Manor Court

Manor Court

Inspection report

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Date of inspection visit: 01, 04, 08 & 11 June 2015
Date of publication: 21/12/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Overall summary

This inspection took place over four days on 01 June 2015, 04 June 2015, 08 June 2015 and 11 June 2015. An unannounced inspection took place on the first day. This meant the registered providers did not know we would be visiting. The registered providers knew that we would be returning on the following three days.

Manor Court is a care home offering accommodation to up to 20 older people. It is situated in the rural village of Moorsholm. The home provides accommodation over two floors. The ground floor houses two communal lounges and a separate dining room with an outdoor courtyard to the rear of the property. There are four bedrooms which offer en-suite facilities.

The home had a registered manager in place. 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. The registered manager was also one of the registered providers and had worked at Manor Court for many years.

We previously inspected Manor Court in September 2014 and October 2014. At that inspection we found the service was not compliant with Regulations 10, 11, 12 and 23 of the Health and Social Care Act 2008, regulated activities 2010. We found there were no systems in place to

Summary of findings

monitor the quality of the service and records were not up to date or did not contain the information needed to care for people. People were not protected from the risk of infection because equipment and facilities had not been maintained. Cleaning in the home was not up to date and there was a lack of personal protective equipment and hand wash in bathrooms. Safeguarding concerns had not been reported appropriately and staff knowledge about safeguarding and the procedures was limited. Supervision, appraisal and training was not up to date for staff. This meant that staff were not supported to carry out their roles.

Infection control procedures had not improved at this inspection and were inadequate to ensure people were protected from the risks associated with poor cleanliness and infection. We found the home was not clean and hot water temperatures did not meet the required standards. Bathrooms and toilets were not consistently stocked with hand wash, paper towels, hand gel and foot operated bins.

Some staff training had been carried out, but there were gaps in some areas, such as infection control, diabetes, dementia and the Mental capacity Act. Also the registered manager had not undertaken any refresher training and albeit they cooked the food had not undertaken basic food hygiene level two training, which is an essential when catering. We found that supervision and appraisals had not been carried out with staff despite this being highlighted at the last inspection.

Managerial oversight of the home remained inadequate and we found that the systems in place were not effective. Staff shared their concerns about the leadership which was provided at the home. Staff did not feel the management were consistent in their approach and were unsure about the roles of the management team.

Meetings for people who used the service, their relatives and staff had not been carried out. This meant that information was not always disseminated to everyone.

Care documentation was not personalised and did not consistently contain the information required. There were gaps in the recording of information about people's involvement in decision making.

People were not always involved in decisions which affected them. Appropriate support [advocate or independent mental capacity advisor] had not been sought for people.

There were enough staff in place to provide care and support to people, however staff were responsible for caring, cleaning, laundry and food preparation and cooking. We could see that staff put people first which meant that cleaning and laundry tasks were left.

Everyone we spoke with told us they felt safe living at the home and felt well cared for by staff. A safeguarding record was in place and we could see that a recent safeguarding alert had been appropriately dealt with. All staff had a good understanding about the types of abuse and the procedures which they needed to follow.

Appropriate procedures for dealing with medicines were in place. Medicines were stored safely and staff had received up to date training.

People had the equipment they needed. Checks of equipment and the building were in place.

People had access to enough food and hydration. We found cupboards were well stocked. People spoke positively about the food which was provided.

Health professionals regularly visited the home. Records showed that referrals had been completed when needed and staff carried out the advice given to them. People were supported to attend appointments.

Everyone we spoke with knew how to make a complaint and all staff we spoke with knew what action they needed to take. At the time of our inspection, nobody we spoke with wished to make a complaint.

We found breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no dedicated staff to conduct laundry, catering and cleaning duties. Training, supervision and appraisals were not up to date. Infection prevention and control procedures were not up to date. Care records were not personalised and did not always contain the information required. Quality assurance methods were not consistently carried out.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff knew how to recognise and report abuse. Records were in place to monitor safeguarding alerts.

There were no dedicated staff to carry out cleaning, catering and laundry duties.

Staff had a good understanding of the procedures they needed to follow to manage and store medicines safely.

