

Dr Bijoy Sinha & Dr Madhulika Sinha

# Manor Gate Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 23 December 2015 when we found that there was a breach of legal requirements. This was because the registered persons had not fully protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the care and facilities provided.

After our inspection the registered persons wrote to us to say what they would do to meet legal requirements in relation to the breach. They said that new and more robust quality checks had been introduced to ensure that people reliably received all of the assistance they needed.

We completed the present inspection on 20 May 2016 to check that the registered persons had completed their plan, to confirm that they now met the legal requirements and to check that people were safely receiving all of the care they needed. During this inspection we found the registered persons had made improvements in the specific areas we had identified and had met the legal requirements in the breach.

This report only covers our findings in relation to the breach. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Bijoy Sinha & Dr Madhulika Sinha on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Manor Gate Care Home is registered to provide accommodation and personal care for up to 15 older people some of whom live with dementia. There were 15 people living in the service at the time of this inspection.

There was 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.

The registered persons had completed suitable quality checks to ensure that people reliably benefited from having the care and facilities they needed.

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

We always ask the following five questions of services.

### Is the service well-led?

Suitable quality checks had been introduced that enabled the registered persons to ensure that people reliably received the care and facilities they needed.

However, we have not revised the rating for this key question, to improve the rating to 'Good'. This is because we need to be sure that the registered persons will carry on completing effective checks to ensure that people are fully protected against the risks of inappropriate or unsafe care.

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

**Requires Improvement** 

# Manor Gate Care Home

## **Detailed findings**

### Background to this inspection

We undertook a focused inspection of Manor Gate Care Home on 20 May 2016 to follow up on a breach of legal requirements. Our inspection was completed in order to check that robust quality checks were being completed to ensure that people who lived in the service were protected from the risk of inappropriate or unsafe care.

Our inspection was unannounced and the inspection team consisted of a single inspector.

We inspected the service against one of the five questions we ask about services: is the service well-led?

During the inspection we spoke with four of the people who lived in the service. We also spoke with a senior care worker, two care workers, the activities coordinator and the chef. In addition, we spoke with the registered manager. We observed care that was provided in communal areas. We also looked at records that described how quality checks had been completed in relation to planning and delivering care, supporting staff and ensuring the suitable maintenance of the accommodation.

# Is the service well-led?

## Our findings

When we completed an inspection of this service on 23 December 2015 we found that there was a breach of legal requirements. This was because the registered persons had not fully protected people who lived in the service against the risks of inappropriate or unsafe care by regularly assessing and monitoring the quality of the care and facilities provided.

In more detail, we found that the registered persons had not used a suitable system to calculate how many staff needed to be on duty at different times of the day. In addition, some people told us that the service was short staffed at busy times. We also found that the registered persons had not always completed robust background checks before new staff were appointed. We also noted that people had not always been provided with care that fully respected their legal rights. This was because staff were not consistently following the Mental Capacity Act 2005 both when people needed to be assisted to make decisions for themselves and when they needed to be deprived of their liberty. This had reduced the registered persons' ability to ensure that people only received lawful care.

Other shortfalls included there being a significant change of floor level that increased the risk that people who lived in the service would trip and fall. A further problem involved there being insufficient attention to checking and promoting good standards of cleanliness to reduce the risk of cross infection. As a result of this we found that a communal toilet had not been properly cleaned. Another shortfall involved an oversight by the registered persons that had resulted in them not informing us about a significant event that had occurred in the service. The law says that they are required to tell us about certain types of incidents so that we can establish that people who live in the service are kept safe.

After the inspection the registered persons wrote to us to explain what actions they would take to make the necessary improvements. They said that all of the improvements in question would be completed by 31 March 2016.

During the course of the present inspection we saw a document that showed how the registered persons had calculated how many staff needed to be on duty at any particular time. The document described the care provided for each person and the number of staff who were needed in order to complete each care task. We noted that during our inspection visit the number of staff on duty was consistent with the staffing level that the registered persons considered to be necessary. We found that there were enough staff on duty because people promptly received all of the care they needed.

The registered manager told us that no new care workers had been appointed since our last inspection. However, they described to us how the recruitment process had been strengthened to ensure that all future appointments would be supported by the completion of full background checks. These measures include obtaining a more detailed employment history to clearly show which background checks needed to be obtained to establish an applicant's previous conduct. We noted that this more robust process would better enable the registered persons to confirm that applicants were suitable people to be employed in the service.

Records showed that suitable arrangements had been made to support people to ensure that they had enough nutrition and hydration. These measures included people being offered the opportunity to have their body weight monitored so that any significant changes could be identified and medical advice sought. They also included provision to check how much nutrition and hydration people were having if they did not seem to be eating and drinking enough.

We also found that improvements had been made to the training provided for staff. Staff said and records confirmed that they had benefited from receiving training in a range of important subjects such as first aid and how to safely assist people who experienced reduced mobility. We noted that staff had the core knowledge and skills they needed including how best to support people who were at risk of developing sore skin and people who lived with dementia.

We noted that quality checks had ensured that the registered manager and staff were correctly following the Mental Capacity Act 2005 (MCA). We saw that people had been supported to make decisions for themselves whenever possible. On other occasions relatives and health and social care professionals had been consulted to ensure that any decisions taken were in a person's best interests.

We also found that the registered manager and staff were correctly applying a part of the MCA that is designed to safeguard people when it is necessary to deprive them of their liberty. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had ensured that people were fully protected by the DoLS. This was because quality checks had accurately identified the need for a DoLS authorisation to be sought for a person. This was necessary because they lacked mental capacity and had requested to leave the service when it was not safe to do so. Staff had gently discouraged the person from leaving and so the registered manager had made the application in order to ensure that the person's legal rights were fully protected.

Documents showed that after our last inspection the registered persons had assessed the accommodation and concluded that a number of improvements were needed. In addition, we saw that based on this assessment a significant programme of building work was underway. The work included adding some additional bedrooms and building a new conservatory. It also included lowering the floor in one of the communal rooms to overcome a significant trip hazard we identified at our earlier inspection. However, this particular development was not due to be completed for several months and no measures had been taken to reduce the risk of people tripping during the intervening period. We raised this oversight with the registered manager who said that they would immediately highlight the trip hazard so that people could step over it safely.

We noted that the registered manager had completed a detailed audit of how well standards of cleanliness were being maintained in the service. In addition, we found that the accommodation was being cleaned in the correct way so that there was less risk of people acquiring an infection. In particular, we examined the communal toilet we had seen during our earlier inspection and found it to be in a hygienic condition.

We checked the small number of significant events that had occurred in the service since our last inspection. Records showed that the registered persons had responded appropriately to each event and when necessary had correctly informed us about their occurrence.

Although we found that the improvements described above had been made we have not revised the rating for this key question. This is because to improve the rating to 'Good' would require a longer term track

record of consistent good practice. We will therefore review our rating for well-led at the next comprehensive inspection we undertake.