

Active Care Homes Limited

Manor House

Inspection report

Old Hexthorpe
Doncaster
South Yorkshire
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Tel: 01302856616

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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

Manor 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 accommodates 10 people. The home provides care and support to people with autism, learning disabilities and mental health conditions. Nursing care is not provided.

The unannounced inspection took place on 1 February 2018.

At our comprehensive inspection in September 2015 we rated the service as 'Good'. At this inspection we rated the service as 'Requires Improvement'.

The registered manager remained 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.

People felt safe living at Manor House. Staff were knowledgeable in relation to keeping people safe from harm and reporting incidents to management. Staff had appropriate awareness of people's current needs. People were supported by sufficient numbers of staff. People's medicines were managed safely and medicines were administered to people as the prescriber intended. People did not always receive care in a clean, safe and well-maintained environment.

People told us they enjoyed the food provided. Staff sought people's consent prior to supporting them, however records did not always accurately record people's consent to care and treatment. We saw care plans, in which the consent to aspects of care had been signed by relatives or others who did not have power of attorney. There were no best interest decisions documented in relation to others signing these consent forms where people lacked the capacity to consent to their care. Staff told us they felt supported by the management team, and were receiving training and supervision in key areas. People were supported by a range of health professionals when their needs changed.

Staff were observed to have developed positive and caring relationships with people who lived at the home. When personal care was provided, this was carried out in a respectful way that promoted people's dignity.

People were able to pursue their individual interests and meaningful activities. People and their relatives knew how to raise concerns and were kept informed regarding changes within the running of the service.

The provider had some systems to monitor and improve the quality of care people received but did not have a dedicated tool for assessing infection control and cleanliness. Staff received up to date information

regarding the service and people but not in a formal setting.

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.

People did not always receive care in a clean, safe and well-maintained environment.

People were protected from the risk of harm or abuse.

People's care needs were reviewed when required and staff were aware of people's changing needs.

People were supported by sufficient numbers of staff. Staff recruited had undergone a robust recruitment process.

People's medicines were safely managed and administered when people needed them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The registered manager did not have a good understanding of The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received training and supervision to ensure they maintained and developed their knowledge and skills.

People were given choice about what they wanted to eat and drink.

People were supported to have access to healthcare services and maintain good health.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

The service was not consistently well led.

Not all systems and processes for monitoring and reviewing the quality of the service were in place.

Staff felt supported by management team and were able to contribute ideas to the running of the home.

The registered manager adhered to the requirements of their registration with the CQC and submitted notifications about key events that occurred at the service.

Requires Improvement 

Manor 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 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 on 1 February 2018 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Before the inspection the provider completed 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. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal areas and also met with individual people. We observed interactions and the support offered to people throughout the inspection.

During the inspection we spoke with two people who used the service, one relative, three staff members, the registered manager and a company director. We looked at care plans relating to four people who used the service and three staff files. We also reviewed a range of relevant documents relating to how the service operated, including monitoring data, training records, complaints and compliments.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is 'requires improvement.'

Staff had received training in infection control and used personal protective equipment such as gloves, aprons, hand soap and gels to prevent and reduce the spread of infection. However, people did not always receive care in a clean, safe and well-maintained environment. The home had a large parrot cage. We found the carpeted floor area surrounding the cage had remnants of bird seed and food stuffs. We found damage to the walls by the parrot cage and also in the downstairs toilet area. Infection prevention and control systems were available but not always used to minimise the spread of infection. For example, the home recorded the temperatures of some, but not all, fridges and freezers. We discussed this with the registered manager who said they would remedy this immediately by purchasing more thermometers. One toilet had no disposable towels, instead fabric towels had been provided for hand drying. The registered manager ordered a supply of paper towels during our inspection.

Staff remained up to date with their knowledge of safeguarding through attending training and refresher courses. Staff understood their responsibilities and followed safeguarding procedures in place to identify and report abuse. Staff had access to safeguarding and whistleblowing procedures to guide their practice. One person we spoke with told us, "Yes I feel safe here. All the staff are nice."

People were protected from the risk of avoidable harm. Risks to people's health and well-being continued to be assessed, reviewed and managed. Records showed staff followed guidance in place to support people in a safe manner while they protected their safety in a positive way. Risks identified included managing their medicines and finances, meal preparation and accessing the community. Risk assessments and management plans were updated to ensure they reflected people's needs and the support they required.