Infection control procedures were not regularly carried out; equipment needed for infection control was not regularly available.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Training, supervision and appraisals were not up to date.

Staff knowledge about the Mental Capacity Act and Deprivation of Liberties Safeguards was limited. Staff had not ensured appropriate authorisations were sought when people lacked capacity to make decisions and were deprived of their liberty.

There was a plentiful supply of food and hydration at the home. People were given the support they needed at mealtimes.

People had good access to health professionals and were supported to attend appointments.

Is the service caring?

Good

The service was caring.

People spoke positively about the care they received from staff. People told us they were well cared for. We could see that staff knew people well.

Staff were knowledgeable about the care and support people needed. People were given the time they needed when providing care.

People were treated with respect and their independence, privacy and dignity were promoted.

Information about advocacy was provided.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and staff told us they was a lack of activities at the home.

Summary of findings

Records did not show how people were involved in their care planning. People told us they were not involved. Care records were not personalised.

A complaints procedure was in place. People told us they felt able to make a complaint. Staff knew the action they needed to follow to deal with a complaint.

Staff told us they felt confident to deal with an emergency situation should one arise.

Is the service well-led?

Inadequate

The service was not well-led.

Although audits were carried out each month these covered limited areas and did not identify issues that we identified throughout the inspection.

Meetings for people who used the service, their relatives and staff were not carried out.

There was a clear lack of leadership in the home

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Detailed findings

Background to this 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.

This inspection took place over four days on 01 June 2015, 04 June 2015, 08 June 2015 and 11 June 2015. An unannounced inspection took place on the first day; this meant the registered provider did not know we would be visiting. The registered provider knew that we would be returning on the following three days. Two inspectors, a specialist advisor and an expert by experience were involved at different points during this inspection. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about Manor Court which included notifications which we had received from the service and the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the local clinical commissioning group (CCG) and the local authority commissioning team about the service.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, operations manager, administrator, handyman and ten care staff. We also spoke with 12 people who used the service. Throughout our inspection we observed care and support in communal areas of the home and spoke with people in private who lived at the home. We reviewed eight care records, 17 staff files and records relating to the management of the home including policies and procedures. We explored some areas in more detail because we wanted to see what action the registered provider had taken to address the areas of non-compliance from the last inspection.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found that people were not protected against the risk associated with infection control. The home did not employ any domestic staff. We could see that cleaning procedures to ensure the cleanliness of the home had not been regularly carried out. Cleaning records and audits had not been completed. There was no infection control champion and infection control training had not been carried out. We found that PPE equipment had not been available at the start of our last inspection. Hand washing products and foot operated bins were not available in all bathrooms and toilets; one toilet did not have any hand washing facilities. The home did not have a contract for the disposal of clinical waste.

This meant there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant issues with the cleanliness and hygiene of the home. We saw that the home still did not have an infection control lead. Staff had some knowledge about the action they needed to take to minimise infection control when dealing with each area of the home. We found that staff did not put this knowledge into practice. Wet mops were stored head down which did not allow adequate ventilation to air dry and mop buckets were dirty. We found that although these matters were raised at the last inspection the registered manager had not put systems in place to check the actions of staff.

We could see that care staff were completing some cleaning tasks on a daily basis but they did not have the time to dedicate to the overall cleanliness of the home which meant that many areas of the home required attention. Areas of the home which did not require cleaning every day [such as skirting boards, walls and under beds] were also in need of cleaning. Some chairs in the communal lounge had food debris on them and one chair was soiled; chairs were generally worn. The home had cleaning records but these had not been completed. There were no deep cleaning records in place. One staff member told us, “The place is dirty. There is no time for deep cleans.” When we spoke to people who used the service about the cleanliness of the home, everyone told us they were happy and did not have any concerns.

The home did not employ any domestic, laundry or kitchen staff. The operations manager told us that a member of care staff was employed for six hours every Friday to carry out domestic tasks. We spoke with the particular member of care staff and they were not aware of this. On the first day of our inspection the registered manager told us that they had employed a domestic member of staff to work six hours every Saturday and they were due to start later the same week.

