

Mrs K Shunmoogum

# Manon House

## Inspection report

82 Mayfield Road  
South Croydon  
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CR2 0BF

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Manon House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Manon House accommodates up to six people in one adapted building. The service specialises in supporting people with mental health needs. At the time of our inspection there were three people using the service.

This inspection took place on 8 January 2019. At our last comprehensive inspection of the service in June 2016 we gave the service an overall rating of 'good'. However, we rated the key question 'is the service safe?' as 'requires improvement'. This was because the provider had not undertaken risk assessments with people to ensure they were capable of understanding and managing their own medicines. At a follow up inspection in August 2017 we found the provider had taken action to improve and meet legal requirements. However, we did not improve the rating for the key question 'is the service safe?' because to do so required consistent good practice over time.

At this inspection we found some aspects of the service had deteriorated resulting in the overall rating for the service changing from 'good' to 'requires improvement.'

The service continued to have a registered manager in post. We found the registered manager had not fully met their legal obligation to submit notifications to CQC of events or incidents involving people at the service. Failure to notify CQC of these incidents meant we could not check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.

The provider's systems to monitor and assess the safety and quality of the service were ineffective. In the absence of regular checks and audits they had not identified concerns we found during this inspection about the quality and safety of the service. This put people at risk of receiving unsafe and unsuitable care and support.

Aspects of the premises posed a risk of injury and harm to people. The provider did not formally assess and manage risks posed by the premises to identify potential hazards to people. However, the provider carried out some maintenance and servicing of the premises and equipment to ensure areas covered by these checks remained in good order and safe to use.

The provider had no system in place to monitor cleanliness and hygiene at the premises. Parts of the premises were not clean or hygienic which put people at risk of acquiring infections and illnesses that could arise from poor cleanliness and hygiene. The registered manager told us they would make immediate arrangements for a deep clean of the premises after this inspection.

Staff had not received all the support they needed to deliver effective care to people. They were not provided with all the training required to meet the specialist needs of people using the service. However,

staff had regular supervision (one to one meetings) with senior staff to help them improve their working practices and the quality of support provided to people

Medicines were stored safely and securely, and people received them as prescribed. However, staff's current working practices did not reflect national guidance and best practice when maintaining appropriate records related to people's medicines. We have made a recommendation about improving the management of medicines administration.

People knew how to make a complaint if they were unhappy with any aspect of the service. The provider continued to maintain arrangements for dealing with people's complaints or concerns if these should arise. However, the current complaints procedure was out of date and did not give people the correct advice about how to take their complaint further. The registered manager said they would update this immediately after the inspection.

Notwithstanding the issues above, people spoke positively about the registered manager and deputy manager and the support they provided. People were provided opportunities by managers to give feedback about how the service could improve.

People said they felt safe at Manon House. Staff had access to guidance on how to minimise identified individual risks to people due to their specific needs to help keep people safe. Staff knew how to safeguard people from the risk of abuse and how to report any concerns about people to the appropriate person and agencies.

There were enough staff to meet people's needs at the time of this inspection. The provider carried out appropriate checks on staff's suitability to support people. People were satisfied with the care and support they received from staff. People said staff were able to meet their needs. They said staff were kind and caring. Staff provided people with support that was dignified, respectful and which maintained their privacy. They prompted people to be as independent as they could with the tasks of daily living.

People continued to contribute to the planning of their care and support. Senior staff reviewed people's care and support needs regularly to ensure staff had up to date information about these. Communication across the staff team was good and important information about people and their support needs was shared promptly with all staff.

People were supported to access external services and organisations about personal matters to ensure their voices were heard and their rights upheld. Staff encouraged people to stay active and to participate in activities to meet their social and physical needs.

People were encouraged to eat and drink enough to meet their needs. Staff monitored people's general health and wellbeing and shared this information with all those involved in people's care. When they had concerns about people they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

The design and set up of the environment provided people with flexibility in terms of how they wished to spend their time. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider worked in partnership with others to develop and improve the delivery of care to people.

At this inspection we found the provider in breach of legal requirements with regard to safe care and treatment, premises and equipment, staffing, good governance and notifications of other incidents. You can see what action we told the provider to take with regard to these breaches at the back of the full version of the report.

## 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 had deteriorated to requires improvement. Parts of the premises were not clean or hygienic. Risks posed to people by the premises had not been assessed and managed.

Plans were in place to manage risks posed by people's specific healthcare needs. There were enough staff to support people and the provider maintained robust recruitment and selection procedures.

People received their prescribed medicines. But staff did not follow good practice when maintaining records relating to medicines administration.

**Requires Improvement** ●

### Is the service effective?

The service had deteriorated to requires improvement. Staff did not receive all the training required to support people effectively. But, they received regular supervision from senior staff to support them in their roles.

