

# Sherwood Healthcare Limited

# Mansfield Manor Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Mansfield Manor is a care home that provides personal care for up to 38 people. At the time of the inspection 34 people lived at the home, most of these people were older people, some of whom were living with dementia.

People's experience of using this service: Overall, people had a positive experience of living at Mansfield Manor. Some improvements were required to safely manage risk and to ensure people received their medicines as required. Changes had been made after incidents to reduce the risk of the same thing happening again. People told us they felt safe and staff, and the manager, had a good understanding of safeguarding adults' referrals to the local authority safeguarding team as required. The home was clean and hygienic, and people were protected from environmental risks.

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. Some staff did not have training in key areas, training had been planned to address this. Despite this, we found staff to be skilled and competent and staff told us they felt supported in their roles. People had a choice about what they ate and had enough food and drink. People had access to healthcare when they needed it, and advice was sought from specialist health professionals.

People were supported by staff who were kind and caring, staff knew people well and people were involved in making decisions about their care. People were treated with dignity and respect and their right to privacy was upheld.

The service was flexible to meet people's needs. Staff had a good understanding of how to support people and people chose how they spent their time. Further work was needed to ensure care records were used effectively by staff. There were systems in place to respond to complaints and concerns. People were provided with caring and compassionate support at the end of their lives.

The home was well led. There were effective systems to ensure the safety and quality of the service. The management team had already identified most issues prior to our inspection and had plans to address the concerns. During and after our inspection the management team were responsive to our feedback and took swift action based upon this. People and staff were involved in the running of the home. The home worked in partnership with other professionals to ensure good practice.

The service met the characteristics of Good in most areas. 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: Good (report published on 5 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will 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 consistently 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 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 well-led

Details are in our Well-Led findings below.

**Good** ●

# Mansfield 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector, a specialist nursing advisor and an Expert by Experience who had personal experience of caring for someone who uses services that support older people.

**Service and service type:** Mansfield Manor is a care home. People in care homes receive accommodation and nursing or personal care. 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 that they 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 was unannounced.

**What we did before the inspection:** Before the inspection we reviewed any notifications we had received from the service and information from external agencies such as the local authority. We use the information the provider had shared in the Provider Information Return (PIR). This is information we require providers to send us to give key information about the service.

**During the inspection:** We spoke with two people who lived at the home and the relatives of eight people. We also spoke with four staff, a member of the catering team, two nurses, the registered manager and the owner. We reviewed records related to the care of seven people. We looked at records of accidents and

incidents, audits and quality assurance reports, complaints and three staff files. We looked at documentation related to the safety and suitability of the service and spent time observing interactions between staff and people within the communal areas of the home.

# 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.

### Using medicines safely

- There was a risk people may not receive their medicines as prescribed. There were several inconsistencies in the storage, recording and administration of medicines. For example, there were not always clear protocols in place to guide the administration of medicines, some high-risk medicines were not stored correctly, and checks were not consistently recorded when people had their medicines via a skin patch. Furthermore, records did not always evidence that topical creams had been applied as directed, this posed a risk to people's skin integrity.
- Despite the above, people told us they received their medicines as prescribed. One person said, "The staff are very good; they stay with me until I have taken (medicines) to make sure they have gone down properly."
- Following our inspection, the provider submitted an action plan of how they planned to address the concerns to ensure medicines were stored and administered safely.

### Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their care and support. There was an inconsistent approach to risk management. For example, when people were at risk of dehydration or weight loss, records did not evidence they had been offered enough to eat or drink. The risk of people using bedrails had not been fully assessed.
- Risks arising from people's behaviours were not always managed safely. There were no risk assessments in place in relation to people's behaviours and care plans did not always contain enough detail of how to safely support people. This meant staff may not always have enough information to provide safe and effective support.
- After our inspection the provider told us they would implement risk assessments, review all behaviour support plans and conduct daily checks of food and fluid charts as a matter of urgency.

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

- People told us they felt safe. One person told us, "The carers are friendly and that makes me feel safe and cared for."
- Staff knew how to recognise and report abuse. The management team had acted quickly to identify potentially abusive practices and had conducted investigations of concerns raised. Allegations of abuse had been reported to the local authority safeguarding team when required.

### Learning lessons when things go wrong

- Overall, lessons were learnt when things went wrong. Incidents such as falls were reviewed, and action was taken to reduce risk. Further work was needed to ensure opportunities to learn from behavioural incidents were not missed.

