

B Jugon

# The Manor Care Homes

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service responsive?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

We previously carried out an unannounced inspection of this service on the 2 and 3 November 2015. During this inspection we found that the provider was not meeting the standards we expected and there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems to assess and monitor the quality of the service were not effective. We also found that people were not consulted or involved in their care.

We carried out a focussed inspection of this service on 7 March 2016. The inspection was unannounced.

We undertook this focussed inspection to check upon the enforcement action we had taken against the provider and whether the provider now met the legal requirements. This report only covers our findings in relation to the requirement and information gathered as part of this inspection. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for The Manor Care Homes on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Manor Care Homes provides nursing and residential care for up to 67 people many of who are living with dementia. At the time of our inspection there were 39 people in residence. Accommodation is divided into three units, referred to as Sovereign, Tudor and Windsor. The provider has temporarily closed the unit known as Tudor to carry out upgrade works to the environment and enable the service make the improvements required.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found the provider had made improvements in the specific areas we had identified.

The provider had introduced a new format to care plans which had improved person-centred care. Staff spoke positively about the new care plans and felt that plans were more informative and easier to use. Plans took into account people's preferences, likes and dislikes and routines.

It was not always evident that people and their relatives had been involved and consulted in the reviewing of their care needs. We found that in some instances people's involvement or that of their family was not documented. Not all care plans and records had been updated to reflect changes in people's care as a result of care reviews.

People were aware of how to raise a concern and were confident to do so. The provider was more pro-active in responding to concerns about the service in order to minimise the risk of complaints.

We found that the provider had made implemented arrangements to monitor the quality of the service in order to keep improving the quality of care people received. Robust audits were in place to check the work being completed by staff. These checks were more effective in identifying and quickly responding to issues they identified at an earlier stage. However, audits had not always identified inconsistencies in care plan records.

Audits included gaining feedback from people who used the service and their relatives each month. People who we spoke with and their relatives told us that they felt involved in their care and had opportunities to be involved in the development of the service through resident and family meetings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service responsive?

**Inadequate** ●

The service was not consistently responsive.

There was not always evidence to support that people had been involved in planning and reviewing their care. Care plans were not always updated to reflect changes in people's needs.

The service had introduced a more pro-active approach to identifying and responding to concerns to minimise the risk of complaints.

The service had improved the format of care plan records to make them more informative and easier to read.

We will review our rating for responsive at the next comprehensive inspection

### Is the service well-led?

**Inadequate** ●

We found that action had been taken since our last inspection to make improvements in regard to how well-led the service was.

Processes in place to monitor the quality of the service had been strengthened. This meant that the provider was now meeting legal requirements.

However, although improvements had been made we have not revised the rating for this key question. To improve the rating would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

# The Manor Care Homes

## **Detailed findings**

### Background to this inspection

We undertook a follow up, focused inspection at The Manor Care Homes on 7 March 2016. Our inspection was undertaken in order to check that improvements had been made to meet the legal requirements with regard to person centred planning and quality monitoring which were planned by the provider after our last comprehensive inspection.

We inspected the service against two of the five questions we ask about services: is the service responsive and is the service well-led? This was because the service was not meeting some of the legal requirements in relation to these sections.

The inspection was undertaken by four inspectors and was unannounced.

During our inspection we spoke with the provider, the registered manager, the assistant manager and the clinical lead. We also spoke with six people who used the service, two relatives of people who received support and nine members of care staff.

We looked at the care records for eight people who used the service. This included care plans, assessments and reviews of care provided. We also looked at the systems used by the provider to monitor the service, which included records of audits undertaken in regard to checking the quality and consistency of the care provided, supporting staff, complaints and involvement and feedback from people who used the service.

# Is the service responsive?

## Our findings

At our previous inspection of 2 and 3 November 2015 we identified that people were not sufficiently involved or consulted in the assessment, development and review of their care. This was in order to develop a plan of care that was person centred. On 2 December 2015 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to become compliant with Regulation 9 (1) (3) (a) (b) (d).

