

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?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**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 for up to 22 older people living with dementia. At the time of inspection there were 21 people living at the home.

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

There was a registered manager who had been the manager of the service since it registered with CQC in October 2010.

The provider did not have adequate systems in place to assess and monitor the safety and quality of people's care. Their policies were outdated and did not reflect current practice. The provider had not carried out regular audits to maintain the safety of the environment, fire safety procedures, decoration or repairs. Immediately following the inspection, the provider implemented systems to monitor and improve the safety of the home; these systems needed to be shared with staff and embedded into practice.

Staff did not always understand how to safeguard people from the risk of harm. Following the inspection, the provider updated their policy and put in systems to identify when incidents occurred and when to report to safeguarding. These systems require embedding to be effective.

Staff were recruited using safe recruitment practices, however, the provider did not have systems in place to ensure staff remained safe to work.

There were enough staff deployed to meet people's needs. People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. People were supported to access relevant health and social care professionals.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People and their representatives were encouraged to be involved in planning how their care was provided. Staff gained people's consent before providing personal care and ensured their privacy and dignity were maintained.

Staff received training to enable them to meet people's needs and were supported to carry out their roles.

There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

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.

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

The last rating for this service was Good (published 22 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We identified three breaches of regulation in relation to safety of the environment; safeguarding and management oversight. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place on 7 January 2020, the inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We had not requested any information from the provider before the inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We made observations of how people were supported, and how staff interacted with them. We spoke with six members of staff including the registered manager, two care and three catering and domestic staff.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider about environmental checks, fire safety and safeguarding information. We looked at training data, and new policies introduced for recruitment and safeguarding. We used this information to make judgements in this report.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider had not always ensured fire safety procedures had been followed. For example, ensuring fire exits were clear, fire extinguishers readily available and safe storage of combustible materials. This could have put people at risk of harm in the event of a fire.
- People did not have a personal emergency evacuation plan (PEEP) to ensure there was oversight of people's needs in an emergency.
- The provider had not carried out environmental risk assessments. People were at risk of harm from hot radiators and pipes in bedrooms, bathrooms and communal areas as these had not been covered to prevent direct contact with people's skin.
- The provider had not assessed people's risk of accessing items that could cause harm if misused or ingested. People were at potential risk of harm as they had ready access to teeth cleaning tablets, toiletries and razors kept in communal bathrooms and in people's bedrooms. The cleaner's trolley containing cleaning solutions was stored in a person's bedroom.
- The provider had not routinely assessed the environment for repairs or made timely repairs. For example, three people had broken light dimmer switches, making it difficult to turn their light on and off.
- People were at risk of cross infection from the use of shared toiletries in communal bathrooms. People also appeared to be using other people's toiletries as those stored in their bedrooms had other people's names on. The communal bathrooms were used to store people's underclothes and urine bottles.

The provider had failed to always assess the risks to the health and safety of people using the service, or take action to mitigate risks, this is a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- After the inspection the provider sent us photographic evidence to show they had cleared the blocked fire exit and storage areas, ensured fire extinguishers were readily available and people's PEEPs were in place.
- Staff continued to carry out regular fire alarm and emergency lighting tests.
- Following the inspection, the registered manager provided evidence they had systems in place to store cleaning and toiletry items safely.
- The provider provided evidence they had installed radiator covers in the communal lounge/dining room by 10 January 2020. They arranged for all other uncovered radiators to be covered by 17 January 2020.
- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.

- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

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

- People were not always protected from the risks of abuse or unsafe care as the provider did not have systems in place to identify or report incidents.
- Staff did not always report unexplained bruising or altercations between people using the service to the registered manager. Between 24 December 2019 and 4 January 2020 staff had recorded in the staff handover book and people's daily notes, five incidents of verbal and physical abuse between people living at the home; these had not been reported to the registered manager or reported to the local authority safeguarding team.
- The registered manager did not audit the daily notes or handover book for their content. They did not have systems to identify where staff had recorded incidents of potential and actual abuse.
- The provider's safeguarding policy did not correctly guide staff on how to report safeguarding concerns to the local authority; the information was out of date. Staff did not have the information they required to make a safeguarding alert.
- The registered manager failed to raise safeguarding alerts. They told us they did not report altercations between people as they knew the incidents would not meet the local authority safeguarding team's criteria for an investigation. All incidents of abuse need to be reported to the safeguarding team for them to record trends and make the decisions to investigate.

The provider 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 is a breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

- Following the inspection, the registered manager updated the safeguarding policy to show the current details of the local authority safeguarding team. They reviewed information recorded in people's daily notes and handover information; they reported safeguarding concerns they identified.
- Where safeguarding alerts had been raised the registered manager kept records of these and provided evidence of investigations as requested by the safeguarding team.

