

The Manor (Sussex) LLP

# The Manor Care 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 well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Manor Care Home is a residential care home providing care and accommodation for up to 21 older people who live with a learning disability and autistic people. Some of whom have physical disabilities, and/or are living frailties of old age and dementia. On the day of our inspection, there were 19 people living at the home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** People were mostly 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.

Staff did not always support people to have a range of opportunities and experiences to maintain their skills for as long as possible and have greater control over some areas of their own lives. Staff carried out daily tasks such as cooking and cleaning without actively supporting people to take part. The provider was seeking additional training for staff to understand how to be more focused on people's strengths and promote what they could do, so people had a fulfilling and meaningful everyday life. Each person had their own room, which was personalised to meet their needs and preferences.

People lived in one large house and shared spaces, at busy times such as mealtimes the environment was noisy. Consideration had not been given to creating a dementia friendly setting such as supporting people to recognise their surroundings and move independently around the service.

The provider was aware of and were committed to providing resources to make any necessary improvements as quickly as possible. Staff equality and diversity was respected and promoted at the service and within the provider's organisation.

### Right Care:

People and their relatives told us they received kind and compassionate care. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so.

People received good quality health care, support, and treatment because staff and specialists could meet their needs. Most staff knew and understood people well.

People were supported to eat and drink safely.

#### Right Culture:

People were not supported by managers and staff who fully understood current good practice in relation to learning disability and autism people, some of whom were living with dementia.

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Internal quality assurance systems and processes to maintain and develop the safety and quality of care were not always operating effectively.

Staff equality and diversity was respected and promoted at the service and within the provider's organisation.

People we spoke with and their relatives told us, they liked living at the Manor care home and liked the managers and staff.

The provider had reflected on feedback from the inspection and had started to make changes.

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 3 July 2019)

#### Why we inspected.

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

#### Enforcement

We have identified 2 breaches of regulation in relation to staff training and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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.

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

## 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** ●

# The Manor Care 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 team was made up of 2 inspectors 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 and worked remotely to carry out telephone interviews with relatives.

#### Service and service type

The manor care 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. The Manor care 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 since the last inspection. We sought feedback from the local authority and professionals 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.

#### During the inspection

We spoke with 6 people who used the service and 3 relatives of people who use the service about their experience of the care provided. We contacted 5 health and social care professionals for their feedback and spoke with 8 members of staff including the registered manager, members of the management team, care workers, the chef, and the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



# 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 good. At this inspection the rating has changed 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.

Using medicines safely; Assessing risk, safety monitoring and management

- People could not always have confidence they received the correct medicines at the right time. For example, people had prescribed creams where the pharmacy label had become illegible, with no dates to show when the cream was opened or prescribing instructions to check against the medication administration record (MAR).
- Creams were not always recorded on the Mar sheet and where Mar sheets had needed to be handwritten, this had not always been checked and countersigned. This increases the risk of errors. The registered manager took steps to address this during the inspection.
- As required medicine (PRN) protocols were in place for some medicines but not for others. Where people had 2 medicines for similar reasons, it was not always clear which medicine to use first, for example, Paracetamol and Codeine.
- Staff administering medicine know people very well which meant these medicine shortfalls described in the previous 3 bullet points, didn't have any impact on people this could be a potential risk/we saw this as an area for improvement.
- People's individual health risks had mostly been assessed, monitored, and managed. For example, people who lived with diabetes had guidance in place for staff to follow, however until raised at inspection, there had not been an epilepsy bathing risk assessment in place. We found no harm had come to the person but managers immediately assessed the potential risk and put in place a risk assessment to guide staff.
- Following the inspection the deputy manager assured us a template for a topical cream body map, to indicate where a cream should be applied and the directions for use, has been put in place. Once completed, it would be laminated, so staff knew what they are signing for and where to apply it. They also confirmed missing PRN protocols were now in place.
- Risks within the environment had been assessed and mitigated where possible. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autistic people, or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Records showed medicine had not been used to control people's behaviour.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe living at the manor care home. One person said, "It just feels safe, I don't know why." A relative told us, "We'd know if (person) was unhappy. If they weren't safe, they'd

be unhappy."

