. A family member said, "They're always clean and smell nice."
- Staff spoke positively about the atmosphere within the service, which included good teamwork. A staff member told us, "It's a good place to work, I enjoy it. It's friendly, small and homely. We can give more; we know the residents well."

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 registered manager was aware of their responsibilities understanding of the duty of candour and had reported incidents appropriate to the local authority and Care Quality Commission.
- Family members were informed of any accidents or incidents involving their relative, and any actions they had taken to reduce similar events. A family member told us, "They [staff] correspond with us all of the time."

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

- Family members' views had been sought about the quality of care provided at the service. The provider had analysed the results from surveys which indicated satisfaction with the quality of the care and friendliness of staff. Some family members had indicated the décor of the home needed improvement. Family members spoke of the improvements being made to the décor. A family member said, "Builders are doing the bathroom and updates are happening in the home."
- Team meetings were used to share information about the quality of the service and provided feedback as to what was working well, and where improvements were needed.
- Staff views about the service had been sought, which found staff felt happy working at the service and worked well as a team, which included being supported by the management team.

Continuous learning and improving care

- The nominated individual spoke of their immediate plans to introduce changes to improve the service,

which included the introduction electronic monitoring systems to record people's care, which would include medicine management.

- Environmental improvements were ongoing, which in addition to refurbishments of bathing facilities and bedrooms, would also include the installation of CCTV in communal lounges to assist in monitoring people's safety and welfare. The nominated individual confirmed they had consulted with family members and their relatives about its installation.
- Quality of care audits were carried out by commissioners of adult social care. The outcome of these audits was used by the registered manager and referenced within the provider's service development plan to support continuous improvement of the quality of care.

Working in partnership with others

- The registered manager spoke of positive and supportive links with key organisations, which included the local authority commissioning teams and provider meetings organised and facilitated by the local authority, which included guest speakers who shared good practice.
- The registered manager had developed links with local schools which enabled some of the people at Manor House Residential Home to visit the school for organised activities, which had included attending a Carol service at Christmas.

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 The provider had failed to ensure staff adhered to the policy and procedure for the safe administration and management of medicine.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure staff understood their role and responsibilities in line with the policy for safeguarding people from abuse.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective governance and oversight of the service to promote people's safety and achieve good quality outcomes for people.</p> <p>The provider had failed to recognise policies and procedures were not fully implemented or understood by staff.</p> <p>The provider had failed to identify staff training skills and competency was in place to enable staff to fulfil their roles and responsibilities.</p>

The enforcement action we took:

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