We checked the bathrooms and toilets within the home. We found that one toilet did not have a wash-basin which meant that people using this area had to go to the bathroom next door to wash and dry their hands. Hand wash, hand gel, paper towels and foot operated bins were not available in all bathrooms and toilets within the home. We found some bins did not have a bag in them and some bins did not have a lid; not all bins were foot operated. We asked the operations manager to take immediate action to address these issues; we found that they did not. The same vanity units highlighted in the last report remained in place which continued to pose a risk to the spread of infection because they could not be cleaned effectively [because of their state of disrepair]. One bathroom which people used was also used to store chairs and wheelchairs. There was hand washing guidance above each of the sinks in the home and an up to date policy was in place.

This was a breach Regulation 12 (2) (h) and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home did not have a dependency tool in place. We found that three care staff worked in the morning, two care staff in the afternoon and during the night, there was one waking member of staff and one sleeping member of staff. The registered manager told us that any shortfalls in staffing were covered by the staff team in the home; agency staff were not used. When care staff were off sick or on leave, the administrator and operations manager would cover these shifts and carry out care tasks. This meant that the duties of the administrator and operations manager on these days would not be carried out. The registered manager discussed their difficulties with recruiting staff to the home because of its location.

People who used at the service told us they were enough staff on duty throughout the day and night to care for them. People said, “The staff look in on you regularly during the night to check you are OK.” Staff told us that if care staff just

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Is the service safe?

provided care to people there would be enough staff but they were also responsible cleaning and laundry tasks and for food preparation and each day. One staff member told us, "We don't have time to spend with people." Staff told us they felt stretched by their workloads and had to prioritise. They told us people who used the service always came first and cleaning and laundry tasks were often left.

Everyone we spoke with told us they felt safe and well looked after living at Manor Court. One person told us, "Everyone is well looked after here." Another person told us, "The staff are wonderful, very kind and helpful."

One staff member told us, "We need a cleaner and someone to help out in the kitchen." Another staff member told us, "There is not enough staff because we have to do everything." During our inspection we could see that staff were very busy; when staff were attending to non-caring tasks there was sometimes no staff presence in areas where people who used the service spent their time. We saw that the staff oversight of areas people used was limited and found that people who used the service took responsibility for providing support to each other.

An up to date fire risk assessment was in place. Checks of firefighting equipment had been carried out. The home had personal emergency evacuation plans (PEEPS) in place for people [information they need to evacuate people who cannot safely get themselves out of a building unaided during an emergency] but information was limited and did not detail information about people who may have vision or hearing impairments or who may panic during this time. The last recorded fire drill was carried out in May 2014. We highlighted this at our last inspection [in October 2014] and asked the registered manager to take action to address this. At the time, the operations manager told us they were in the process of arranging for the local fire brigade to the home to carry out a simulated fire drill. We spoke with the operations manager at this inspection and they told us they had not followed this up and the simulated fire drill had not been arranged. All staff we spoke with were confident about the action they needed to take in an emergency and could detail the procedure they needed to follow in the event of a fire.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments help to identify sensible measures to reduce the risk of harm to people. We found risk assessments were in place for things such as bath hoists, wheelchairs, COSHH, clinical waste and changing beds and had been reviewed twice in the last year. Risk assessments relating to people who used the service were also in place [falls, dehydration]. These risk assessments had been reviewed regularly. This meant that staff had taken people's safety into account whilst maintaining their independence. On the first day of our inspection we saw that a pregnant member of staff was providing care and support to people which included manual handling. We saw them helping to lift a person on their own when they had fallen. We spoke with the staff member and they told us that they carried out manual handling regularly. We spoke with the operations manager and they told us they had not completed a risk assessment for this staff member. We asked them to carry this out straight away.

An up to date food hygiene certificate was displayed. Food storage facilities were clean and tidy. At the last inspection the home did not have a contract in place for the disposal of clinical waste. We saw that the registered manager had taken action to address this.

At this inspection we could see that the registered manager had taken action with safeguarding. A safeguarding record was in place however information was limited; the record meant the home could keep track of all safeguarding alerts and included an outcome and a review date. But, as the information was limited would not be able to determine the full history and cause of a particular event or produce a detailed analysis.