At this inspection we looked at the care planning, assessment and reviewing process for eight people who used the service. In particular, we looked at how people had been consulted and involved in the planning of their care to ensure it was reflective of their preferences and lifestyle. We found that improvements had been made in some areas of care planning and involving people, however further improvements were required.

The registered manager told us that the service was in the process of developing all care plans into a new format. We looked at care records which included the new format for care plans. We saw that the care plans included a section titled 'This is Me' which was a profile that captured the person's past interests including hobbies. The profile also provided guidelines for staff in a person's preferred daily routines. For example, in one person's care plan, staff are advised that the person liked to be positioned at the front of the communal lounge to enable them to watch television and that they used non-verbal cues to communicate, such as 'thumbs-up' signing. We observed staff supporting the person in the communal lounge and saw that they asked if the person would like to move to a better position to enable them to see the television more clearly. We saw that the person responded with a thumbs-up sign. We observed that another person was supported to eat their meal facing the kitchen. Staff were able to explain that the person liked to watch the chef as they worked and this helped to motivate them to eat their meal. This showed that staff had a good understanding of people's likes and preferences and were supporting people using a person centre approach.

A relative told us that they felt the service had responded well to meet the needs of their family member. They told us that their family member had started to refuse morning meals and was losing weight as a result. Staff had consulted with the relative and responded to the risk of poor nutrition by offering the person the morning meal in their bedroom whilst they were in bed. This had been successful with the outcome that person had resumed eating their morning meal and their weight had increased. The relative told us that their family member was no longer at risk.

Staff were mostly positive about the new format of care plans and records. Staff commented that the new care plans were easier to follow and informative compared to the older care plans which were 'very long and too much to read.' Some staff felt that although the care plan documentation had improved, they had yet to see how this had benefited the people who used the service. One staff member told us "I feel more involved in care planning now through the keyworker role and the information in care plans is better but I do not see how it has made any difference to the people who live here yet." Staff were in the process of attending training in person-centred care planning and understanding the role of the keyworker.

Although we saw evidence that improvements had been made in person-centred care, there remained a large number of care plans that had not been reviewed or updated to reflect people's changing needs. For example, we observed that one person required their food to be cut into manageable pieces to enable them to eat their meal. We saw that staff provided this support and returned to the person periodically to prompt them to eat their meal. We then observed a senior staff member remind staff that they needed to sit with the person during their meal to help encourage them to eat and that they should not be left alone. We looked at the person's care record and saw that their care plan had been reviewed in January where it was identified that staff now needed to sit with the person to support them to eat their meals. However, the care plan had not been updated to reflect this change in need. We looked at another person's care plan and saw that they had been assessed as being at risk of developing sore areas on their body. However the care plan did not provide guidance on how staff should prevent the person from developing sore areas in the first place or how to respond in the event that the person developed sore areas. This meant that staff may not have the right information to have sufficient knowledge and understanding of the level of support people needed. We discussed this with the registered manager who told us that they would ensure all care plans were reviewed and updated to the new format within one month of this visit.

We were not able to identify if all people's care records had been updated following a review of their care. For example, we looked at two care records and saw that a review meeting had been recorded in their care plan. However, it was not clear who had attended the review, how the person had been supported to contribute to the review of their care needs or who had attended. In some cases we saw care reviews only recorded the comments of the service. It was also unclear as to whether the care review had triggered a review and update of the person's care records, including their profile, likes and dislikes and routines. This meant that people may not have been given the opportunity to have a say in how they would like to be cared for.

The registered manager was able to provide us with a monthly schedule of care reviews for people who used the service. We saw that care reviews had been scheduled for people who used the service and letters had been sent inviting family members to attend the care review. One relative confirmed that they were invited to each monthly care review but that it was not always possible to attend. They told us that the registered manager had recognised this and responded by introducing telephone reviews and informal reviews to coincide with relatives visits to their family member.

