

Swinnerton Trust Limited

# Manor Court Home

## Inspection report

Manor Court Road  
Nuneaton  
Warwickshire  
CV11 5HU

Tel: 02476383787

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20 January 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Manor Court Home is a care home, which provides accommodation and personal care for up to 24 older people, some of whom are living with health conditions or dementia. The home has four floors, and the ground floor has communal lounges, a dining area and conservatory. People had their own en-suite bedrooms. There is a large communal garden area. At the time of our inspection there were 20 people living at the home.

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

Most risks were well managed, and staff had risk management plans to refer to telling them how to reduce risks of harm or injury to people. However, some risks had not been identified and this posed risks of harm to people.

Staff did not always follow the training they had been given to ensure people's skin was fully protected and this posed potential risks to people.

People had all their prescribed medicines available to them and were supported with these by staff trained in the safe handling of medicines. However, staff did not always follow manufacturer's guidance in how medicines should be given through the skin.

The home had commenced a refurbishment plan which was much needed as some areas of the home were worn with damaged décor. The plan was to continue until all areas in need of refurbishment had been completed.

There were processes to audit the quality and safety of the service. Some issues had been identified as requiring improvements and were acted on. However, some audits, checks and oversight of staff still required improvement.

People told us they were happy living at Manor Court Care Home and described the home as having friendly staff and feeling safe living there.

People and relatives felt staff were kind and caring. Staff demonstrated a respectful approach toward people and gave support when needed.

There was a good level of cleanliness and actions had been taken to reduce risks of cross infection.

Checks were undertaken on staff to ensure their suitability to work at the home. Staff received an induction and training.

People had choices about drinks and what they ate for their main meals. Feedback about food was good.

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

People's needs were assessed, and information was used to form plans of care.

There were enough staff on shift to meet people's needs. Improvement had been made to staff's shift patterns to ensure these met people's needs.

There were systems in place for people and relatives to give their feedback on the service. The provider's complaints policy was displayed, and concerns were acted on.

Following our inspection feedback, the registered manager took some immediate actions to make improvements. This included mitigating risks and increased scrutiny of what checks and audits included.

We reported that the registered provider was in continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These were:

Regulation 12 Regulated Activities Regulations 2014 – safe care and treatment

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 the last inspection

The last rating for this service was Requires Improvement (published 28 November 2018).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 not consistently well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Manor Court 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection Team

Two inspectors carried out this inspection on 20 January 2020.

#### Service and service type

Manor Court Home is a care home. People in care homes receive accommodation and nursing or personal care as a 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 that they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as serious injury and abuse. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority and clinical commissioning group. We used all the information to plan our inspection visit.

#### During the inspection

We spoke with eight people and six relatives. We undertook a Short Observation Framework Inspection

(SOFI), which meant we spent time with people in communal areas, observing interactions and support they received from staff. We spoke with four members of care staff, the cook and kitchen assistant, the deputy manager and registered manager.

We reviewed a range of records, which a review of four people's care plans. We reviewed multiple risk management plans, medication records, food and fluid records, turn charts, accident and incident records and health and safety checks. We also looked at records relating to the recruitment of staff and the management of the home.

We provided our email address to night care staff so they had the opportunity to give us their feedback, which they did.

Following our inspection visit, the registered manager sent us details of immediate actions taken to make improvements following our feedback. They also sent us further supporting evidence of actions taken.

# 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 Requires Improvement. At this inspection this remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