The provider ensured people received care in line with the Mental Capacity Act 2005 (MCA).

People were supported to keep healthy and well and to eat and drink enough to meet their needs. Staff referred any concerns about a person's health promptly to the relevant health professionals.

The design and layout of the premises gave people choice about how they spent their time when at home.

**Requires Improvement** ●

### Is the service caring?

The service remains good.

**Good** ●

### Is the service responsive?

The service remains good.

**Good** ●

### Is the service well-led?

The service had deteriorated to requires improvement. The

**Requires Improvement** ●

provider lacked sufficient oversight of the service.

Governance systems failed to identify the issues we found during this inspection.

The registered manager did not fully understand their legal responsibilities for notification of events and incidents involving people.

People's views were sought about how the service could improve. They felt well supported by managers.

The provider worked in partnership with others to develop and improve the delivery of care to people.

# Manon House

## **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 checked 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 on 8 January 2019 and was unannounced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. 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 also reviewed the information we held about the service, including statutory notifications. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we spoke to two people using the service. We also spoke to the registered manager and deputy manager. We observed interactions between people and staff and looked at three people's care records. We also reviewed records relating to staff and to the management of the service, including policies and procedures.

## Is the service safe?

### Our findings

The provider had no system in place to monitor cleanliness and hygiene at the premises. We observed some parts of the premises were not clean or hygienic. We saw a build-up of black grime and dirt around the base of kitchen cupboards and between the floor joins of the kitchen and hallway. Kitchen cupboard doors were dirty and heavily soiled by hand marks. The kitchen tiles located behind the cooker were spattered with grease and dirt and had clearly not been cleaned in a while. There was a build-up of dust on skirting boards in the communal hallway and in communal areas such as the dining room. In the dining room, the radiator, window and door leading out to the garden were dirty and we found cigarette butts behind an item of furniture. In the communal downstairs toilet there was a build-up of dust on the skirting boards, the cistern cover was not clean and there were no hand drying facilities.

Other parts of the premises were cleaner and tidier. However, it was clear the provider had not taken adequate steps to reduce the risk to people of acquiring infections and illnesses that could arise from poor cleanliness and hygiene around the premises. We gave the registered manager feedback about what we had observed, and they told us they would make immediate arrangements for a deep clean of the premises.

Although the registered manager said they would take action to improve, the issues we found constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have adequate systems in place to formally assess and manage potential risks to people posed by the premises. As a result, the provider had no assurances that statutory requirements and national guidance, such as the Health and Safety Executive (HSE) guidance about managing safety in care homes, was being complied with, to reduce the risk of harm or injury to people. We found potential risks to people's safety during this inspection which the provider had not identified. For example, windows on the upper floors had not been fitted with restrictors. Restrictors helped to protect people from the dangers of falling from upper floor windows. We also found radiators throughout the premises were unguarded but saw no assessment had been undertaken as to whether these could pose a risk of burning to people through contact with a hot surface.

We saw the provider had fitted a regulator to the water system to reduce the risk of people being scalded from hot water outlets. However, they did not undertake temperature checks of all hot water outlets at regular intervals to ensure these did not exceed the maximum safe temperature as recommended by the HSE. The fire risk assessment for the premises was out of date so plans to evacuate people safely in a fire emergency were not current. The registered manager told us there had been no recent checks of water hygiene at the premises. This meant the provider could not be assured harmful bacterial infections were not accumulating in the water system.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the issues we found above we saw the provider carried out some maintenance and

servicing of the premises and equipment to ensure these remained in good order and safe to use. We saw evidence of recent checks made of fire equipment and alarms, portable electrical appliances and the gas heating system.

The provider did have systems in place to assess, monitor and review risks to people posed by their specific needs and healthcare conditions. Each person's care records contained information for staff on how to reduce identified risks to keep people safe. For example, we saw for one person their mental and physical health was at risk if they did not take their prescribed medicines when required. There was detailed information for staff on how to support the person to take their medicines so that this risk was reduced. The deputy manager reviewed information relating to people's identified risks every three months but said they would do this sooner if an incident or event occurred that impacted on a person's safety. The deputy manager, who regularly supported people, had a good understanding of the specific risks posed to people by their needs and healthcare conditions and what they needed to do to help people manage these.

Medicines were stored safely and securely, and people received them as prescribed. Our checks of stocks and balances of medicines and of people's individual medicines administration record (MAR) confirmed this. The provider had maintained improvements we found at a focused inspection of the service in August 2017. They had ensured risk assessments were continuously reviewed with people to determine whether they were able to look after and take their prescribed medicines. One person was self-medicating, and they continued to be supported to maintain their independence to do so. One element of staff's current working practices did not reflect national guidance and best practice. We noted that one staff member did not sign people's MARs in an appropriate way to allow for a clear and auditable administration record to be maintained. Despite regular review and oversight of these records by senior staff, they had failed to identify this issue and take appropriate action to remedy this. We also noted that a current record of authorised signatories to administer medicines had not been maintained. This meant we could not check that staff administering medicines at the service had been authorised by senior staff to do so.