#### Using medicines safely

- People received their medicines as prescribed.
- However, the registered manager had not carried out regular medicine management audits. They told us they intended to restart the audits now their new system for medicines had been implemented.
- Where people were prescribed medicines that could be taken 'as required' they had protocols in place to follow to ensure staff understood when and why these were to be given. Improvements were required to ensure all protocols contained current information.
- Staff had the information they needed to ensure people received their medicines the way they preferred. For example, one person liked to take their tablets from a spoon.
- Staff followed best practice in recording where and when they applied medicine administered in skin patches.

#### Staffing and recruitment

- The provider assessed people's dependency and ensured they deployed enough staff to meet people's needs.
- Sickness and absence were covered by regular staff. The registered manager told us as people were living



with dementia, they preferred to use staff people knew. When agency staff were used (which was rarely), they requested staff who had worked at the home previously as they knew people.

- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.
- The provider did not have a system in place to regularly update staff Disclosure and Barring Service (DBS) checks. Following our inspection, the provider updated their policy to incorporate regular DBS checks.

Learning lessons when things go wrong

- The registered manager held staff meetings where they could discuss their concerns and learn from incidents. The registered manager told us these meetings required more structure to include regular discussions about key areas, such as safeguarding.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The home did not have all the adaptations or decoration required to meet the needs of people living with dementia. The corridor walls were painted the same colours as the grab rails, making it difficult for people to locate the grab rails. These were particularly important where the corridors had a slope. We brought this to the attention of the registered manager. Following our inspection, the provider sent us evidence to show the grab rails had been painted a contrasting colour to the walls to help people with dementia locate these.
- The home needed updating and redecoration. Following our inspection, the provider and registered manager met to discuss and plan the refurbishment and redecoration of the home. Their action plan showed these were due for completion by October 2020.
- There was no access to the home's car park and main entrance as there was a burst natural spring pipe at the entry gate. The provider was seeking quotes from contractors to repair this. In the meantime, access to the home was via an adjoining building also owned by the provider.
- There were two industrial washing machines and an industrial tumble dryer to launder people's clothes and bedding. One member of staff told us these were enough to launder everything. However, one of the washing machines had not been working for two weeks as they were waiting upon a part to arrive to be able to make the necessary repairs.
- There was a communal area used for activities and dining. People could also access a secure garden, where one person had enjoyed growing tomatoes in the summer.

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

- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs such as falls and mobility.

Staff support: induction, training, skills and experience

- New staff received an induction, which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received additional training to meet people's specific needs, for example care of people living with dementia. One member of staff told us, "I've done lots of training including dementia, diabetes and end of

life care."

- Staff were encouraged and supported to study and gain vocational qualifications, for example some staff recently completed diplomas in diabetes, infection control and care planning management.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the registered manager and senior staff were very supportive.

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

- Staff knew people's dietary requirements, including their likes and dislikes; staff ensured people were served their preferred meals. The cook demonstrated how they catered for people's allergies, preferences and dietary needs, for example a gluten free diet.
- Staff ensured people could choose what they ate. The hot meal was served at lunchtime. One person preferred theirs at night, they told us, "The food is always good. I have a sandwich at lunchtime and a hot dinner at night; I've never had a bad one."
- Staff prompted and assisted people to eat their meals and monitored what they ate and drank.
- Staff monitored people's weight regularly and referred people to health professionals if they were not eating and drinking well. Staff followed health professional's advice, for example providing pureed foods where prescribed.

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

- Staff supported people to attend health appointments and referred people to their GP or other medical services when they showed signs of illness. One relative described how staff were quick to get medical assistance when needed, they told us, "When [relative] fell last year, staff called for help, the ambulance took [relative] to hospital." Another relative described how staff had helped their relative recover after a hospital stay.
- The management team were establishing links with the GP and local district nurse team to work together in planning reviews and ensure smooth referral paths.

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

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

- Staff had carried out mental capacity assessments to establish whether people had insight and understanding of their care needs.
- The registered manager had assessed people for their ability to make informed choices about their care, they had made applications for DoLS authorisations to the local authority for people who had restrictions to their liberty.
- Staff demonstrated they understood the principles of MCA, supporting people to makes choices. People were asked for their consent before providing their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff who knew them well. Most people needed support to express their views and make choices, some did not have any verbal communication, we observed staff spending time with people talking to them in a kind way.
- One person told us "Staff are good." Relatives told us staff really cared. One relative said, "They're [staff] absolutely fantastic."
- Relatives were complimentary about staff. One relative said, "I would rate the personal and one to one care as outstanding."
- In the feedback given to the registered manager one person had written, "[Staff name] has a lovely way with [Name], how she talks to [Name] and smiles, [Name] responds to her." Another relative had written, "Very friendly and helpful staff, and nice that staff are really caring."