We found that 11 out of 17 staff had completed a safeguarding workbook. Staff we spoke with were aware of the different types of abuse and all said that they would report any concerns to the registered manager. We spoke with the operations manager about a current safeguarding alert. We could see that they had taken appropriate action and they had worked with the local authority safeguarding department to ensure that the concern was investigated appropriately. A whistleblowing policy was in place and all staff we spoke with told us that they would report any concerns which they had.

The home had a recruitment policy in place. We looked at the recruitment records for the last four staff. We could see that staff had completed an application form and their references had been checked. All staff had a Disclosure and

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Barring Service check in place. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

People's medicines were managed safely. Senior care staff were responsible for medicines and had received up to date training. Good arrangements were in place for ordering, obtaining and checking medicines upon receipt into the home. We looked at the medical administration records (MARs) for four people and found they were up to date. We looked at six records for when required (PRN) medicine which is medication not routinely given, but is available for people when they need it. We found gaps in the recording of information; this meant it was not always clear if people had been given medication. The senior carer took immediate action to address this and we saw clear guidance had been displayed in the medicines room following our discussion. Many people at the home were prescribed Paracetamol on an 'as and when' basis (PRN). We could see that some people were given this medicine every day. We discussed with the senior carer whether these people should be regularly prescribed Paracetamol instead. In relation to one person we discussed, the senior carer told us, "The doctor is happy with this," however there were no records of this discussion. Sufficient quantities of medicines were in place for people and were stored safely. We looked at the controlled medication [medicines which are controlled under Misuse of Drugs Legislation] and could see that two signatures were in place which is good practice. There were no topical cream charts in place when we checked medicines at the home; however the senior carer on duty implemented this straight away. Room temperatures for medication showed they were kept safely however they were not recorded every day. There were no fridge temperature records so we could not be sure if medicines were stored safely in the fridge. There were no medicine competency checks in place for staff. This is good practice to ensure that staff are competent to dispense medicines to people.

The home was accessible during the day [the doors were not locked], the registered manager told us this is not an issue for them because they lived in a rural area and had never had any concerns about the safety and security of the building. We saw that staff did not wear an identification badge. This meant that we did not know who staff were or what their designated role was.

Up to date certificates were in place for the electrics, stair lift, wheelchairs, the gas boiler and legionella. Maintenance records and call bell check were up to date. A portable appliance (PAT) certificate expired in March 2015. We asked the operations manager to take action to address this and on the last day of our inspection we were given a new certificate to show that checks had been carried out in 09 June 2015.

Hot water temperature records were in place for the last year; every record had the same 40 degree Celsius recorded. The Thermostatic Mixing Valve Manufacturers Association (TMVA) recommended code of practice for safe water temperatures in care home outlines that wash basins, showers and baths should operate at a temperature between 41 and 44 degrees Celsius. We checked the water temperatures in the home during our inspection. We found temperatures ranged between 35.6 and 41.8 degrees Celsius. We checked five hand-wash basins and found four of these were lower than the recommended 41 degrees Celsius. The bath and showers in the upstairs of the home displayed temperatures of 35.6 degrees Celsius. The laundry water temperature was within safe temperature limits. Cold water temperature checks had not been carried out by the home.

Accidents and incidents had been recorded, but recorded information was limited. During our inspection we witnessed one person fall, we saw that staff responded quickly to this person. The staff worked as a team and communicated with each other to support the person back onto their feet. This helped to minimise any further risks to the person. Once the person had been seated, staff spent time with them to check for any injuries. They provided reassurance to the person and contacted the person's general practitioner for an appointment. The accident was documented appropriately. This showed that staff responded safely to an incident which occurred in the home

We looked in the laundry and could see that it had washable walls and floors. We saw that good procedures

Requires Improvement

Is the service safe?

were in place for dealing with laundry. PPE, such as red bags [used for the safe handling or soiled or contaminated laundry to reduce cross contamination] and gloves were available.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found that staff were not supported to carry out their roles. Training was not up to date. Supervision and appraisals had not been carried out. Senior carers knew they had extra responsibilities associated with their roles but were not aware they were senior carers. This was in breach of regulation [23] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [18 (2)] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that there was a supervision policy at the home which stated that six supervision sessions should be carried out with staff each year. We looked at the supervision records of 17 staff and found that nine staff had received two supervision sessions and 8 staff had not received any supervision sessions. There were no records available for staff appraisals. The operations manager and all staff we spoke with confirmed that appraisals had not been carried out.

