

Tealk Services Limited

Manor Lodge

Inspection report

26-28 Manor Road
Romford
Essex
RM1 2RA

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23 August 2021

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13 October 2021

Ratings

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

Summary of findings

Overall summary

About the service

Manor Lodge is a residential care home, providing personal care to people with mental health needs and physical disabilities. The home can support up to 15 people in one adapted building. At the time of the inspection, 12 people were using the service.

People's experience of using this service and what we found

The provider was not always assessing, monitoring and improving the quality and safety of the service. We found risks to people were not being mitigated against effectively which could lead to people being harmed. For example, windows were not fitted with restrictors to prevent people climbing out of them and putting themselves at risk.

People did not always receive care that was personalised according to their needs and wishes and staff did not always treat people with dignity and respect. Records in respect of the decisions taken about people's care and treatment did not contain evidence of people's consent.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's equality and diversity needs were not always covered with them and we have made a recommendation in this area.

People received their medicines but quality checks on medicines were not being recorded. We have made a recommendation for the provider to make additional training available on controlled drugs.

People maintained their health and nutrition with food and drink but we have made a recommendation about improving the meal time experience of people in the home.

People were protected from the risk of abuse. There were suitable numbers of staff available to provide support to people. The provider ensured infection control procedures were in place. Incidents and accidents in the service were reviewed and analysed to prevent reoccurrence.

Staff told us they were supported by the management team and they received supervision to discuss their performance and any concerns they had. Staff received training to ensure they had the right skills to support people. People's communication needs were assessed. There was a complaints procedure for people to use. There were systems to obtain people's and relative's feedback about the service. Meetings with staff were held with the management team to discuss important topics. The service worked with health professionals and other agencies to ensure people's health and wellbeing were maintained.

Rating at last inspection

The last rating for this service was good (published 28 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the staffing levels, infection control, the environment and the overall safety of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see all the sections of this full report. You can see what action we have asked the provider to take at the end of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Manor Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was 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. They were unavailable on the day of our inspection and we were supported by senior staff.

Notice of inspection

This inspection took place on 23 August 2021 and was unannounced.

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We spoke with the

manager by telephone.

During the inspection

We spoke with two people who used the service and spoke with the team leader, the area manager, the owner of the service and three members of staff.

We were unable to speak with some people due to their needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four people's care records and risk assessments. We looked at medicine and maintenance records and viewed a variety of information relating to the management of the service, including policies and procedures.

After the inspection

We spoke with two relatives of people in the service by telephone, for their feedback. We contacted health care professionals for their feedback about the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant 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

- Assessments of risks were carried out when people moved into the home. However, risks to people's safety were not always mitigated against effectively to prevent people coming to harm.
- One person's risk assessment stated there was a high risk they could abscond from the home by climbing or jumping through windows. They were provided additional staff support and we saw a member of staff with them at all times during our inspection. There was also an authorisation in place for their liberty to be restricted for their own safety. However, their risk assessment did not clearly state how staff would prevent the person from climbing through windows. Records showed the person had absconded from the home on three occasions, including twice within the previous month.
- Our inspection of the premises included looking at windows and how they were secured. We found there were no window restrictors in place throughout most of the home. Window restrictors are used to restrict how far a window can be opened to prevent the risk of people climbing or falling out of them, which could lead to serious injury or death. This meant there was a high risk of the person coming to avoidable harm should they access one of the windows.
- Some people in the home could display behaviour that could challenge. This included verbal or physical behaviour towards staff or other people. However, risk assessments did not guide staff on how to de-escalate the behaviour or situation and encourage more positive behaviour. One person's risk assessment only stated, "Staff should always try to calm [person] down when they are agitated and not willing to listen to any staff." There was no further guidance on how they would do this. Another person's risk assessment did not contain any information on actions staff should take. The management team told us Antecedent, Behaviour Consequence (ABC) charts were in place to observe people's behaviour but these were not in the care plans we viewed. This could put staff and other people at risk of harm as staff did not have sufficient information on how to support people whose behaviour could challenge.
- We saw from records that one person had sustained a head wound in March 2021. The person received treatment from external health professionals but at the time of our inspection, the wound was still being treated as it had not healed. However, the person's risk assessment had not been updated to reflect a change to their needs. It did not contain guidance for staff on how to support the person safely and the action they needed to take if the wound opened. This showed that risks to people were not always being assessed thoroughly.

