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Manton House

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Manton House is a residential care home providing personal care and accommodation for up to 21 people; several rooms were for double occupancy. There were 16 people using the service at the time of our inspection.

People's experience of using this service: Since the last inspection the previous manager had left and there was a new registered manager in post. They have worked at the service previously as a deputy manager so were familiar with the service. They had started to make some improvements in the short time they have been the registered manager. At the last inspection we rated the service requires improvement in responsive and well led. During our most recent inspection despite improvements noted we found further improvements were required in each key question.

- The service required financial investment to ensure it remained in a good state of repair and décor and was suitable for the needs of people using the service. There was no clear refurbishment plan and the environment had not been sufficiently updated since our last inspection.
- Hazards identified on the first day of inspection had not been identified by the provider which increased the risks to people using the service.
- We were encouraged by the immediate actions taken by the registered manager on our feedback and their willingness and genuine efforts to improve the service. They however need to reach a point where they are able to identify their own priorities and there needs to be clearer provider oversight and robust quality assurance processes.
- Individual risks were identified and appropriate actions taken but risk assessments and care plans were not always updated in a timely way and information was not easily accessible to all staff. Staff were confident they could recognise abuse and knew what actions to take to promote people's safety
- Staffing levels were appropriate to meet people's needs and there was an assessment tool in place to determine the number of staffing hours necessary according to people's needs. The tool was not very explicit and did not take account of the environment.
- Staff recruitment processes were adequate and helped ensure only suitable staff were employed.
- Staff audited medicines to help ensure people had their medicines in stock and administered when needed. We have made a recommendation about medicine audits to help ensure all areas of medicine management are identified as part of the audit.
- People were supported to eat and drink enough for their needs but staff practices did not demonstrate a sufficiently individualised approach to meeting people's dietary needs. We have made a recommendation about this.
- The environment was not sufficiently personalised. However, the registered manager took some immediate actions to rectify this.
- Staff knew people well but without consistent leadership the staff team had delivered the service as they thought best. This led to inconsistencies in how people were supported. Staff were kind but some had outdated practices.

- Staff training was mostly up to date and there were plans to update it.
- Most people were settled at the service and staff responded to people in a timely way. Some people were regularly engaged and staff took their time when delivering personal care and support. People were supported to stay active but this was an area for development as activities were limited in scope and not suitable for everyone. Community engagement was improving. We have made a recommendation about activities.
- Care plans described people's needs but care staff did not access care plans regularly or contribute in reviewing them. We have made recommendations about care planning and recording of people's care needs.
- Staff consulted with people about their care needs but capacity to make decisions had not always been clearly established.

Rating at last inspection: The rating at the last inspection on 26 September 2017 was requires improvement in responsive and well led with no breaches to the Health and Social Care Act Regulations.

Why we inspected: Previously we had rated this service as requires improvement and therefore have been back to ensure it had improved to good. We had received an action plan telling us what the service managers would do to improve provision and we checked this action had been taken.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve the rating of the service to at least Good. We will require them to provide an action plan detailing how this will be achieved. We will revisit the service in the future to check if improvements have been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

See a summary of our findings.

Good ●

Is the service caring?

The service was not always caring.

See a summary of our findings.

Requires Improvement ●

Is the service responsive?

The service was responsive.

See the summary of our findings.

Good ●

Is the service well-led?

The service was not always well led.

See a summary of our findings.

Requires Improvement ●

Manton House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector and one expert by experience on the first inspection visit and two inspectors on the second inspection visit. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Manton House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 21 people and has three double rooms and ground floor and first floor accommodation. On the day of our inspection there were 16 people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on the first day of our inspection visit.

The Inspection site visit activity started on 20 February 2019 and ended on 25 February 2019.

What we did: Before our inspection visit we reviewed information already known about the service which included: The Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications which are important events the service is required to tell us about. We also reviewed all other information sent to us from other stakeholders for example the Local Authority and members of the public.

During our first day of our inspection we spoke with five people living in the home and three relatives. We

spoke with three support staff, the cook, domestic, an activity member of staff, the registered manager and a second registered manager who manages a service nearby which is associated with the provider.

We carried out observations across the day to observe how staff interacted with people and met their needs as not everyone could tell us about their experiences. We reviewed records including: two care and support plans, staff files, rotas, medication records and other records relating to the management of the business.

