

Rhodsac Community Living Ltd

Manswick Care Home

Inspection report

2 Oakland Road
Forest Town
Mansfield
NG19 0EJ

Tel: 01623422405
Website: www.rhodsaccarehome.com

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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

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.

About the service

Manswick Care Home is a residential care home for people with learning disabilities and/ or autism, providing personal care to up to 4 people in 1 adapted building. At the time of the inspection there were 3 people using the service.

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

Right Culture:

There was limited input from the provider to ensure people received good outcomes of care and all parts of the regulated activity were delivered well and safely. There were systems in place to monitor the quality of the service but these were not always effective as they had failed to identify where improvements were needed.

Staff told us they felt supported by the registered manager and told us they believed improvements in the service were being made

Right Support:

People were supported by enough staff to meet their care needs. People had a choice about their living environment and were able to personalise their rooms. The service had enough staff, including for one-to-one support for people to take part in activities.

People were supported to maintain contact with their relatives and staff encouraged people to take part in community-based activities and hobbies.

People's prescribed medicines were managed 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.

Right Care:

People told us they liked the staff who supported them. Staff protected and respected people's rights and choices.

People's healthcare and nutritional needs were met. People were supported to access healthcare professionals and to attend health appointments as needed.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 04 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements however, we found the provider remained in breach of regulation.

This service has been in Special Measures since 04 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 28 June 2022. Breach of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, consent to care, safe care and treatment, good governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

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

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manswick Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to good 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manswick 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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to person centred care, need for consent, safe care and treatment, safeguarding, good governance and staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Manswick 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. Manswick 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 3 people who used the service about their experience of the care provided. We spoke with 5 members of staff including the support workers, team leader and registered manager. We spent time observing people to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and 3 medication records. We looked at 4 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.



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 inadequate. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to demonstrate safety was effectively managed and they had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Management of risks to people had improved, however further improvements were needed to ensure people were supported to stay safe.
- Since our last inspection the registered manager had implemented specific risk assessments to ensure people could safely attend activities and events in the local and wider community. Nevertheless, they still required more person specific guidance for staff to ensure information about risks and safety was comprehensive and up to date. We raised this with the registered manager who told us, they would ensure risk assessments were reviewed and had enough detail.
- Staff kept records of any events where people displayed minor emotional reactions to ensure they could learn from these events and reduce the risk of re-occurrence.
- Improvements were made to the management of people's medicines; however, we still identified some minor issues around record keeping. For example, some handwritten entries were still not signed by 2 staff to confirm they were accurate. Nevertheless, people told us they received their medicine as prescribed and all other aspects of safe management of medicines were maintained.
- People who required 'when needed' (PRN) medicine, such as pain relief, had detailed PRN protocols which directed staff to when and how this should be given. After each administration staff recorded why people needed it and the outcome of the administration.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure robust arrangements were in place to safeguard people from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People told us they felt safe and supported by staff.
- At our last inspection we were informed that a 'restraint belt' was used to control the movement of one person and this was not an authorised method of restraint. At this inspection, the registered manager told us that this piece of equipment was now removed from the service and no longer used.
- One person told us, "I like living here better than my old place, I like all the staff really, I have a real laugh with some of them." Two staff members we spoke with told us they had completed safeguarding training and demonstrated good knowledge around safeguarding, and they could tell us who they would report concerns to.

Staffing and recruitment

- The service had enough staff, including one-to-one support for people to take part in activities and visits how and when they wanted.
- People told us they liked the staff. One person told us, "I like all the staff here, my keyworker talks to me about my care plan, we've just swapped key workers." The key worker acted as a focal point for people and their relatives/visitors and ensured people's personal requirements are not overlooked.
- Staff files contained all the information required to aid safe recruitment decisions. Such as employment histories, references, evidence of the applicant's identity and satisfactory disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- The numbers and skills of staff matched the needs of people using the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the latest government guidance.