### Staffing and recruitment

- There were enough staff available to meet people's needs and ensure their safety. People and their relatives felt there were enough staff. One relative told us, "There is always a member of staff around either in the lounge or dining room. If I need help for my [relation], I can usually find someone quickly."
- Staffing levels were calculated based upon individual need. Short notice absences were covered, and records showed enough staff were deployed. Staff raised some concerns about staffing levels at night time and in the morning. The provider had already identified these issues and plans to address this.
- The management team told us they were proud of their recruitment processes and would employ more staff than they needed so that they did not miss out on good staff.
- Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

### Preventing and controlling infection

- The service was clean and well maintained. Staff had received training in infection prevention and control and how to prevent the spread of infection such as effective hand washing. There were audits in areas such as, infection control and hygiene.
- The Food Standards Agency had inspected the home in June 2018 and given it a food hygiene rating of four, which means 'good'. We observed the kitchen area to be clean and well maintained and staff followed food hygiene procedures.



# 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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Further work was required to ensure staff had the training they needed to provide safe and effective care. Training records showed some staff did not have training in key areas. For example, 15 of the 29 care staff did not have training in dementia and only nine staff had training in safely supporting people whose behaviour posed a risk.
- Despite this, people told us staff were skilled. One person said, "The staff know what they are doing; they keep an eye on things."
- The registered manager told us there had been delays to training because of the home being closed due to infection outbreaks. The registered manager had identified the above gaps and had booked additional staff training which was scheduled for July 2019.
- Most staff told us they had a good induction when starting work at the home. People's families also commented on the quality of the induction. One relative told us, "When a new carer starts, they work with them and teach them well." The registered manager and owner told us staff induction was tailored to meet the individual needs of staff. They commented, "We are proud of watching our staff develop and improve."
- Staff had opportunities for development. For example, the management team had supported a nurse from overseas to become registered in the UK, and the service trained and employed nursing associates. Nursing associates are trained to deliver some nursing tasks.
- Staff had regular supervision and support to manage performance and support development.

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

- People told us they were supported with their health needs and people's relatives said they were kept informed about any changes to people's needs. A relative told us, "We were able to leave everything to the staff during my [relation's] time at the home. We didn't have to worry about that as they arranged for all the healthcare teams to come who were needed. They took all of that kind of worry away from us."
- Care plans contained clear, personalised information about people's health conditions.
- There was evidence that advice had been sought from external health professionals, such as speech and language therapy.
- Systems were in place to ensure information was shared across services when people moved between them. This helped ensure people received person centred 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 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. We checked whether the service was working within the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights under the MCA were respected. When people's ability to consent was in doubt assessments had been conducted and decisions had been made in their best interests. Consideration had been given to less restrictive options to ensure people's rights were respected.
- Some further work was needed to ensure consent was only given with people who had legal authority to do so. The registered manager was aware of this and told us they were taking action to address this.
- DoLS had been applied for as required. Where conditions were in place the home was complying with them.

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

- People's needs were assessed prior to them moving into Mansfield Manor. This was used to develop care plans for each person.
- Nationally recognised tools were used to assess risk and manage care. For example, a nationally recognised tool was effectively used to assess the risk of pressure ulcers.
- Overall, we found national good practice guidance was followed. However, we found drinks thickener, which can pose a risk to people, was not stored in line with national guidance. Immediate action was taken to rectify this.

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

- People had enough to eat and drink. People told us they liked the food. One person said, "The meals are very excellent here; it is good home cooking. They do lovely puddings"
- Overall, mealtimes were positive occasions. People were offered choices and dietary preferences were catered for. Some further work was needed to ensure people who required encouragement and prompting to eat were provided with this. The registered manager sent us an action plan following our inspection detailing action they planned to take to address this.
- Further work was needed to ensure risks associated with eating and drinking were managed safely. We have reported on this further in the 'Is this service safe' section of the report.
- When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed. The home made fortified smoothies and biscuits to help people maintain a healthy weight.

Adapting service design and decoration to meet people's needs

- The home was adapted to meet people's needs. Aids and equipment had been installed throughout the home. This enabled people with mobility needs to navigate around the building and there was a call bell system to ensure people could request staff support. There were communal lounges and dining areas on each floor which meant people had space to spend time socialising.
- The needs of people living with dementia and memory loss had been considered. There was dementia friendly signage throughout the home to help people find their way around.