One relative told us that they had recently been involved in their family member's care review and they had been involved in changes to the care plan such as changes to medicines. They had also been asked to contribute to person centred planning through providing life history and experiences for their family member. This had led to a new care plan which they had been asked to read and discuss with their family member. They felt that this had been useful as their family member was living with dementia and was not always able to express themselves effectively. However, they felt that they had yet to see the impact that the reviewed care plan had had on their family member's quality of life.

People using the service and their relatives told us that they knew how to make a complaint. One person using the service told us "Complaints? Not got any. What would I complain about, it's a lovely place." A relative of a person told us that they had no complaints about their family members care, they felt that staff were very responsive to their family member's specific needs. Another relative told us that they felt able to go approach the nurse on duty directly with any concerns and felt confident that they would listen to them and respond to put things right. Staff told us that they felt able to deal with minor complaints from people or their relatives and they would respond straight away if it was something they could address. They were able to tell us how they would support someone to make a complaint to the registered manager if they were not able to help them.

The registered manager told us that the service was now more pro-active in responding to complaints from people who used the service and their relatives. For example, staff from each department were able to identify any potential areas of concern through the weekly team brief which in turn was forwarded to the registered manager. This enabled the registered manager to respond to concerns and put in place remedial measures to minimise any complaints. For instance, we saw that a meeting had been arranged with a relative after they had expressed minor concerns about their family member to staff. The response to the concerns had been recorded together with remedial action agreed with the family. We saw that the family of the person using the service were happy with the response of the service and the outcome for their family member.

We observed that the service was making improvements to stimulate people who used the service. We saw that the communal areas had been decorated with 'themes' of nature with tactile wall-mounted decorations. People had been involved in celebrating mothering Sunday and had made decorations for the lounge. During our inspection we observed that some people visited the on-site hairdresser whilst others had their nails painted. We observed positive interactions between staff and people who used the service and saw that staff had the time to spend talking with people on an individual basis rather than simply being focussed on the tasks that they needed to do.

Although we found improvements had been made we have not revised the rating for this key question. To improve the rating would require a longer term track record of consistent good practice. We will therefore review our rating for well-led at the next comprehensive inspection we undertake.



## Is the service well-led?

### Our findings

At our previous inspection in 2 and 3 November 2015 we identified that arrangements were not in place to regularly assess and monitor the quality of the service. We also found that people who used the service and their relatives were not consistently involved in the development of their care or that of the service. On 2 December 2015 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to become compliant with Regulation 17 (1) (2) (a) (c) (e) (f).

During the inspection we found that the provider had taken action and made improvements to the good governance of the service. For example, the provider told us that a new assistant manager had commenced working at the service. They added that recruiting to this role had given the registered manager the additional operational support needed to monitor and manage the service on a day to day basis.

We spoke with care staff who told us that they felt things had improved since our last inspection. Staff were aware of their roles and who they were accountable to. Members of staff told us that the management team were more supportive and approachable and leadership of the service was better structured. One staff member told us "I feel more involved now because I have been given guidance and support in my role. I also have new responsibilities like the keyworker role and I feel accountable for what I do. Management have been very supportive to me and tell me when I have done something well or give me help when I am struggling to understand some aspects of the role." Another member of staff told us that staffing levels had improved and staffing was more consistent which had raised staff morale within the service. They also told us that the improvements in administration had had a positive impact on people who used the service and staff. For example, they told us, "The care plans have improved, there is less paperwork now and they are easier to read and use. This has meant that we can spend more quality time with the people who live here."

Staff were very positive about a recent staff meeting where the registered manager supported them to be open and raise their concerns and issues and be involved in identifying solutions to develop and improve the service. Staff felt that they were supported to raise concerns 'safely' without fear of reprisal and had seen improvements as a result of their input into the meeting. The registered manager told us that they were in the process of producing a report to summarise discussions and identify outcomes as a result of the meeting.