We found no evidence people had been harmed, however risks to people were not robustly assessed to ensure people remained safe from harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortly after our inspection the provider confirmed window restrictors had been installed in all areas of the home and they showed evidence of this.

- Assessments of other risks to people included health risks such as diabetes or high blood pressure, and risks around their mobility, personal care, nutrition, pressure ulcers, personal safety and incontinence. Staff told us these were helpful.
- The building was not fully safe as a number health and safety issues had been identified. On the day of our inspection, we saw maintenance and repair work being carried out in various areas of the home. Fire doors in the home were not working effectively and the provider had booked a contractor to repair them at a later date. We noticed hardware and tools were left unattended in a room that was open. There was a risk of people walking in and accessing the tools which could cause harm. We informed the management team of this and they had the tools removed.
- There were records of checks on systems such as water, gas and electrics to ensure the building was safe. People had personal evacuation plans in the event of a fire or other emergency.

Managing medicines safely

- There was a procedure for people to receive their medicines. People told us they took their medicines at the prescribed times. Medicines were stored securely in a locked cabinet in the registered manager's office.
- Staff recorded when they had administered medicines in medicine administration records (MAR). We saw these were accurate. Staff had received training in medicine administration.
- There were protocols for 'as and when required' also known as PRN medicines. One person told us, "I get my medicines on time and when I need them, like when I have a headache."
- Systems to check medicines were being managed safely were not in place. For example, there were no records of staff competency checks. This meant the provider could not be certain medicine procedures were being followed correctly and safely by staff.
- We noted there was no storage facility for controlled drugs. The team leader told us the provider had agreed to install one for future use. We found one controlled drug, used only as a PRN medicine, was being stored with other medicines and staff were unsure whether it required to be stored separately because of the high risk of misuse. We checked this medicine and confirmed it was safe to be stored with other medicines according to controlled drugs guidance.

We recommend the provider implements additional training for staff on controlled drugs guidance and legislation.

Systems and processes to safeguard people from the risk of abuse

- We received concerns from the local authority prior to our inspection that systems and processes for safeguarding people from the risk of abuse were not in place. Records showed safeguarding concerns were raised with the local authority but they were not always sent promptly. After one incident, a safeguarding alert was not sent until two days later.
- The provider had since addressed these concerns and had reviewed their procedures to ensure reports were sent immediately and without delay. There was an available safeguarding policy. Staff had also received recent safeguarding training, which including identifying and reporting if people were at risk of abuse.
- Staff told us they knew the process for reporting abuse. A member of staff said, "I would move the service user away from the situation, report to the manager and write up the incident. If nothing happens, I will contact CQC."
- People in the service told us they felt safe. One person said, "Yes I feel safe." A relative told us, "Yes I think [family member] is safe there."