There were sufficient numbers of suitably skilled staff deployed to meet people's needs in a safe and timely manner. Staffing levels were determined by people's needs and chosen activities. Staffing rosters were covered to enable staff to support people to attend appointments, undertake activities and access the community. We observed there were enough staff on duty to support people. Appropriate recruitment procedures were followed to ensure that only staff deemed suitable to provide care were employed at the service.

People were supported to take their medicines. Suitable arrangements were in place to ensure people who self-administered their medicines did so safely. Medicines were administered, stored, managed and disposed of in line with the provider's procedures. Staff were trained and assessed as competent to manage people's medicines. Medicines administration records (MARs) were completed, contained no gaps or omissions in signings, which indicated people received their prescribed medicines as required. Medicines audits indicated that there were no concerns.

Staff reported and maintained records of incidents such as injuries and falls. The registered manager

monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents.

Environmental risk assessments were carried out on equipment, the risk of water borne disease and utility supplies to ensure the service was safe for people. Staff had information about the support each person required for evacuation in the event of any emergency. Fire drills were carried out at different times of the day to determine staff preparedness. The provider had a contingency plan to minimise disruptions to the service such as high levels of staff absence or loss of utilities. Staff had access to out of hours support from the registered manager and/or the director.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is 'requires improvement.'

The Mental Capacity Act 2005 (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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and be as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff explained that they involved people in daily decisions about their care. However we saw care plans, in which the consent to aspects of care had been signed by relatives or others who did not have power of attorney. There were no best interest decisions documented in relation to others signing these consent forms.

People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The registered manager told us that three DoLS applications had been made for people who lived at Manor House but not had yet been approved by the local authority.

The above areas are a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People had their needs assessed before they started to use the service. The registered manager involved other health and social care professionals in assessing people's needs. This was to ensure the suitability of the home and to determine the staffing levels and staff skills required to provide effective care. Staff had sufficient information about delivering care that met people's needs. Care plans included guidance received from health and social care professionals. Care plans were reviewed and updated to ensure staff supported people appropriately. Daily observation records showed people received their care as planned and in line with any guidance provided by health and social care professionals.

People were supported by trained and competent staff. Staff attended the provider's mandatory training to equip them with the skills needed to meet people's needs. The training included safeguarding, infection control, food hygiene, fire safety, health and safety and medication. Staff supervisions with the registered manager showed they discussed teamwork, the support they required and the skills they needed to develop to improve their practice. However staff told us and records showed that supervisions did not happen with a regular frequency.

People continued to receive a healthy and balanced diet. One person told us, "I enjoy the food here a lot." People were involved in menu planning, purchasing ingredients and meal preparation. One person commented, "I helped to shop for the ingredients and then I made coconut macaroons." People took turns

to prepare a meal for the home but staff also had information about people's dietary needs, likes and dislikes and preferences and considered these when preparing meals. People had access to refreshments, snacks and fruit. Staff encouraged people to eat healthily and to include vegetables and fruit in their diet.

People continually accessed healthcare services to maintain good health. One person told us, "I go to the doctor when I need to and staff help me." Staff monitored people's health and made referrals to healthcare professionals if they had concerns. Records showed people attended appointments, check-ups and health reviews with their GP, community mental health team and care coordinators. People had plans, which identified their individual healthcare needs and the support they required to maintain this. The registered manager ensured staff maintained up to date records of healthcare appointments attended, the outcomes and followed guidance provided. This ensured that people's health needs were effectively met.

Some people who lived at Manor House had behaviours which may be challenging. A recent incident being considered by the local authority had resulted in the provider seeking further training for staff. On the day of the inspection one person began to display challenging behaviour. The registered manager and staff responded quickly and without disruption to other people. They calmed the situation suitably and without reoccurrence.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good.'

People told us if staff were kind and caring and we noted that people were relaxed in the company of staff. People also told us that staff were kind and attentive. One person said, "I get on with all the staff, they are very nice." Another person told us, "Staff are very nice, there is always someone available to take me out when I want."

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. Staff listened to people and gave people time. Staff were familiar with how people communicated and what the gestures people made meant. Care plans gave staff guidance on people's communication. They detailed what a particular behaviour or gesture might have meant so that staff could act appropriately.

Most people had lived at the home for a number of years and staff knew them well. Staff we spoke to demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacting with people in a natural and spontaneous manner and saw that staff gave people their full attention during conversations and spoke with them in a kind and respectful way.

People were encouraged to maintain relationships with family members and friends. Relatives and friends of people who used the service were encouraged to visit at any time and felt welcome. One relative said, "They [staff] tell me I can come anytime."