- Staff had received training in safeguarding and were able to explain their understanding of their role in safeguarding people. We have written more about staff training in the effective section of this report.

#### Staffing and recruitment

- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safe recruitment decisions.
- Staff and relatives told us they felt there were enough staff to support people. We observed staff taking time to talk to people and ask them if they needed anything.

#### 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

- Relatives told us they can visit when they and their loved one like. One relative said they telephone beforehand as the staff prefer it in case the person is doing something.
- The provider was supporting visits for people living in the service in accordance with the current government guidance.

#### Learning lessons when things go wrong

- Staff managed incidents affecting people's safety. Staff recognised incidents and reported them appropriately and managers investigated incidents and took action to reduce recurrence.
- One person was having repeated falls; referrals were made to external professionals to help support the person's changes in need. Staff were made aware of the actions and need to be extra vigilant.



# 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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience; assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- Staff did not consistently display respectful language. One staff used the term, "Kicking off" when describing a person who had become emotionally distressed. When referring to support with personal care, other staff said, "I am just doing [name of person]." Records contained terms such as "disciplined by staff" when meaning "Asked to stop hitting a person." These terms demonstrated a lack of understanding of maintaining people's dignity and were not person centred.
- Staff had not received adequate training to understand how to support people who were showing distress in ways which caused harm to themselves or others. We observed staff persistently telling a person "No" when they were seeking staff interaction, resulting in the person throwing furniture.
- A health professional said, "I am surprised at the lack of knowledge of what dementia is likely to entail for people. Given this is the core of the support provided by the home further professional development is needed for staff and managers to understand how to support people who experience behaviours which can cause harm to themselves and others."
- Staff were not all trained or had the relevant knowledge to meet people's communication needs, for example, where people had in the past used sign language to aid their communication. We did not observe staff using sign or other tools effectively to support communication such as pictures or photographs.
- Training was not always updated as often as skills for care recommends, for example some staff had their last safeguarding updates in 2019 when skills for care recommends annual updates.
- Pre-admission assessments did not always fully consider the impact on people already living at the manor care home. For example, known information about a person such as they had 1:1 staffing and needed to live alone, did not result in risk assessment to support the person or other people in a large group setting without 1:1 support. This had impacted others as they had been subject to hitting and pushing by the distressed person.
- Managers had not fully considered people's strengths or focused on what they could do, to enable people to have a fulfilling and meaningful life. People were not involved in daily life activities, such as laundry and cooking. Active support approaches were not known by staff who carried out these tasks without including people.
- Staff received MCA training and some were able to explain their role in supporting people to make decisions. Others were less able to explain in detail but knew they should offer choice to people in their everyday life. This further demonstrates the lack of effective training available to staff.

The provider failed to ensure staff received appropriate training and support to enable them to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider enrolled new staff onto the care certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider told us they were accessing a new training provider to improve the quality of the training delivered to staff.
- People had care and support plans that were generally personalised, holistic, and reflected their needs and aspirations, including physical and mental health needs. They were not always up to date, however the registered manager explained they were transitioning from paper based to electronic care recording systems. Discussed this further in the well-led section of the report
- We observed some staff working with people in a positive and friendly way, for example supporting a person to make choices by gently asking questions to understand what the person wanted.

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

- The environment did not always support the wellbeing or needs of people who were living there as some people were living with dementia. The general environment did not reflect national good practice guidance for supporting people with dementia. This included the lack of orientation prompts to support to promote a positive stimulating environment in which to live and support independence. We observed one person who was new to the service was clearly disorientated and could have benefited from orientation prompts for staff to use to support the person.
- People had equipment to meet their needs, such as wheelchairs and walking aids. There were adjustable beds and air mattresses. A manual hoist had a cushion taped to its frame which we were told was there to stop people hitting their knees on the metal. The provider and registered manager assured us they would talk to a relevant health professional about its suitability.
- Whilst the building was generally clean, it needed redecoration and did not have a homely feeling in the shared areas. Following the inspection, the provider told us they were planning a program of refurbishment to incorporate the needs of people living with dementia.
- People's rooms were personalised, reflecting their interests and family relationships. Some rooms had en suite showers, others a sink and WC. Some rooms shared a bathroom. Where practical these were also personalised.