We were given a training chart on the first day of our inspection; however this was not up to date. An updated training chart was available on the second day of our inspection; the registered manager was not recorded on this training chart. Staff had received training in fire awareness, first aid, manual handling, COSHH, health and safety and nutrition. There were some gaps in training for some staff and no action had been taken to ensure that staff would receive this training in the very near future. We could see that staff had not undertaken training in infection control, Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoL'S). We saw that all staff could be involved in preparing and cooking food but all staff had not completed Level 2 food hygiene. We also saw that some people living at the home had diabetes or were living with a dementia but staff had not received training. This meant that staff were not supported to care for people with these specific needs. We were aware that the local authority offered a range of free training courses. They told us that they had regularly emailed the home [using the addresses they had provided] with information about their courses as they become available. We spoke to the operations manager about this and they told us that they were not aware of this.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 Staffing because staff training, supervision and appraisals were not up to date.

We could see that staff asked for people's permission before any care tasks were carried out. There was no evidence of consent in people's care records. We looked at six care records and could not see any evidence that people gave consent to what care and support they wanted such as in care plans or in care plan review. There were no consent forms relating to sharing information [with health professionals or appropriate agencies] or to obtain photographs [which were on display in the home]. We looked at four 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) certificated. One certificate was appropriately completed. We found the three remaining certificates had not been fully completed; the certificates did not show if the people their related to, their families or an advocate had been involved in the decision making process. At our last inspection we spoke with the operations manager and asked them to review all certificates in the home to make sure they were all fully competed. We could see that they had not done this.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 Consent because we could not see if people had been involved in making decisions about their care and whether they had provided consent.

We asked to look at the induction records for the last four members of staff, however only two records were available for inspection. We could see that staff completed a workbook [though these had not been marked] which was designed to increase their knowledge and understanding of their role and included their duty of care, safeguarding and person-centred care. We saw that new staff spent time shadowing more experienced staff and getting to know the people they would be caring for.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may need support to make decisions are protected. Only the operations manager had received training in the MCA. We found that staff knowledge of MCA was limited; staff were not aware of their roles and responsibilities under this legislation and what they needed to do if they thought someone lacked capacity to make a decision; staff were not

Is the service effective?

clear about how and when they would include a family or an appropriate person [such as an advocate who provide independent advice and support] to make a best interests decision.

The Care Quality Commission is required by law to monitor and use the Deprivation of Liberty Safeguards (DoL'S). DoL'S are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The operations director had some knowledge about their responsibilities in relation to DoL'S. We found they had not acted within the code of practice for MCA and DoL'S in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. We saw one person who used the service was being deprived of their liberty but they had been a delay in granting a DoL's because there was confusion about whose responsibility it was to apply for it [between two local authorities]. We spoke with the operations manager about this and asked them to follow this up immediately. Where people who used the service were subject to DoL's, the appropriate information was contained in the care records.

People had the access they needed with health professionals. People told us they could see their general practitioner when they needed and we saw different professionals visiting the home during our inspection. One person told us, "I can see my Doctor whenever I need to, the girls arrange an appointment for me." Another person told us, "My GP comes to see me whenever I'm unwell."

We spoke to people about the food and hydration at the home. People we spoke with were very complimentary about the food they received. People told us, "The meals are OK, the manager makes them," And "We get good meals and plenty to eat," And "The meals are excellent, you don't get a choice, but if , say, you don't like fish, they will give you an egg." We saw one person having a late breakfast because they wanted to get up later. One person told us, "You can have biscuits with the morning drink or in the evening, but that would spoil your appetite for lunch." People were regularly offered drinks throughout the day. The pantry was full of food and drinks, the registered manager told us that there kept the home well stocked because they was no shop in the village. We saw biscuits and sweets in the lounge which people helped themselves to.

The registered manager and care staff carried out tasks relating to the preparation and cooking of food. All staff were very knowledgeable about people's dietary requirements. We saw information in the kitchen which related to people's dietary needs, likes and dislikes. One person told us, "I'm a vegetarian and they cater well for me." Another person told us, "The girls know what I like, I have no complaints. If I want something else, they will make it for me." Where needed people who used the serviced were involved with a dietician and we could see how staff implemented the advice given to them. Staff had a good understanding about the action they needed to take to support people who were struggling with their weight, they were able to give detailed examples about the methods used to provide high calorie foods and drinks. Menu's for the day were displayed within the dining room.