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

- Some individual risks had been identified and risk management plans were in place. For example, where people were at risk of falls, actions had been documented and told staff how to reduce risks.
- However, some individual risks had not been assessed. For example, one person's health condition posed potential risks to them of not passing urine. Whilst this person had a fluid monitoring intake chart, staff did not record when they emptied this person's catheter bag and were unclear of the actions they should take if the person had not passed urine. None of the staff spoken with were aware of the out of hours Rapid Response district nurse team who should be contacted in such an event.
- One person, who required support from staff to go out, had three recorded recent incidents of leaving the home unsupported and without staff's knowledge. Whilst staff had acted to ensure the person's safety once they had realised the person had left, a specific risk management plan to monitor this person's whereabouts had not been implemented.
- One person smoked cigarettes and the provider had not offered them a fire-retardant cloth to place on their lap when they smoked. During our inspection, the person accepted the offer made to them and the registered manager placed an order for the item.
- Risks of skin damage were assessed and overall, risks were well-managed. No-one living at the home had any current damaged skin. Special equipment was made available to people and air-flow pumps were correctly set so people received the desired pressure relief when on their bed.
- However, staff did not always follow the training they had been given. For example, staff did not move special pressure-relief cushions with people when they transferred them. Some staff did not consistently move people in a way that promoted skin care. For example, when one person had been transferred using the hoist, staff did not ensure the person's feet were safely positioned. This resulted in the person's heels being dragged a short distance on the carpet which posed risks of shearing to their skin.
- Environmental risks had not always been identified and acted on. For example, a communal area and a few bedrooms had exposed pipework which was hot to touch. We discussed the potential risks of burns posed to people from the pipework with the registered manager. They took immediate action and during our inspection visit, the maintenance staff member started work to mitigate risks.

Using medicines safely

- Some improvements had been made to ensure people's medicines were handled in a safe way. People had their medicines listed on their medicine administration record which trained staff referred to when supporting people with their medicines. Where people were prescribed 'when required' medicines, protocols were available to tell staff when these should be given.
- However, further improvements were still required. Some people received their medicine through a skin-

patch and records showed staff were not following the manufacturer's instructions. This posed risks of people not receiving their medicine as prescribed. The registered manager, deputy manager and staff who supported people with their medicines confirmed to us they had not read the patient information leaflet. The registered manager took immediate action to address this oversight.

The above concerns demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- There was a maintained fire alarm system and a water-suppression system. Drills took place and were fire-scenario based, these were timed so the registered manager could ensure they had enough staff on shift to achieve this in the desired time.
- People had personal emergency evacuation plans (PEEPS) and evacuation equipment was available for staff to use in an emergency. Staff had completed fire safety training and the registered manager told us regular updates on safe practices were given to staff.

#### Preventing and controlling infection

- Improvements had been made in staff's awareness of the importance of infection prevention and soiled incontinence items were now handled in a safe way. Staff had personal protective equipment available to them and used gloves to reduce risks of spreading infection, for example, when undertaking personal care.
- The home was clean and tidy and, overall, free of foul-odours. The registered manager shared forthcoming refurbishment plans for a few bedrooms where an odour of urine was present.

#### Staffing and recruitment

- There were enough staff on shift to meet people's needs. Staff responded to people's needs in a timely way.
- The provider's recruitment system ensured staff's suitability to work at the home. A new staff member spoken with told us checks had been undertaken by the registered manager before they commenced their employment. We reviewed two employment records and improvements had been made to ensure all checks undertaken were documented.

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

- Improvements had been made to ensure staff were trained in how to safeguard people from the risk of abuse. Staff demonstrated an understanding of safeguarding principles and gave us examples of types of abuse and said they would report any concerns to management and 'whistle-blow' to external organisations such as CQC or the local authority if needed.
- The registered manager understood their responsibilities in reporting specific incidents to us, commissioners and the local authority.



# 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 available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question had improved to Good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a pre-assessment before moving to live at the home. These assessments were used to formulate individual plans of care.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).
- Improvements had been made to ensure staff had been trained in diversity, equality and inclusion.

Staff support: induction, training, skills and experience

- Staff received an induction and training. One new staff member told us, "I have been given training and that's been really good to help me have the skills I need."
- Improvements had been made to ensure staff's skills and knowledge was current, and overall, staff demonstrated they had the skills they needed. A few staff did not always follow all of the guidance they had been given and we have reported on this further in our safe domain.
- People and relatives felt staff had the skills they needed to provide effective support.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- People's capacity to make decisions had been assessed and the registered manager understood when 'best interests' meetings would be needed. They shared an example of one person who they had arranged a 'best interests' meeting for.
- Staff understood the importance of gaining people's consent when performing care tasks and explaining what was happening. For example, before supporting them with personal care.