# 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 outstanding. At this inspection the rating of this key question reduced to good. 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; equality and diversity

- People were supported by staff who were kind and caring. People and their families gave consistently positive feedback about the approach of staff. One person told us, "The carers are so good; they are always asking us if we are ok; if we need anything or if they can do anything for us." A relative said, "I always found the staff to be wonderful and could not fault them"
- People's relatives told us they felt welcome and said they had confidence in the staff team. One relative commented, "I visit every day, but if there is a time when I can't get, I don't have to worry as I know that my [relation] is well looked after." The provider told us, "We are not just here for people, we take care of the whole family."
- Staff were responsive to people's need for comfort and reassurance. A relative told us, "Some of the people ask for constant attention and the staff are very reassuring and attentive with them." The registered manager described how staff stayed with a person who had experienced a previous traumatic event at night time. This had a positive impact on their wellbeing.
- People told us staff knew them well. This view was shared by people's relatives, one relative told us, "The care is really personal." Care plans contained information about what was important to people such as their likes, dislikes and background and we observed staff were knowledgeable about people.
- People were positive about the atmosphere of the home. A relative commented, "We really like this home, they do a good job. Out of all of the places our [relation] has been in this home gives the best care."
- People told us they were treated fairly and were free from discrimination.

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

- People told us staff consulted with them about their day to day care and said they felt listened to. We saw that staff offered people choices and respected their decisions.
- People's relatives felt involved in the care of their family members. People and their families told us they had been involved in developing their care plans. A relative said, "The staff discussed my [relation's] care plan with me." People had shared information about their personal history, family background and likes and dislikes.
- Staff understood how people communicated. Care plans included clear information about people's communication needs and staff used creative ways to help people express themselves. For example, one person was frustrated as they were no longer able to remember words. Staff had made picture cards specifically for them and this had reduced their frustration.
- People had access to an advocate if they required one to help them express their views and there was information about advocacy displayed in the service. No one was using an advocate at the time of our

inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. One person told us, "The staff are very gentle; they always knock before they come into my room; they like to keep things very private."
- Overall, staff treated people with dignity and respect. A relative told us, "I always observed my [relation] to be treated with respect." We observed staff were patient, gentle and respectful. We found that some staff had used undignified language in care records. The registered manager told us they would take immediate action to address this.
- People's sensitive personal information was stored securely and conversations about people's care needs were held in private areas. This was confirmed by a relative who told us, "The staff are very aware of confidentiality. Nothing is ever discussed in open where anyone else can hear."
- People were supported to be as independent as possible. People and their relatives were positive about the support provided in this area. A relative told us, "There was a time when the staff thought that my [relation] could be more independent with their eating and drinking and they encouraged them with this, I thought that was really good." Care plans contained information about how to promote each person's independence and we saw staff encouraging people throughout our visit.

# 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 remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they received care that met their needs and reflected their preference. A relative told us, "They (staff) do things for the residents at the time they are needed; they just know what they are doing."

- While care plans were, overall, clear and detailed, several staff told us they did not read care plans but instead learnt about people's needs from other staff. In addition, care records had not always been completed to evidence people had been provided with appropriate care. This meant there was a risk people may not get the support they needed.

- After our inspection the registered manager sent us an action plan detailing what action would be taken to address this.

- People were provided with opportunities for meaningful activity. One person told us, "There is always a lot going on. The staff organise the day to day things, but we also have people come in to entertain us." A relative said, "The home is full of joy and laughter which is very good, and the staff try to involve everyone in any way that they can."

- The provider employed an activity coordinator, their records showed people were involved in a range of activities such as themed events, games and craft. They also spent time chatting or singing with people who were cared for in bed.

- People were supported to take part in local community groups. For example, a group of people attended a community choir. This had a particularly positive impact on one person who had gone from being very isolated to developing some close friendships with others.

- People's diverse needs were identified and accommodated. Needs related to characteristics such as religion, culture, gender or disability were identified before people moved in to the home and care plans contained details of any support people required to ensure their needs were met. People's religious and cultural needs were accommodated. Local religious groups visited the home regularly. The registered manager shared an example of where they had worked with a local religious community to better understand what was important to the person. This was used to educate the staff team to ensure their religious needs were met.

- 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 registered manager was committed to meeting people's rights under the Accessible Information Standard. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. They told us information could be made available in different formats and added they were developing pictorial resources to make information more accessible. □

#### End of life care and support

- People were provided with caring and compassionate support at the end of their lives. Feedback from people's families was very positive in this area. One relative told us, "My [relation] passed away in the home and I could not think of a better place for them to have died."
- A thank you card from a bereaved relative read, 'Thank you for amazing love and care shown. Awful time made so much easier.'
- People were supported to think about their wishes for end of life care and this was recorded in care plans. Family members told us they were involved in planning end of life care. A relative said, "I was fully involved in my [relation's] end of life care planning and in the discussion about putting a do not attempt resuscitation in place."
- The staff team supported people to fulfil their last wishes. For example, staff had supported one person to go out and get their nails done. The registered manager told us, "Staff made sure [name] looked good even when they were not able to do this themselves."
- The staff team attended each person's funeral and support was provided to bereaved family members.