We recommend that the service consider current guidance on maintaining appropriate records related to people's medicines and take action to update their practice accordingly.

People told us they felt safe at Manon House. One person told us, "The staff look after me and make sure I'm safe and doing okay." Staff knew how to safeguard people from the risk of abuse and how to report any concerns about people to the appropriate person and agencies. Since our last inspection, the deputy manager confirmed there had been no safeguarding concerns raised about people. They understood their responsibility to liaise in a prompt and timely way with the local authority if safeguarding concerns were raised with them.

There were enough staff to support people safely. The registered manager and deputy manager reviewed the level of support people required each day, with their care needs and planned activities, and made sure there were sufficient staff to meet these.

The provider maintained robust recruitment and selection processes to check that staff were suitable to support people. Recruitment records for a staff member employed since our last inspection showed the provider had checked their eligibility to work in the UK, had obtained character and employment references for them, sought evidence of their qualifications and training and undertook appropriate criminal records checks.

## Is the service effective?

### Our findings

Staff had not received all the training they required to keep their skills and knowledge up to date with current best practice. We looked at training information for all staff and noted in the last twelve months staff had completed training in: infection control, food hygiene, fire safety, health and safety and first aid. However, there had been no training provided to staff during this period in areas specific to their roles and to the needs of people using the service such as in safe administration of medicines, safeguarding adults at risk, the Mental Capacity Act 2005 (MCA), supporting people with mental health needs and managing diabetes. This meant staff did not have current knowledge of best practice in these areas, so people were not fully supported to experience effective outcomes in relation to their specific needs.

This issue was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the issues above, staff had regular supervision meetings with the registered manager and deputy manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and to identify how they could improve in their role through further personal development.

People told us staff were meeting their care and support needs. People's needs had been assessed to determine the level of support they required. The information from these assessments had been used to plan people's care and support in line with current legislation and standards. The registered manager and deputy manager told us they used supervision meetings with staff to check that people received the care and support that had been planned for them.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

All the people using the service had capacity to make and consent to decisions about specific aspects of their care. Each person had their own keys to their room and to the front door and were free to leave and return to the service with no unnecessary restrictions. The deputy manager monitored and reviewed people's continuing capacity to consent as part of their three monthly review of people's care and support needs.

People were encouraged to eat and drink sufficient amounts to meet their needs. Staff supported people to do this by engaging with them when planning menus so that meals reflected people's preferences and

choices. People's cultural, religious or health needs were catered for. The deputy manager, who regularly supported people, demonstrated good understanding of people's dietary needs and prepared meals in line with people's specific requirements. People said they enjoyed the meals they ate. Outside of mealtimes people could help themselves to drinks and snack when they needed these.

Staff supported people to keep healthy and stay well. We observed a good example of this where a person who wished to cut down their alcohol intake was actively encouraged and supported to do so by the deputy manager. The person told us they were happy with the support they had received and said they physically felt much better as a result. Staff ensured people attended any scheduled appointments and check-ups such as with their GP or healthcare professional overseeing their specialist health needs. Staff recorded the support provided to people including their observations about people's general health. This helped them identify any issues or concerns about people's wellbeing. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional.

The design and layout of the premises provided people with flexibility in terms of how they could spend their time when at home. In addition to their own room, people could spend time in the communal lounge, kitchen/diner and in the large garden. People's individual preferences reflected how their bedrooms were decorated and we saw these were highly personalised.

## Is the service caring?

### Our findings

People said they were well looked after by staff. One person said they were, "quite content and happy here." Another person told us, "Staff here are very nice and tend to my needs and they listen to me."

We observed staff were friendly and considerate towards people. Staff greeted people warmly, asked how they were and took a genuine interest in what people planned to do that day. People were relaxed and comfortable with staff and did not hesitate to ask for staff's help and support if they needed this. Staff clearly knew people well and understood their needs as they were able to anticipate what people required. We observed when a person became anxious, the deputy manager helped to alleviate this in a caring and considerate way.

We saw good examples where staff had supported people to access external services and organisations about personal matters to ensure people's voices were being heard and their rights upheld. One person, who had achieved good outcomes because of this support, told us the impact of this on their general mental health and wellbeing had been positive and they felt better and more confident as a result.

Staff maintained people's right to privacy and to be treated with dignity. People's care records prompted staff to provide support in a dignified and respectful way. Staff knew how to respect people's privacy and dignity which included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace. When people wanted privacy, staff respected this so that people could spend time alone when they wished.