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

- People were offered choices about what they ate and drank. People consistently gave positive feedback about the quality of the food. One person told us, "I always enjoy the food here."
- People's nutritional needs had been assessed and the registered manager had made information available to staff. For example, the cook told us, "I have a list of people's likes and dislikes. I also have information of those people that require additional calories and snacks."
- Risks of malnutrition had been identified. People's weight was monitored by the registered manager and where weight losses were recorded people, actions were taken to increase calories in food. Referred to dieticians were made as needed. Staff made people's prescribed food supplements available to them.

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

- People had access to GPs, chiropody, dental and optician services. The district nurse team visited people for specific identified needs.
- The registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. The registered manager confirmed oral care assessments were completed and told us a dentist had visited during January 2020.

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

- The home had been adapted to meet people's needs. Most bedrooms were on the first floor and above, and a stair-lift and passenger lift enabled people to access communal areas of the home.
- Parts of the home had been refurbished and new appliances purchased for the refitted kitchen. However, most of the home continued to need redecoration. The registered manager told us their refurbishment plan had commenced with some of the bedrooms and would continue during 2020, until the plan was fully completed.
- The registered manager understood the importance of including people in making decisions about the style of redecoration. The registered manager also told us they had sought guidance about the best flooring design that was 'dementia friendly' and reduced risks of falls.

# 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 Requires Improvement. At this inspection we found this key question had improved to Good. People were consistently supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- At our last inspection some staff had referred to people using labels based on the level of support they required. At this inspection, improvements had been made and all staff showed they valued people and referred to people using their chosen name.
- People consistently described staff as having a caring approach toward them. One person told us, "Staff are always kind to me and treat me nicely."
- Relatives feedback was positive. One relative told us, "I'd given them a score of a hundred out of a hundred. The care is excellent." Another relative told us, "Overall, I am totally satisfied, the only area where I think they could improve is by having a manager on shift at the weekends."
- We saw examples of positive caring interactions during our inspection visit. During a sing-along in a lounge, staff laughed and engaged with people. People appeared relaxed in the company of staff and were smiling.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained and respected by staff. For example, staff consistently knocked on people's bedroom door before entering and understood the importance of giving privacy when supporting people with personal care.
- Staff promoted people's independence. For example, at lunchtime, one person served their own vegetables and offered to serve other people sitting at the same table.
- Staff understood the importance of encouraging people to do what they could for themselves as far as possible. One staff member told us, "If a person has the ability to wash their face, then I'll encourage them to do this so they retain their skills."
- People's personal information was stored securely to ensure this remained private.

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

- People could spend time in their bedrooms or one of the numerous communal areas of the home. A few people chose to stay in their bedrooms. One person told us, "I have a laugh with staff because I joined everyone for Christmas dinner downstairs but then said, 'See you next Christmas'. I like to do my own thing in my bedroom, I like sewing and have everything I need."
- Relatives were included in decisions about their family member's plan of care and support. The registered manager understood their additional responsibility to relatives who had power of attorney for their family member.

# 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 Requires Improvement. At this inspection we found the rating had improved to Good. People's needs were consistently met through good organisation and delivery.

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

- People had individual care plans, which gave staff information about people's needs.
- People told us staff were responsive to their needs. One person told us, "I never have to wait long for staff to help me." Feedback from relatives was positive and included the comments, "Staff are busy, but I can't fault them," and "I'm over the moon, [Name] has blossomed here."
- Most staff had worked at the home for a number of years which gave people consistency in staff supporting them and enabled caring relationships to develop.

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

- Improvements had been made to give opportunities to people to take part in activities. The registered manager told us, "We now have a designated staff member who offers four hours of activities each day. This includes planned group activities and one to one time for people who prefer that."
- People and their relatives were satisfied with the activities offered. During our inspection visit, some people took part in a sing-a-long and one person told us, "I enjoy a bit of old-time music."
- People were supported to maintain their own hobbies, such as reading and needlework. One person told us, "I'm happy in my bedroom doing my own thing, staff check on me and have a chat with me."
- Improvements had been made to meet people's pastoral care needs. Numerous people living at the home practised their faith. Arrangements had been made with local churches and faith groups who visited and supported people, with for example, Holy Communion. Staff were respectful toward people who wished to have private prayer time in their bedrooms.