Following the inspection, we requested additional information to help us from our judgements. This was received when requested.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- During our first inspection visit we identified some hazards to people's safety which had not been identified by the service. We found an unlocked laundry room which stored chemicals, an unlocked cupboard with hot and exposed pipe work, a sharp piece of jagged metal protruding from an external door, and a shower room full of walking frames which was unlocked and could be accessed by people. This increased the risk to people of avoidable harm. We immediately raised this with the registered manager who addressed our concerns straight away.
- During our inspection we were made aware of a few people who had recently fallen resulting in minor injury. The recording of this in the accident record was poor and did not show follow up actions required. Care plans and risk assessments had not been immediately updated. The registered manager described the falls policy which included actions to be taken if a person sustained a head injury. This was to call 999. We reviewed staff actions and this was not consistent with the policy. The registered manager explained that staff acted on the advice given by 111 who told staff to monitor people for worsening symptoms and an observation sheet was in place. The records kept at the time of the accident were not robust because there did not show a clear chronology.
- We reviewed two people's care plans and risk assessments. These were not cross referenced to ensure staff took both into account when providing care. Information could not be easily or quickly located as it was stored in different places. This could result in delay or missed care.
- The staff spoken with did not demonstrate an individualised approach to meeting people's care needs. Everyone at the service was checked two hourly at night and everyone was weighed weekly and on food and fluids charts. This meant that care provision did not consider people's individual frailty or level of risk.
- Not all staff were confident in meeting people's individual health care needs or actions to take in a medical emergency. We were provided evidence of guidance in people's care plans that staff should follow and evidence of staff training. The registered manager said they could address this in staff supervision and in staff meetings.
- Fire safety was sufficiently robust and staff received training and support to know how to carry out a full evacuation in the event of an emergency. Equipment was routinely tested to ensure its safety.

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

- Staff felt able to tackle poor practice if observed. We found however on the day of inspection people were receiving treatment in the communal lounge by two separate health care professionals, people were said to be given a choice of where the treatment took place but due consideration should be given to others
- Senior staff, including the registered manager could give an account of recent safeguarding concerns but could not easily retrieve records or show a clear audit trail. This meant we could not see how quickly concerns were being addressed or if there was clear oversight of safeguarding concerns and lessons learnt.
- Staff were confident in raising concerns and being able to recognise what constituted abuse. They were able to describe what actions they would take and who they might inform if they suspected someone to be at risk or suffering actual harm or abuse.

Staffing and recruitment.

- Staff recruitment files contained information to help ensure the candidate had been fully assessed before being offered a post. Pre-employment checks helped to test whether the candidate had the right aptitude for their role.
- References helped to evidence if they were of good character and a disclosure and barring check helped ensure they had not been convicted of an offence which might make them unsuitable for employment. We noted in one file there was no reference from the candidates last employer which would be usual practice particularly as their job role had been similar to the one they were applying for. The registered manager told us they had sought references but these had not been forthcoming. We advised them to evidence this.
- Staffing levels were adequate on the day of inspection despite one member of staff being unable to cover their shift. Care staff were supported by activity staff and the registered manager worked alongside at times to support care staff.
- Staff told us there were enough staff and felt there was improved team work.
- People told us there were enough staff but several people felt at times of reduced staffing such at night time call bell response times could be slower. In response to this the registered manager has since completed call bell audits and a night monitoring visit.

Using medicines safely.

- The medicine audits reviewed were not robust enough as they did not include an audit of cream administration or stock checks on all medicines to include a record of when creams/ bottled medicines had been opened and if they remained within the best before date. Internal audits were carried out monthly and a sample of medicine records were looked at: a complete audit was not undertaken internally.
- We observed medicine administration and although this was done safely communication was not effective. For example, people were not given sufficient time to respond to whether they needed pain relief.
- We recommend that medicine auditing processes are tightened up to include the areas we have identified.

- Medicines were administered by staff who were trained and assessed as competent.
- Medicines were kept securely when not in use. Medicines were in stock as required and kept at the right temperature.

Preventing and controlling infection.

- The service was not sufficiently clean as we noted areas of the service had strong odours. The registered manager assured us that deep cleaning of rooms was done every day but this was insufficient in controlling the odour. We asked the registered manager to consider other steps to control and reduce unpleasant odours within the service. The registered manager told us that they were advertising for a weekend domestic which would help to ensure the service was always maintaining high standards of cleanliness.
- The service had arrangements in place to keep the service clean and we observed staff practices helped to minimise the risk of infection and spreading infection from one person to another.
- There was provider oversight and analysis of incidents affecting the safety and wellbeing of people using the service but duty of candour and lessons learnt was poorly established across the service. We did not see evidence of reflective practice following an incident and records were not always robust. We did see examples where actions had been taken but not lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's care, treatment and support was good.

Staff support: induction, training, skills and experience.

- Staff had not always been regularly supported to develop their skills or areas of interest, particularly those with more specific responsibility for staff management and performance. The registered manager said they were identifying staff training needs through supervision and appraisal of their performance. They said training would be planned accordingly.

- Staff training was mostly provided in house, by staff holding a train the trainer qualification. Staff were given the opportunity to attend external training; e.g. continence training, medication training, and end of life training. The training matrix showed which training had been undertaken in the last year and was being planned for the forthcoming year.