We spoke with staff about the procedures which they followed to monitor people's weight and the action they would take when they needed to. Staff were aware of the importance of keeping up to date with people's weights and discussed recent action they had taken when a person who used the service was at risk of losing weight. We could see people were weighed or they measured a person's mid upper arm circumference. This helped them to determine is someone was losing weight so appropriate action could be taken.

There were 17 bedrooms in the home spread across the ground floor and first floor. Four of the bedrooms on the first floor had en-suite facilities. There was also a dining room, a large lounge, a small quiet lounge and two conservatories. During our inspection we could see that people who used the service accessed different parts of the home throughout the day. One person told us, "Sometimes I sit in the quiet lounge and other times I sit in the conservatory to enjoy the sunshine." There were three sets of stairs in the home, of which one had a stair lift. One set of stairs was blocked off because the home felt they were too steep for people. Some areas of the home [bathroom and upstairs landing area] were used for storage which people who used the service had access to. On the first day of our inspection we asked the operations manager to take action to remove the furniture which was being stored into a more appropriate area. On the last day of our inspection we saw that this request had not been carried out.

At the last inspection we found that there was no refurbishment plan in place. During our inspection we

Requires Improvement

Is the service effective?

could see that some areas of the home were looking worn and tired. We spoke to the registered manager and they told us that plans were in place for some redecoration in July 2015. On the first day of our inspection no refurbishment plan was in plan, however a plan had been put together on the third day of our inspection. This plan was a list of work which was needed, but no timeframes were included. The operations manager told us they were aware of areas of the home which needed attention however they were not sure when the work would be carried out.

Good

Is the service caring?

Our findings

During our inspection we spent time observing the interactions between people and staff. Staff used a range of verbal and non-verbal communication skills. There was a relaxed atmosphere in the home. We could see that staff knew people well; the way people and staff communicated with each other showed that they were comfortable with one another. People spoke positively about the staff, one person told us, "The staff just pick things up as they get to know you." Another person told us, "The staff are lovely and kind, they always have time for you. Nothing is too much trouble." All staff we spoke with were knowledgeable about the care which they provided to people and told us they enjoyed working at the home.

Staff spoke positively about their roles at the home. One staff member told us, "I love my job in care." Another staff member told us, "It's a family place; there is a good friendly atmosphere. It's a home," and "I wouldn't have trusted anyone with my mam, but I would put her in here tomorrow."

Although staff struggled with the demands of the home [care, domestic, laundry and cooking tasks] they always had time for people and we could see that they put people first, before any domestic and laundry tasks. One person told us, "The staff are very caring. I get everything I need." Another person told us, "I am happy living here, I am well looked after."

Staff knew people well and were aware of their likes and dislikes. They knew which people were early risers and which people liked to get up later. Staff told us that this meant people could be given personal care at a time when they wanted it. Everyone we spoke with told us they could get up when they wanted to and could have their breakfast later if they preferred. All staff had good knowledge about people's personal history and preferences. People were encouraged to be independent but staff were on hand to provide support to people. When people required care and support from them, this was done in a dignified way. People were given the time they needed and care was provided according to their wishes. One person told us, "I get care when I need it. I can go in the shower when I want to." Staff always asked for people's permission before support was given. One person told us, "The girls always ask if I want their help. They don't just do it you know." We saw that staff were caring when they supported people and provided people with reassuring touches whilst ensuring boundaries were maintained.

People were supported to maintain relationships with people. Staff told us people's relatives and the local community were invited to visit the home when they had events on, such as a singer who visited each month. We could see that visitors were made to feel welcome and they were offered drinks and could stay for a meal if they wanted to. The registered manager told us about one person who visited the home every day and stayed for breakfast and lunch. They told us this gave the person regular contact and support with people and minimised their social isolation.