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.

- There was some signage around the home, such as where toilets were located. The registered manager told us about their plans to increase signage as the home was refurbished, and shared examples with us. Their plans would further enhance people's ability to find their way about the home.
- People had communication care plans, which gave staff information about how people communicated.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints.

- The provider had a complaints policy, and this was displayed in the home. Improvements had been made to record complaints when these were received and these had been investigated and resolved.

#### End of life care and support

- The home did not provide nursing or end of life care. However, the provider and registered manager worked with healthcare professionals to provide care and support to people who chose to spend their final days at the residential care home.
- People and relatives were given opportunities to share end of life wishes and these were documented.
- The provider had received compliments from bereaved relatives thanking staff for the care and support loved ones had received.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has remained the same. This meant the service was not always well managed and well led. Audits and checks undertaken did not always identify potential risks and did not always promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Improvements had been made to the overall management of the service. For example, the registered manager had made changes to staff shift patterns to ensure these met the needs of the service.
- Overall, improvements had been made to systems of auditing the safety and quality of the service. The registered manager undertook regular checks and audits. These included spot-checks on staffing and audits. The infection prevention and control audit had identified where improvements were needed and these were acted on. The registered manager had also implemented tracking logs to record important information related to complaint investigation, safeguarding concerns and maintenance repair work.
- However, further improvements were still required. For example, environmental audits had not identified potential risks posed to people from exposed hot pipes. During our inspection visit, the registered manager took immediate action to address these risks we identified and to ensure environmental audits were more robust.
- Care plan audits had not always identified gaps or out of date information. For example, one person had a mental health diagnosis but had no care plan or risk management plan for this. Another person's care plan stated they had ulcerated skin, however, the registered manager assured us this had now healed but their care record had not been updated. They assured us this would be completed.
- Some improvement had been made to medicine audits to ensure the safe storage of medicines. However, further improvement was required to ensure staff followed manufacturer's instructions when administering skin patches.
- One person's medicine administration record listed a medicine subjected to a safety alert issued in October 2019. The registered manager was not aware of the recall information and had not queried the medicine when received. At our request, they telephoned their supplying pharmacist, who confirmed they (the pharmacy) had made an error. The registered manager took immediate action to contact the person's GP for guidance, which was implemented. The registered manager took immediate action to add a monthly check on safety recall information as part of their medicines audit.
- The trustees of the charity (the provider) undertook frequent visits to the home. The registered manager told us they felt supported by the Board of Trustees and submitted a monthly report to them to keep them informed of important information about the home.
- The provider and registered manager understood their regulatory responsibilities. For example, they

ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, and there were systems in place to notify CQC of serious incidents at the home.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to learn from incidents where mistakes were made. For example, one staff member told us the front door had previously been left open when one person went outside to smoke, however, they recognised the open door posed potential risks to security. The person now used their pendant alarm to gain staff's attention when they needed the door to be opened.
- The registered manager was responsive when we highlighted areas in need of improvement during our inspection. They took immediate actions to address our concerns and assured us learning would be shared across the whole staff team and greater checks would be made. Following our inspection feedback, they shared an action plan with us which detailed how improvements were to be driven forward.

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

- People and relatives were given opportunities to give feedback. A feedback survey was due to be given to people at the end of January 2020 and the registered manager told us an analysis of feedback would be completed by them. The registered manager told us they felt some feedback would be about the need to improve the décor and they would continue to share the refurbishment plans which had commenced with people and their relatives.
- Staff felt the registered manager was approachable and listened to any concerns they had. Staff told us the culture of the home had improved and they felt more confident in being open with the registered manager.
- Staff attended team meetings and were supported with personal development through individual meetings.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users or do all that was reasonably practicable to mitigate any such risks.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p>