#### Improving care quality in response to complaints or concerns

- People felt comfortable raising any complaints or concerns. A person told us, "I have never had to complain, and I can't see that there would ever be anything to complain about." A relative said, "I would always feel confident going to the manager if I wanted to have a discussion. I would often find that they would have pre-empted any concern that I may have had."
- Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns.
- There was a complaints procedure on display informing people how they could make a complaint. Complaints had been investigated and responded to in an appropriate and timely manner.

# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care;

- There were effective systems to ensure the safety and quality of the service. The management team completed regular audits across a range of areas and action was taken to address any concerns found. The management team had already identified most issues prior to our inspection and had plans to address the concerns. During and after our inspection, the management team were responsive to our feedback and took swift action based upon this.
- The provider was involved with several projects which helped them improve the care provided. For example, they were involved in The National Prevalence Measurement of Quality of Care (LPZ) programme. This had identified a higher than average occurrence of moisture lesions at the home. They had taken action to address this and at the time of inspection, the incidence of moisture lesions had reduced to below average.
- The provider told us they took opportunities to get involved in innovative practice. They were involved in a project to get nurses re-registered with the Nursing and Midwifery Council. This meant the home benefitted from the skill of a diverse team of nurses.
- There was an effective system in place to review and learn from incidents such as falls. Each fall was individually analysed and then themes and trends across all falls were identified and addressed. This had resulted in referrals to specialist health care professionals and changes to the environment. Further work was needed to ensure opportunities to learn from people's behaviours were not missed.

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

- Staff had a good understanding of what was expected of them, but some further work was required to monitor staff performance. A member of staff told us, "There is a job allocation sheet so that you know what you are doing on each shift. The staff try their best and it just works." We found staff did not always complete care records as required. The registered manager was aware of this and told us this was an ongoing challenge. They had tried several approaches, but this had not been successful. Following our inspection, the registered manager told us about action planned to ensure staff fully understood their responsibility and new systems to monitor practice were implemented.
- The provider had not always notified us of specific events at the home, as they are legally required to. Although appropriate action had been taken in response to safeguarding concerns, we had not always been notified of allegations of abuse as required. A failure to notify us as required may have a negative impact upon our ability to monitor the quality and safety of the service people receive. We discussed this with the registered manager who explained they had misunderstood the regulation. They assured us they would

notify us of all allegations of abuse in the future.

- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. The provider had displayed their most recent rating in the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- People and their families were very positive about the home. A relative told us, "If you could find a place better than this you would be very lucky. My [relation] has been here for two years and we are lucky to have the home and the staff." Another relative told us, "I would definitely like to live here if I needed to." The provider spent two days a week at the home and appeared to know people and staff well.
- People who used the service, relatives and staff were positive about the approach of the registered manager and provider. People told us both the provider and registered manager were approachable and passionate about the home. A relative told us, "The manager is always around keeping her eye on things and the owner regularly pops in." Another relative said, "The manager is excellent and a very well organised person."
- The provider and manager had a shared vision for the home. They took pride in providing a high-quality service. The registered manager commented, "Right from the top there is a focus on people. [The provider] see's residents as their family."
- The management team understood the importance of supporting staff. They told us, "If staff feel valued and happy they support people better." They had several initiatives to recognise staff achievement, such as long service awards and employee of the month. Staff told us they felt valued. A member of staff said, "Good management! Always respectful. One of the best in my life. Honestly, it's ten out of ten."

Working in partnership with others

- The team at Mansfield Manor worked in partnership with other professionals to ensure best practice. Referrals were made to specialist health professionals, such as Tissue Viability nurses and advocates when needed. Any advice given was recorded in care plans and followed by staff.
- The management team had good knowledge of best practice and were involved in several initiatives which had a positive impact upon the service people received. For example, the home had received the highest level of national accreditation for end of life care, this was reflected in our inspection findings.

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

- People and their families were involved in decisions about the home. Regular meetings were held where people were consulted about activities, food and the decoration of some areas. People were also given the opportunity to provide feedback in annual satisfaction surveys. A relative told us, "We seem to complete a questionnaire once per year. On the last one I wrote that I thought that my [relation] was being very well looked after."
- There were regular staff meetings, these were used to share news and information with staff and to discuss areas of concern and improvements needed. For example, staff had recently expressed concerns about staffing levels at nights. The registered manager had worked a night shift and had taken action to increase night staffing and to help streamline processes to ensure staff were able to meet people's needs.
- The manager had considered the diverse needs of the staff team. The registered manager told us they had a zero-tolerance policy towards people being disrespectful to others. They had recently offered support a member of staff to help enhance their mental wellbeing. They had also provided additional learning support to some staff.