We saw that people could spend time where ever they wanted to in the home. We saw that some people liked to spend time in their room and others in the lounge. We saw that some people liked to move around the home spending their time in different areas of the home. People's privacy and dignity was maintained, we could see that staff spoke quietly to people when needed to ensure their privacy. When personal care was provided, doors were closed.

An advocacy leaflet was on display in each person's room. Advocacy is a process of supporting and enabling people to express their views and concerns, access services and information and defend and promote their rights and responsibilities. The registered manager told us that no-one who used the service required advocacy support at the time of our inspection.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection we found that care records were not person-centred and did not always contain the information needed to care and support people according to their needs and wishes.

This was in breach of regulation [20] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [17 (2) (d)] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that information about people's involvement in decision making [care planning and reviews, consent, DNAR applications and MCA assessments] was not recorded consistently. This meant that we did not know if people were involved in decisions which affected them or whether they were happy with the decisions being made. People who used the service had care plans in place, but records provided limited information. Information was not person-centred and appeared to be repetitive from person to person. Records showed that people who used the service attended their care plan reviews, but records did not show how people were involved; there was no evidence of people being involved in decision making. All people who used the service that we spoke with confirmed that they had not been involved in the development and review of their care plans. Staff had a good understanding of people's needs which was more detailed than care plans. Care records showed the support that people needed but we found that people often needed the support of two staff members which the records had not been updated to show. We found gaps in people's daily records; some records had not been updated for up to three weeks. Where entries had been made, we found inconsistencies in the level of information which was recorded. The staff handover book was not regularly completed. We spoke to the operations manager who told us, "Some staff do not like writing in it."

This meant there was a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation [17 (2) (d)] because records were not individual to the person and lacked the information needed to provide personalised care and support to people.

There were no activities records in the home. During our inspection we saw people having their nails painted by staff. A singer attended the home each month; people told us they enjoyed this. Staff told us about the travelling Christmas pantomime who visited the home and people from the local village were invited. We spoke to people about activities in the home, One person told us, "We don't do much, but that's ok." Another person told us, "We do some reading and we can watch television, there's not much we can do." The registered manager told us they provided newspapers and magazines for people; one person told us, "The manager brings in papers and some magazines so there's things for us to read if we want to." A mobile library visited the home each week. During our visit we saw many of the people who used the service having their nails painted by staff. One person told us, "I really enjoy having my nails done."

Staff told us there was a lack of activities in the home; they also told us how their workload demands impacted upon their ability to spend time with people other than to provide personal care. A staff member told us, "We need more structured days." Another staff member told us, "People are well cared for, but they need more activities." One person told us, "Once the carers tried to get us to play bowls, some people went but no-one was very interested. "We sometimes play cards or dominoes but most people, when you ask them if they want a game, just shrug."

The handyman was also responsible for running errands for the home [picking up prescriptions, going to the local supermarket or DIY store] and would take people who used the service with him. People who went out with the handyman told us they enjoyed this. We were told one person particularly liked to go out with them. We spoke with this person and they confirmed this to be the case. We saw that some people at the home liked to help out, one person we spoke with told us, "I lay the tables for meals and I help with clearing the dishes." We observed people setting the tables for lunch.

People who used the service had regular access to health professionals. We saw that the handyman would take people to their healthcare appointments. They told us, "If a resident needs to go to the doctor's surgery or has a hospital appointment, I take them." People who used the service told us they got on well with this staff member and

Requires Improvement

Is the service responsive?

were happy with this arrangement. We could see health professionals visited the home when needed. This meant that people were supported to access treatment and support with their health needs.

A complaints policy was available during our inspection which detailed the procedures which needed to be followed following a complaint being made. Records showed that no complaints had been made over the last year, the registered manager and all staff we spoke with confirmed this to be the case. Information about how to make a complaint was on display in the home. All staff we spoke with were very clear about the action they needed to follow should they receive a complaint. All of the people we spoke with during our inspection told us they did not have any complaints or concerns.

Inadequate

Is the service well-led?