- Staff recently employed were supported through induction and were completing the Care Certificate: a foundation induction course covering all the core standards. All staff had completed some form of induction and some staff had gained additional qualifications which helped them in their role.

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

- The meal time experience for people was satisfactory. We noted the service did an audit around the meal time experience and on the whole people had their food served in a timely way, food was served hot and was well presented. The meal time could be improved upon and we have made a recommendation about this. We found people were served food on patterned plates and a radio playing modern music was on throughout. This created unnecessary noise and distraction for people living with dementia.

- Some people found it difficult to eat independently and plate guard, slip mats or adapted cutlery might assist them. We also noted people were all served large plates of food and staff did not differentiate according to people's preferences but were able to tell us who might prefer smaller meals.

We recommend that the service consider current guidance for supporting people at mealtimes.

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

- On the first day of our inspection we found the service lacked personalisation and did not clearly meet the needs of people. Some people had minimal furniture and plain walls. Continence pads were stacked up in people's rooms and not put away. Information leaflets were in people's room which did not respect people's

individual space. Two bedrooms smelt strongly on urine and the service could not demonstrate it had considered alternative flooring. The shower room lacked personalisation and the floor's gradient and low-level lighting in the home was a concern. The service was very hot and there was little natural ventilation. Some of the windows did not open properly. The registered manager acted immediately upon our concerns. By our second day of this inspection visit the registered manager had removed unnecessary information leaflets from people's rooms, added pictures and tactile objects to the walls. They had attended to some of the windows whilst others still required attention. Their actions had greatly improved the service and their responsiveness gave us confidence going forwards.

- The registered manager shared their plans with us to improve the garden and make it more accessible. They also had plans to personalise people's doors to their room to help people recognise their room. Signage was already around the service and the service had started to paint toilet/bathroom doors to help people identify different rooms.

- The communal spaces within the service were homely and spacious and people could move around without restriction.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We reviewed a few people's records who were living with dementia. Staff assumed they had capacity to make decisions but no assessment had been carried out to determine if they could make decisions about all aspects of their care and treatment. The service had identified who could act on people's behalf and showed us some examples of specific decisions made in the persons best interest and the process followed. This needs to be developed further

- Staff had received training in MCA and had a reasonable understanding and in practice asked people for their consent before providing care and support.

- The service made applications for deprivation of liberty safeguards to the Local Authority when appropriate to do so.

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

- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessed needs. This information was detailed in care and support plans.

- Assessment of people's needs was in place and included specific guidance for staff to follow. For example, we viewed a diabetic care plan which was comprehensive. Staff had received training to help them support the specific needs of people using the service, such as dementia care. The registered manager had recently completed a detailed dementia course and was due to cascade the training to care staff. They had some

good ideas about how to enhance people's experiences but had not had time to implement some of their ideas.

- Care plans were implemented from an initial assessment of need. The service gathered information from the person, their family and other professionals to determine if they could meet people's needs.
- Staff supported people to access health care and took advice from other health care professionals when appropriate to do so.

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.

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity.

- Not everyone gave us positive feedback about staff which meant people's experiences were inconsistent across the service. One person told us staff could sometimes raise their voice and they did not like it. Another person told us "The older staff sometimes make time just to sit and chat which is nice, but not the younger ones they don't seem to have the patience." We discussed this with the registered manager to address. We also spoke with the registered manager about our observations of staff practice. Staff did not always maintain eye contact with people or give them time to respond. We observed staff talking to people from across the other side of the room which did not demonstrate effective communication.

- Three people spoken with said staff were kind to them. One person said, "I have nothing but the greatest admiration and respect for the staff – I've got a lot of time for them." Another said, "The staff are alright, they perform their tasks and are generally kind."

- We observed staff who were familiar with people's needs providing considered and unrushed care.

- Relatives told us they were made welcome at the service and felt it to be an inclusive home. Everyone we spoke with felt things were improving, staff morale was higher and it was a nice place to live and work.

Respecting and promoting people's privacy, dignity and independence.

- The environment did not uphold people's dignity. We noted people's rooms were untidy with beds stripped until lunch time, some had a strong smell of urine. Several bathrooms had no privacy locks. One had a bolt at high level on the outside. We noted one person going to the ground floor toilet and the door was left ajar. By the second day of our inspection visit locks had been fitted and one person managed to get locked in the toilet as suitable locks had not been fitted. We asked the registered manager to address this immediately.

- Not all people were engaged and active with their independence promoted. Activities were provided for some people, but did not consistently meet the needs of all especially those people who chose to remain in their room.

- We observed most people were well presented with clean clothes, hair nicely done and people were well groomed. Staff told us they had time to give adequate care without rushing people. People told us they could do some things for themselves such as clean their dentures and make their beds and staff supported

them with things they could not do.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Peoples needs were met through good organisation and delivery.