People were supported by staff to be as independent as they could be. One person told us they liked to go to the local shops by themselves to buy the things they needed. We observed another person went to a doctor's appointment by themselves and picked up their own medicines. Staff supported people to maintain the skills they needed for the tasks of daily living. For example, they encouraged people to get washed and dressed each day and supported people to clean and tidy their rooms, do their laundry, their personal shopping and to participate in the preparation of meals and drinks. Staff only took over when people could not manage or complete tasks safely and without their support.

## Is the service responsive?

### Our findings

People told us they were satisfied with the support provided by staff. Since our last inspection people remained involved in planning and reviewing the support they needed to meet their needs. Senior staff took account of their preferences and choices and made sure their social and cultural needs and values and beliefs were respected when providing the support people required. People's care records were current and contained information about the support they needed with their medicines, diet, their physical and psychological health and their social needs. Each person had an allocated 'key worker' who was responsible for ensuring their support needs were met. People had regular meetings with their key worker in which they reviewed their progress in meeting their care goals and objectives. When changes to people's needs were identified, their records were updated promptly so that staff had the latest information about how to support people appropriately.

In addition to service led reviews the provider ensured people were supported to attend a formal annual Care Programme Approach (CPA) review meeting. These are formal meetings at which the care and support of people with mental health needs are assessed, planned and reviewed. The provider prepared a report so that all involved in the person's care could review their progress against their care goals and objectives.

People were encouraged to stay active and to participate in activities and events to meet their social and physical needs. Staff knew what people's specific interests and hobbies were and told us about the various ways they tried to encourage people to engage in activities that they were interested in. Staff helped people to stay in touch with their family and friends.

People knew how to make a complaint if they were unhappy with any aspect of the service. The provider continued to maintain arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was displayed in the communal hallway. However, we noted this was not current as it provided out of date information about who people should complain to if they were dissatisfied with the way the provider had dealt with their concerns. The registered manager said they would update this immediately after the inspection. The registered manager told us no formal complaints had been received about the service since our last inspection.

# Is the service well-led?

## Our findings

The provider did not have sufficient oversight of the service. The provider's systems to monitor and assess the safety and quality of the service were ineffective. In the absence of regular audits and checks of the service the provider had not identified that aspects of the quality and safety of the service had fallen below required standards. We identified concerns during this inspection around the lack of assessment and management of environmental risks, cleanliness and hygiene around the premises, medicines administration recording, gaps in staff training and out of date information about complaints. As a result of these drops in required standards, people's health, safety and wellbeing were put at risk.

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

The service continued to have 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. At this inspection we found the registered manager had not fully met their legal obligation to submit notifications to CQC of events or incidents involving people at the service. They had not notified us of an incident that had been reported to the police in September 2018 involving a person using the service. We discussed the incident with the registered manager and deputy manager and reviewed records maintained at that time. We saw staff had worked collaboratively with all the relevant healthcare professionals to support the person involved, seek the support they required. We found there had been no other reportable incidents and events involving people at the service since our last inspection. The registered manager told us they had not fully understood that they were required to inform of us events and incidents such as these and this had been a genuine oversight on their part. Nonetheless, failure to notify CQC of all events and incidents meant we could not fully check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.

This issue was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

Notwithstanding the issues above, people spoke positively about the registered manager and deputy manager and the support they provided. People felt they were listened to by managers. The provider maintained an open and inclusive environment where people were encouraged to get involved and give feedback about how the service could improve. People were provided opportunities to do this through key worker meetings, reviews of their care and support needs and through six monthly quality surveys. Records maintained of meetings and reviews and completed surveys showed people were happy with the support provided and had very few suggestions about how this could be improved upon.

Both the registered manager and deputy manager regularly supported people using the service and told us they worked well together. Communication across the staff team was good and important information

about people and their support needs was shared promptly with all staff. We observed the managers chatting to people and getting involved. They knew people well and their interactions with people were friendly, yet professional and focussed on meeting people's needs and resolving their queries.

The provider worked in partnership with other agencies. For example, the deputy manager worked closely with the local authorities funding people's care so that were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had not notified the Commission without delay of an incident which was reported to the police; Regulation 18(2)(f).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment; Regulation 12(2)(a)</p> <p>The provider was not doing all that is reasonably practicable to mitigate such risks; Regulation 12(2)(b).</p> <p>The provider was not ensuring the premises used by the service provider are safe to use for their intended purpose and used in a safe way; Regulation (12)(d).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not ensured the premises were clean, Regulation 15(1)(a).</p> <p>The registered person had not maintained, in relation to such premises and equipment, standards of hygiene appropriate for the purpose for which they are being used. Regulation 15(2).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); Regulation 17(2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform (18(2)(a)).</p>