Staffing and recruitment

- We received concerns prior to our inspection about low staffing levels, which were leaving people at risk. Due to the absence of the registered manager, the management team consisted only of the team leader, which put some pressure on the running of the home.
- The provider had since recruited more staff, such as domestic and care staff. We saw there were the correct the numbers of staff on duty. Staff told us they were able to support people and did not have concerns. A staff member said, "There is enough staff. Before it was rushed but they recruited someone recently." The provider told us they would maintain the current staffing levels to ensure people could be supported and the team leader could also be supported to manage the home. Staff responded to people who required assistance promptly, such as when they pressed call bells from their room.
- People and relatives told us there were enough staff. One person said, "Yes, it is all ok."
- Staff were recruited safely. Records showed criminal record background checks were carried out for new staff to determine if they were safe to work with people. Staff completed application forms, provided references and proof of their identity.
- Some staff who worked in the home were also students with visas. We received concerns they may be working in the home in excess of the hours they are allowed to work and were breaching the terms of their visa. We checked the hours they had been working and these confirmed they worked the maximum number of hours allowed each week.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. The provider's policy for visitors, such as relatives and professionals, included a check of their temperature but Inspectors' temperatures were not checked upon entry to the building. We discussed this with the management team who told us they would ensure the policy was followed correctly in future.
- Staff used personal protective equipment (PPE) such as disposable gloves, masks and aprons when providing personal care to people. Staff told us they washed their hands thoroughly before and after providing personal care to help contain the spread of infection
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents to minimise reoccurrence. Accidents and incidents in the home were logged and staff took the necessary actions to ensure people remained safe.
- This included reviewing the incident and putting in place measure to prevent reoccurrence.

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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.

- Records of people's care and treatment in the home did not confirm how their consent to care was obtained and in accordance with the MCA. We saw DoLS applications were in progress where they had expired. The team leader told us they were waiting for confirmation and authorisation from the relevant authorities.
- People in the home had varying levels of capacity according to their initial assessments. For example, some people had dementia. However, it was not clear how decisions made about their care were formed and who they were made in consultation with. Care plans did not confirm if people were able to understand what their care needs were and whether they had agreed to being supported with them.
- Where decisions were made in their best interest by professionals or the person's representatives, such as relatives, there were no records of this for all the care plans we looked at. There was no evidence the care plans had been agreed and signed by either the person or their representatives. If people had provided verbal consent because they were unable to sign their care plan, this was not documented.
- One person had been staying in the home for the last four years but their care plan did not confirm they had consented to their care in any form. This meant the provider did not ensure people in the home and those acting on their behalf had given their consent to any care or treatment.
- Staff told us they understood the principles of the MCA and DoLS and we saw they had received training in this area. A staff member said, "We give people choices and they have their own say." However, the provider was not always acting in accordance with the requirements of the MCA. For example if people had a call bell in their room to use when they required urgent assistance, there was no assessment to confirm they had

capacity to understand how and when to use it.

Systems to ensure consent to care and treatment was in line with law and guidance were not effective. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People were supported to eat and drink to maintain their health. Some people's dietary requirements were written in their care plans and their preferences for the food and drink they liked. For example, one person required their food to be pureed.
- People were given the opportunity to talk about the food they liked in meetings with staff and this was recorded in meeting minutes. We saw that a menu was developed for each week but it was not on display in the dining room or on dining tables.
- We observed the lunchtime service. We noted the meal that was served was not the same as what was planned for that day. The team leader told us they did not have a dedicated staff member to work in the kitchen and prepare meals so this responsibility was shared amongst the staff, including the team leader.
- The lunchtime service appeared rushed with little attention paid to people to check they were satisfied with their meal and if they wanted anything else. Condiments such as salt and pepper were not on the tables and we saw one person approach the kitchen to ask for them. Another person went to the kitchen to ask for more food. Three people were served their warm dessert before they had finished their meals, which meant their desserts could go cold. We noticed people seemed to enjoy their meal and one person said, "Yes, it was nice." A staff member said, "We make breakfast and lunch for residents. If a resident doesn't like their lunch, we will ask them if they want anything else."
- People's health was monitored by staff and if there were concerns about their weight or dietary habits, staff contacted health professionals such as dieticians for advice and guidance. However, important information about people's dietary needs, allergies and tolerances were not available for view in the kitchen. This could be a risk should a person be served the wrong type of food.

We recommend the provider explores best practice guidance on how to deliver an effective, person-centred meal service that corresponds to people's needs and preferences.

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

- The provider carried out pre-admission assessments, to help to determine if people were suitable to stay in the home and their needs could be met by the staff and management team.
- Assessments of people's needs and abilities were recorded. These included their current health status, nutrition requirements, medicines they needed, communication and mobility needs.
- There were sections to record if they were subject to a DoLS or had a legally authorised representative but people's capacity to make decisions was not detailed in their assessments.