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

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

At our last inspection the provider had failed to ensure people's assessments and care plans were accurate and reflected people's needs were effective. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People's expected outcomes were assessed and recorded in their care plans.
- At our last inspection we found people's care plans contained repeated guidance directing staff to inappropriate support and language.
- At this inspection we found the support plans had been reviewed, streamlined and updated to ensure they were easy for staff to follow. However, we also found instances where some support plans still contained inaccurate or mis-leading information. After our inspection we raised this with the registered manager who told us, they would review and update these plans.
- Support plans around people's likes, dislikes, hobbies and interests were person centred.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure systems for ensuring staff had the training, support and experience to competently undertake their role were effective. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People were supported by staff who were trained to meet their needs.
- At our last inspection we found that staff were lacking experience, knowledge and understanding of people's needs, as well as lack of effective systems to ensure staff received consistent support.
- At this inspection, the registered manager told us they sourced additional training for staff, including Learning Disability and Autism awareness and positive behaviour support and de-escalation, to enhance staff skills and knowledge about supporting people with learning disabilities and/or autism.

- Staff told us they were able to raise any issues and concerns and were supported by the management team through regular supervisions. One staff told us, "If there is an issue, we have monthly supervisions, I would feel confident in speaking to [the registered manager]. [Registered manager] gets to the bottom of issues and looks at the wider issues."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure people's capacity was assessed in line with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People were involved in making decisions about their care and their capacity to make particular decisions whenever it was necessary was assessed.
- For people that were assessed as lacking mental capacity for certain decisions, the registered manager had completed an assessment and best interest decisions, however we found some assessments contained inaccurate and potentially mis-leading information. We raised this with the registered manager who told us they would review and complete the assessment to ensure they contained up to date information.
- Staff understood the importance of seeking consent before providing care or support. DoLS authorisations had been sought where necessary and a system was in place to ensure these were renewed as required.
- We spoke with a paid representative who was visiting one person. A paid representative helps the person to understand their DoLS authorisation and how it affects them. As far as possible, assist the person to exercise their rights if they want to. They told us, they did not have any concerns about the person they were representing, and they thought that current DoLS were appropriate.

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

- People were supported to maintain good health. People attended regular appointments and healthcare reviews with their GP.
- When it was needed people were referred to external health care professionals to support their wellbeing and help them to live healthy lives. For example, following a potentially serious incident one person was

referred to a psychologist who were able to offer extra support to the person and staff about how to express feelings or manage emotional reaction in a safe way.

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

- People were supported to maintain a balanced diet.
- People told us they had no concerns about the food and drink and they tried to stick to a healthy diet to help them with their weight. We observed people having their breakfast and lunch meal and we saw both meals were healthy.
- People had individual menus and had allocated time slots in the kitchen where they could prepare their own meals without being disturbed by others. This promoted their independence and encouraged learning new cooking skills.

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

- People lived in a clean and well-furnished environment.
- People's bedrooms were spacious and clean. People were able to decorate and personalise their bedrooms. The design, layout and furnishings in people's rooms supported their individual needs.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection we found there was a lack of oversight at the service to ensure effective governance. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Providers own governance systems and processes were not always effective.
- Following our last inspection, the registered manager sent us an action plan to tell us what actions they would take to improve the safety for the people and governance of the service. At this inspection some actions had been completed although we identified some minor concerns in regard to the records and documents such as care plans, mental capacity assessments and medicines.
- An action plan was in place to support improvements in the service from the local authority which was issued in July and September 2022. During this inspection we found not all improvements had been made and the registered manager was working towards addressing the issues.
- The provider had failed to maintain oversight of the care provided. The support from the provider was very minimal and the provider was not actively involved in supporting the registered manager to drive the improvements. The provider had not completed any compliance visit to ensure the service was meeting the required standards and regulations.
- We received negative feedback about the service and the provider from local authority, who told us they had concerns about risk management and governance of the service.

Further improvements were needed to oversee quality assurance at the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff promoted a person-centred culture.
- People's care records were person-centred. People told us they took part in a variety of different activities

of their choice. One person told us, "I like the activities we do here, I went away in the summer with [staff's name] and it was the best, I went on the go-karts 3 times".

- We observed people to be very comfortable and at ease with staff. Staff and people had built a good rapport.

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

- All 3 people gave us positive feedback about the service and told us they knew who to complain or raise concerns with. One person told us, "I would be happy to speak to any of the staff if I was unhappy; I would go to [the registered manager] if I needed to."
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff meetings were held to discuss performance related issues and improvements the service needed to make. Staff told us the registered manager was approachable and felt if they raised anything the registered manager would act upon that.

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

- The registered manager understood their legal requirements to inform CQC of certain incidents which have occurred within the home. These statutory notifications are to ensure CQC is aware of important events and plays a key role in our monitoring of the service.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems for monitoring the quality of the service were robust and in place.