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

- People were supported to have enough to eat and drink.
- A health professional talking about people's different nutrition needs, told us, "Manor staff (led by the nutritional lead,) are vigilant about new concerns and do not hesitate to refer for assessment and recommendations. Once they have these recommendations, they implement them in full and have systems for all staff to be aware of them."
- People told us they liked the food and could say if they didn't want something. There had been some recent changes to provide a wider choice of fresh food. We observed fresh fruit and vegetables to be available to people.
- The service employed a cook, who has known people for a long time. The cook asked people what they would like to eat from two main choices every day. This supported people who had difficulty remembering things over a longer timeframe.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Managers and staff demonstrated an understanding of people's health needs and were working with health professionals when needed.
- Health professionals told us the staff were "efficient and professional," when supporting health visits and ensured people's privacy and dignity.
- Records were kept about health appointments people had been supported to attend. Care plans were updated to reflect changes in people's care or treatment.

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.

- The registered manager had identified and completed actions where people's right to consent to care and treatment had been highlighted. Staff told us how they offered choices about things like what clothes to wear and asked for consent before supporting people with personal care.
- Capacity assessments had been completed and best interest decisions had been taken with, where possible the person, family members and relevant professionals, when a person had lacked capacity to make a decision about their care.
- We found DoLS were in place where needed and conditions were being met.

# 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 good. At this inspection the rating has changed 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had failed to keep the culture of the service under review to ensure people were supported in line with the principles of right support, right care, right culture, and the quality-of-life guidance. They could not be assured people were supported in a fully person-centred culture with a focus on promoting and maintaining people's skills.
- Governance processes were not always effective and did not always keep people safe, protect their human rights and provide good quality care and support. For example, leaders had not identified topical medicines were not being recorded and PRN protocols were not all in place.
- The provider had not ensured managers and staff had the information and training they needed to provide safe and effective care. They did not always ensure staff followed best practice for supporting autistic people and people with a learning disability and or dementia.
- Policies and procedures were not always reflective of current good practice, for example the falls policy did not have a section on head injuries to guide staff on what they should consider if someone hit their head during a fall. The policy used inappropriate language for adult services such as "cot sides" when referring to adjustable bed rails.
- The registered manager had not been clear in their understanding about when to report a specific notification required by law to CQC. This was discussed at inspection and rectified, however does demonstrate further, the lack of keeping professionally updated records.
- Managers had failed to recognise some language used by staff was not dignified or respectful and therefore had not monitored or addressed it.

The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Relatives told us the registered manager and staff told them about incidents affecting their loved one.

Continuous learning and improving care

- The provider had recently started to use an electronic care monitoring system, which they expected to

support a more robust auditing system.

- The provider updated their falls policy following inspection feedback and told us they would review their other policies.
- Following feedback from the inspection, the provider told us they had accessed another training provider to provide future training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in the service in that staff completed regular house meetings with people where activities and ideas were discussed.
- Relatives were positive and told us about the links they had with the managers and how they were consistently involved in decisions affecting their loved one's support.
- The registered manager and staff engaged with health and social care professionals involved in people's care, however the registered manager told us they did not attend local forums where practice could be shared. This was a missed opportunity to develop their knowledge of current practice.
- The registered manager told us they had become part of a specific Palliative Care Link Group for people with a Learning Disability to ensure access to and equality of services at End of Life.
- Staff told us they had regular meetings and 1:1 supervision with managers. They told us these covered any concerns they had, training needs, and changing care needs of the people who live at the Manor care home.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish adequate systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff received appropriate training and support to enable them to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>