Although we saw one person's behaviour agreement pinned to a noticeboard in a communal area most people's records and information was stored securely at the service. Staff respected people's confidentiality and ensured discussions about them were in private. Computers were password protected and records were kept in lockable cabinets to minimise unauthorised access. The provider ensured people using the service and their relatives had access to the provider's details and information about how they sought to provide care. People knew their rights and told us the information about the service was provided in a format they understood.

People were encouraged and supported to develop their daily skills and progress towards independent living. One person told us, "I do lots of cooking and cleaning. I really like it." Staff knew the tasks each person was capable of doing safely and/or with minimal support, for example, doing laundry and meal preparation. One person had previously been in part time employment and wished to more in the future. Each person had an individual daily routine and weekly activities schedule to provide structure to their day and to promote their independence.

Is the service responsive?

Our findings

At the last inspection this key question was rated as good'. At this inspection we have judged that the rating remains 'good.'

People's support plans identified people's capability to do things independently and things they needed support or prompting with. People were encouraged to do as much for themselves as they could. Support plans were specific to the person, for example, one person enjoyed personal grooming. They told us, "I like regular trips to the hairdressers and also having my nails painted." Another said, "I like to do some cooking." A staff member said, "We encourage participation but don't take it for granted." Staff were aware of the structured approach some people requested for their day as well as how best to support people to make choices.

People's care plans were detailed and person centred. They included information that enabled staff to promote people's independence and provide care in a way people preferred. Care plans were reviewed on a quarterly basis or as people's needs changed. This helped ensure they were up to date and continued to reflect what people wanted and needed. Staff told us that they were kept up to date with any immediate change in people's support needs during the handover between shifts.

People were supported to participate in activities in and outside of the home which reflected hobbies, interests and preferences. Comments included, "I really like to go shopping," and "I go for a walk often, I really like it." People's care plans also identified community based activities such as swimming, cinema, football training and trips to a local country park.

We asked people what they would do if they were unhappy about anything in the home. They said they would talk to the staff or the registered manager. The complaints policy was clearly displayed and in an understandable format. There had been no recent complaints made. However we saw that historic complaints had been investigated in line with the written policy.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we judged that the rating is 'requires improvement.'

There continued to be a management team at Manor House. This included the registered manager, who was provided support by a director in order to support the service and the staff.

Staff told us that the management team encouraged a culture of openness and transparency. Staff told us that the manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "They are very supportive, I know I could see them any time I wished." Staff felt the registered manager respected their views and felt their opinions and suggestions were listened to. Comments from one staff member we spoke with included, "He's very understanding with any concerns we may have."

We found there were not sufficient systems in place to review and improve the quality of service provision. We saw a programme of monthly audits in some key areas of service, however there was no specific audit for infection control. The director carried out some quality assurance checks, however they were not detailed and therefore the issues we identified, such as, fabric towels, freezer temperatures and the area surrounding the parrot cage had not been recognised as an area for improvement. Therefore there was no documented action plan or manager action in any of the areas of concern. This meant the audit programme did not contribute to improved practice or safety. We spoke to the management team about this. They told us they would ensure the provider's processes regarding this were updated.

Whilst staff told us that there were verbally kept up to date, staff meetings were not held regularly. Minutes of the last staff meeting demonstrated staff were updated about a range of matters related to the home such as maintenance and recruitment. However this meeting was held in April 2017.

People were supported by a committed management team that comprised of the registered manager and two directors. One staff member commented, "I think we have a fantastic team here, from top to bottom. We all work well together." Directors visited the service regularly and had an up to date knowledge of the service, people and staff. Staff had contact details of senior management and knew the reporting structures to raise concerns about people's welfare and the running of the home. Staff told us the registered manager promoted equality and diversity and ensured everyone was treated fairly. Staff understood their roles and responsibilities and had job descriptions that described how they were expected to provide care.

The registered provider had systems in place to receive people's feedback about the home. The registered provider used periodic questionnaires to gain feedback on the quality of the service. These were for people living in the home, staff, health and social care professionals and relatives. The registered manager told us that completed surveys were evaluated and the results were used to inform the business plan for the home.

The management team worked with the local authority to ensure they were working in accordance with

people's needs and obligations with the commissioning contract. A recent monitoring visit from the local authority had been predominantly positive.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken. It is a legal requirement that a registered provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the home.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent to aspects of care had been signed by relatives or others who did not have power of attorney. There were no best interest decisions documented in relation to others signing consent forms.</p> <p>Regulation 11</p>