Our findings

At the last inspection we found that meetings for people who used the service and their relatives had not taken place and there were no minutes for staff meetings. There were no audits or evidence of monitoring in place to ensure the quality of the service. This was in breach of regulation [10] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation [17] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that meetings for people who used the service, their relatives and staff had not been carried out.We could not be sure how information was disseminated. From speaking to staff, we could see that they were not kept up to date, for example, staff had not been made aware of a new member of staff who had been employed to start on the week of our inspection. One staff member told us, "We are not kept up to date with changes." We looked at the completed staff surveys [9 out of 17] and could see that some areas of the survey had received 'poor' ratings [information to do the job, freedom to express opinions, feedback on performance and staffing levels].No formal analysis of the results had taken place which meant that these areas had not been addressed. We spoke to the operations manager about surveys for people who lived at the home and they told us that they had proved unsuccessful in the past. We spoke to them about other formal methods which could be used to seek feedback and none had been carried out. They told us that they sought regular verbal feedback from people; however this feedback was not recorded.

Since the last inspection, the operations manager had put audits in place which were carried out each month. These included accidents and incidents, care plans, infection control, safeguarding, health and safety and maintenance. The maintenance audit showed actions needed and when these actions had been completed. We found cleaning audits had been carried out but we questioned the effectiveness of these [they showed that the home was clean and training was up to date when we found they were not].Information relating to safeguarding and accidents and incidents was limited. There was no evidence of any lessons learned from these. It was clear from speaking with the operations manager that action had not been taken to address incidents to look at ways of reducing risk.

The registered manager had been in place at the home for many years. It was clear that the registered manager knew people well.All staff and people who used the service spoke positively about the registered manager. One staff member told us the registered manager is "a legend" and spoke positively about the support they had received from them. Another person told us, "They [registered manager] are the boss, they are great but they need more support."

Manor court is a family run care home. We found that the day to day running of the home was left to the operations manager who worked part time [17.25 hours per week over three days]. Because of the way the day to day running of the home is carried out, we that there was a clear lack of leadership in the home. We found that tasks relating to the day to day running of the home and to ensure the quality of the service were carried out an ad-hoc basis and were not necessarily the responsibility of any specific person. We also found that these duties were left when cover was needed to provide care and support to people who used the service care duties. This meant that specific duties were missed at times.

Staff felt that the management team were not consistently on duty. There were no records to show their working hours. Staff could not be sure about the hours which the management team worked. When we spoke to staff, they all confirmed that they were not informed about absences in the management team. If the management team was leaving the home to attend a meeting (for example), then they were told at the last minute.

There was no clear structure about how the management delivered the day to day running of the home and what their individual responsibilities were. This meant that staff did not always get the support they needed. Tasks appeared to be carried out on an ad-hoc basis; we found that some tasks were missed because people did not have clear roles.

All staff we spoke with discussed the lack of leadership in the home; they described blurred boundaries and inconsistencies in the support which they received. One staff member told us, "I don't think the managements (team) heart is in it, I'm not sure what some of their roles are. Our senior carers keep us on track." We found that care staff sought support and guidance from senior care staff rather from the management team. All staff we spoke with we concerned about the responsibilities of the management team and their capabilities. Staff told us, "We

Inadequate

Is the service well-led?

need a manager" AND "There is no leadership, the manager needs managerial support and back up" AND [leadership]"Not great" AND "You've got to tell them, not ask them." We spoke with the operations manager and registered manager about these concerns and have asked them to look at the leadership of the home. The registered manager spoke to us about a plan to promote a staff member to take on some of the quality assurance tasks in the home. We contacted the home two weeks after our inspection and found that this had not progressed.

There was a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation [17 (2) (a) (c) (e)] because the quality assurance of the service was not regularly carried out.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered provider did not take action to ensure that there was evidence of consent in people's records. Records did not show people's involvement in decision making. Regulation 11 (1).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not taken action to ensure people who used the services and others were protected against the risks because infection control procedures were not regularly carried out. Regulation 12 (2) (h). The registered person had not carried out regular fire drills. Regulation 12 (1).

The enforcement action we took:
Warning noticed issued.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not carried out regular quality assurance procedures, sought regular feedback or acted upon it. Care records and records which related to the running of the service were not up to date. Regulation 17 (2) (a) (c) (d) (e).

The enforcement action we took:
Warning notice issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not have systems in place to ensure that staff training, supervision and appraisals were up to date. Regulation 18 (2) (a).

The enforcement action we took:
Warning notice issued.