Supporting people to express their views and be involved in making decisions about their care

- Where people could express their views, staff and the registered manager took time to listen to them to understand how they preferred to receive their care. Where people were unable to verbally express their views, relatives described how staff would look for signs in their relative's body language for changes in mood, or their needs.
- People had access to an advocacy service for additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity; personal care was provided in private.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and contained information about people's likes and dislikes. For example, hobbies and interest and people who were important to them.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives.
- People who could express their preferences were involved in their care planning and choices about their daily lives. For example, where they spent their time and meal choices.
- Where people were living with advanced dementia, staff and the registered manager worked with people's representatives to incorporate people's preferences, religious faiths, hobbies and interests into their daily care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed activities that occupied their hands and minds. For example, one to one time with activities staff doing crafts.
- Staff supported people to take part in events such as Halloween and Christmas. Relatives and staff told us people liked to take part in the singing and progressive movement and enjoyed outside visitors such as the children's choir.
- Staff had grouped together to plan and raise money for activity supplies. One member of staff told us, "We raised £300 on 'elf day' to buy supplies for residents, like jigsaws."
- People's visitors were made to feel welcome. One relative told us, "I come in at all times of the day, it is always good." Another relative described how staff made birthdays special, they said, "Staff arranged it, so we have birthday dinner together, they even supply a cake."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager explored ways to assist people living with advanced dementia to understand their care; this was mostly carried out verbally or with pictures.
- Staff ensured people wore their hearing aids and glasses, so they could communicate the best they could.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. Relatives told us where they had made a complaint the registered manager had responded and made improvements.
- The registered manager followed the provider's complaints procedure which set out the timescales for response and who to refer to if people were unhappy with the response to their complaint.

#### End of life care and support

- People and their representatives were given the opportunity to record what was important to them at end of life. People's wishes were followed.
- Staff liaised with health professionals to ensure people were assessed for their symptoms and kept comfortable.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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

- The provider did not have a system to regularly monitor the quality and safety of people's care.
- The registered manager did not audit people's daily and handover notes. This meant information about possible verbal and physical abuse had not been identified or reported.
- There was no reliable system to ensure fire safety procedures had been followed; no checks or audits had been carried out to ensure staff had access to fire extinguishers or fire exits were clear. People and staff were at risk of harm in the event of a fire.
- There was no system to regularly check the environmental safety of the home. There were no audits of the safety of hot radiators, hot pipes, storage of cleaning products or reporting and timely repairs. People were at risk of harm as these had not been identified or actions taken to protect them.
- There were no systems in place to regularly monitor the suitability of staff working at the home. The provider did not have a policy to check staff had no criminal convictions since working at the home; they did not carry out regular update Disclosing and barring (DBS) checks.
- The provider did not have a system to update their policies to reflect current practice or best practice. This meant staff did not have procedures or guidelines to follow to ensure people received safe care. For example, infection control and safeguarding.
- The registered manager did not carry out regular audits such as medicines management and infection control; this meant they did not have a system to identify where improvements were required.

The provider had failed to have systems and processes in place to assess, monitor and improve the quality and safety of people living at the home. This is a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- Following our inspection, the provider demonstrated how they intended to assess and monitor fire safety procedures and the environment; these needed to be implemented and embedded into practice.
- After the inspection the provider updated their safeguarding and recruitment policies. These needed to be shared with staff and embedded into practice. The provider also stated they would be updating all their other policies by the end of February 2020.
- The registered manager showed us how they intended to monitor people's daily notes and staff handover to identify incidents which require reporting to the safeguarding team.

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

- The registered manager was very experienced in the care of people living with dementia. They shared their experience with staff to create a culture which was person centred. Staff told us they were happy working at the home, one member of staff told us, "I love it here." Relatives were very complimentary about the care staff provided. For example feedback from one relative stated, "My [relative] always seems content and settled and says staff are very kind to them. I see a lot of incidents where staff show genuine care and concern towards residents as individuals."

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; Continuous learning and improving care

- The management were aware of their responsibilities to keep people informed of actions taken following incidents in line with duty of candour.
- The registered manager supported staff to learn from incidents through discussions at supervisions.

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

- The registered manager regularly spoke with two people and their representatives about their care. However, due to their advanced dementia, people could not communicate about their care. The provider arranged for a relative's meeting after the inspection.
- The registered manager created a newsletter for staff, people and their relatives which updated them with staffing, staff training and events. A relative's meeting was planned for February 2020.

Working in partnership with others

- The registered manager was developing their relationship with people's GP, district nurses and health teams.
- Children from the local school and the village choir visited the home at planned times.



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 failed to always assess the risks to the health and safety of people using the service, or take action to mitigate risks.
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 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.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to have systems and processes in place to assess, monitor and improve the quality and safety of people living at the home.