The registered manager was able to show us how staff were involved in the monitoring and development of the service through a 'team brief'. The team brief enabled representatives from all areas of staff to contribute to information sharing on weekly basis and included contributions from clinical staff, housekeeping, kitchen, maintenance, unit heads and the activity co-ordinator. We looked at recent team briefs and saw that key issues were raised such as concerns about individual people using the service. In addition we saw there was progress towards actions such as care plan reviews and training. Staffing levels were also reviewed and assessed on a daily basis and any anticipated shortages were identified and addressed accordingly. This meant that information was provided to the registered manager from all areas of the service provision and enabled them to identify and respond to issues in a timely way.

We looked at the provider's quality assurance and governance systems. We saw that the provider had introduced a new approach to audits which were more robust and proactive in addressing areas which required improvement. The registered manager was responsible for co-ordinating audits each month. Audits included areas such as care records, complaints, staffing and staff records, policies and procedures and the environment. We looked at the March 2016 report which was the first report published as a result of the new audit systems. We saw that the registered manager had summarised findings and identified areas which required improvement. For example, an audit of care records had identified that behaviour management charts were not being completed consistently for people who used the service. This meant that staff may not be effective in supporting people who have behaviours that may challenge. The registered manager had developed an action plan to respond to this which included training sessions for staff and working with staff to raise awareness. Staff who we spoke with confirmed that they had recently received training and guidance on supporting people with behaviours that may challenge and this had clarified what they needed to record and how to record it.

We saw that some inconsistencies in care records had not been identified through the monthly audits. For example, one person was identified as requiring support to re-position in bed every two hours during the night time to prevent the risk of pressures sores. However records showed that the person was sometimes re-positioned every three hours. This was a potential risk to the person's safety and well-being. We raised this with the nurse on duty who was unable to explain why audits had not identified inconsistency in staff recordings.

Audits included gaining feedback from people who used the service and their relatives each month. We saw that most feedback was positive and people recorded that they felt involved and that staff listened to them. One person felt that staff were busy and didn't always get to chat to them.

People who we spoke with and their relatives told us that they felt involved in their care and had opportunities to be involved in the development of the service through resident and family meetings. One person who used the service told us "I knew about the change in flooring and they [the staff] asked my opinion about it. I like it. I have a profile on the door of my room - staff asked me about this. I like it - it sums up my character!" A relative told us that they were involved in the review of their family member's care plan and were kept informed of changes in their family member's care and the developments in the service by staff. Another relative told us that they knew they could attend relatives meetings if they wanted to. However they felt that staff were really good at keeping them informed when they visited. We observed that staff communicated with the relative during their visit with their family member. The relative confirmed that they had received an update on their family member's health and well-being that day.

The registered manager told us that the service had developed a formal consultation forum called 'Friends of the Manor' which involved a group of people who used the service and their relatives. They explained that the service sought the forums' input and views and these were taken into account when identifying improvements or changes to the service. For example, the forum had recently reviewed the catering arrangements of the service and as a result improvements had been made to the quality of meals produced for people who used the service.

The registered manager was able to show us a copy of the first monthly report published as a result of the new audits. They told us that the report would be shared with the provider who would also contribute towards any action plans and ensure action was completed within the identified timescales. This meant that the service had in place a clear and robust audit system which demonstrated how the registered manager involved people in assessing and monitoring the service to drive improvements.

The registered manager and provider were able to discuss short and medium term objectives for the service. They described how they continued to work in partnership with the local authority team within contracts and quality assurance in order to bring about improvements within the service. They were also able to tell us of plans to reduce the length of care shifts for staff to reduce the risk of errors or incidents through staff fatigue and plans for an open recruitment day to build up the supply of casual staff to the service.

Although we found improvements had been made we have not revised the rating for this key question. To improve the rating would require a longer term track record of consistent good practice. We will therefore review our rating for well-led at the next comprehensive inspection we undertake.