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

- Care plans were in place and comprehensive. These were based on an assessment of people's needs. These were being updated and improved by the registered manager. Staff knew people well but were not always referring to the persons plan of care. Care plans and risk assessments were not cross referenced and not always updated in a timely way which could increase the risk of people not getting the care they needed. Daily handovers reduced this risk but information on the daily handover log was very brief.

- Daily notes were sufficiently written but not always at the time of care delivery and not necessarily written up by the staff member who had provided the care. This could affect the accuracy of the records and was discussed with the registered manager who immediately agreed to change the way staff record key information.

- The service had improved its activities by employing someone since the last inspection to specifically coordinate and organise activities. A plan of activities was in place but these could be developed further to reflect the needs and interests of people using the service.

- People told us few things they had done and there were some photographs of activities. One person told us, "A member of staff took me out in my wheelchair to the shops and the local park last October, she said, 'we must do this again.'" They told us they were still waiting.

Improving care quality in response to complaints or concerns.

- The service had a robust complaints procedure. There was a detailed log listing any complaints or concerns raised. These showed how and when these had been resolved and included any lessons learnt.

- We found there had been some delays in responding to concerns affecting people's experiences and levels of safety. Concerns included issues relating to the environment such as hot water and broken radiator covers.

- The complaints procedure was accessible and visible around the service.

End of life care and support.

- We did not identify anyone being supported at end of life. Staff had received end of life training but this needed to be brought up to date to reflect best practice. Guidance around end of life planning and people

preferred priorities of care also needed to be updated.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. One regulation has not been met.

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

- The service has not had continuity in terms of management and oversight. Different managers have been in place with each CQC inspection and the service has failed to achieve a good rating since 2016. Regular changes of manager have hindered progress and has led to uncertainty.
- Quality assurance systems were not sufficiently robust because they did not identify the concerns we did. We found staff care practices did not reflect current best practice. Training was provided in-house and staff were not given the opportunity to attend external training events or share ideas and practices with other service providers.
- The property lacked investment and although homely was not well maintained, free from hazards or yet sufficiently personalised.
- Staff received training but this could be developed further in line with best practice.
- Registered managers meetings had just been implemented but not firmly established as a way of sharing good practice and as a way of being updated. The provider said they were establishing the role of the registered manager to audit each other's services as a way of strengthening their quality assurance process. The registered manager was attending registered managers forums as a way of updating themselves on best practice, sharing ideas and gaining support.

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

- People's care plans had enough information to help staff deliver care effectively but not all staff were referring to them to help them provide care consistently and based on their most current need. Social activities provided were mostly group and did not fully consider people's individual ability or preferences.
- Care records were kept for everyone without first assessing the need to record specific information. For example, everyone's food and fluid intake was recorded and weights were kept weekly. This was without establishing if people were at risk of malnutrition and dehydration. Records were analysed and showed everyone drinking high levels of fluid. Staff were not recording contemporaneously the care they were

providing, but passing information on to one staff member to record. This could result in information being misinterpreted.

- Timely actions were not taken in response to risk. For example, from the maintenance schedule and complaints log we saw evidence that repairs could take a while to address increasing the risk to people's safety.

- We found aspects of the service which could be improved upon and were not yet confident in the providers quality assurance processes.

This has resulted in a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager was registered with CQC in November 2018. An action plan was in place to help them address and evidence the improvements necessary, some were based on the findings of the last CQC inspection report and the more recent visit from the local authority quality assurance team.

- The new registered manager was in their first management role and was undertaken training appropriate to their role. We were encouraged by the new registered manager and their responsiveness to our feedback. Staff had confidence in her and one person told us they had, "A really positive influence here. She seems to be a really capable young lady, we've never had a problem."

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

- The provider engaged with people and their relatives. They used satisfaction surveys and relative meetings as a way of gaining feedback and most of these were positive. Resident feedback forms were in place and these were used monthly. Observational and provider audits were also in place to ascertain people's care experiences. People and their relatives were not always aware of how their feedback had been acted upon. We found the audits had not identified areas of concern.

- Since the last inspection the service had employed a person specifically to provide activities. This was a good improvement. Activities were provided in house.

- Links with the wider community were being developed and there were some clear examples of this. However, there was no evidence people had access to regular church services or access to pastoral support. Links with the local college and garden centre had been made but nothing long term. There were no volunteers or regular visitors to the service other than family members although the service had tried to identify volunteers. This meant people were not supported to be part of the wider community.

- Staff knew people well and engaged with them and their families. Families felt the service was inclusive and staff kept them informed on any main changes.

- Health care professionals spoken with said staff knew people well and reported changes as appropriate.