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

- Manor Lodge is located in a residential area. The service was designed and decorated to help people with physical disabilities and/or mental health needs.
- On the day of our inspection, refurbishment works were in progress, such as the replacement of old carpets with laminate wooden flooring and the replacement of worn furniture, to provide a safer living environment.
- There was enough space for people who used wheelchairs to move around the home and we saw suitable adaptations in place to assist people with disabilities.

Staff support: induction, training, skills and experience

- Staff were supported with an induction and the appropriate training to enable them to carry out their roles.
- Training information showed all staff had received refresher training in essential topics including safeguarding adults, medicines, autism and learning disabilities, infection control and equality and human rights awareness. It detailed when training was completed and when the training qualification was due to expire.
- Staff were supported with supervision. They discussed their work and concerns with the team leader, who was covering for the registered manager. Staff told us they were supported in their role by the team leader. One staff member said, "[Team leader] is hard working and is very supportive with the team and residents."
- People and relatives felt staff were trained well. One relative said, "Yes the staff are good and know what they are doing."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives. Staff told us they understood people's needs and could identify if people were unwell and they needed to see health professionals such as GPs, nurses and dentists.
- The home worked with the local medical centre and there were checks on people's health. People attended appointments to receive treatment or check-ups. Relatives told us they were contacted by staff if people were not well or there were changes to their health.
- People's care plans contained hospital passports which contained vital information about them, such as their health and medical conditions and preferred method of communication. This was used to help health professionals know about the person should they require hospital treatment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were not always respected. While observing the home and the environment, we saw one person's door wide open. Staff were providing them with personal care and the person was uncovered. There was no consideration of their dignity or right to privacy. The staff member closed the door when they noticed the door was open and we had seen them.
- During the lunch service, one staff member spoke to a person abruptly and not in a manner that was always friendly. Another staff member we were speaking with pointed at people and spoke about them in front of others, not being aware of protecting people's confidentiality. We addressed these observations with the team leader and the area manager who told us they would remind staff of their responsibilities to ensure they treated people with respect and promoted their dignity.
- Other concerns we found included how some care plans were written. One person was described as having limited capacity but liked talking. Their care plan included the phrase, "[Person] is a happily confused person and is not sure what they are talking about." This lacked respect for the person and their needs and could encourage staff to be dismissive of their views.
- We saw most staff were respectful of people. Staff told us they promoted people's independence and understood how to treat people with kindness. People and relatives told us staff were kind and friendly. A relative said, "Staff seem to be kind and caring."

These findings meant the provider was not encouraging and ensuring there was a culture of dignity and respect in the home at all times. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008.

Ensuring people are well treated and supported; equality and diversity

- During our observations we saw most staff treated people well and were polite.
- People's needs in relation to equality and diversity were not always covered in their care plans. Protected characteristics such as race, religion and sexual orientation were only briefly mentioned. For example, if a person identified as being of a particular faith or religion, there was no further information about how they could be supported to practice or attend places of worship. One person's sexual preference was recorded but for other people, it was not recorded or clarified if they were asked and did not wish to discuss it.
- Staff told us they supported people without discrimination of their ethnicity, sexuality or race and did not treat them differently to others. However, there was no exploration about how people felt regarding their sexuality, personal relationships, culture or race and how the service could support them. This meant equality and diversity was not being promoted effectively in the home.

We recommend the provider seeks advice and guidance on promoting and discussing equality and diversity in the service.

Supporting people to express their views and be involved in making decisions about their care

- We were not assured people were involved in the decisions made about their care and support and in consultation with their relatives and social care professionals. However, during our inspection we observed some people expressing their views verbally and staff listened to them. For example, one person requested a PRN medicine because they felt unwell and staff followed up their request.
- People's choices and preferences were not always recorded in their care plans but where they were, staff told us they understood them. A staff member said, "We take our time to understand residents and their needs. We observe what they like to do and eat."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The system for planning person-centred care in the home did not effectively meet people's needs and reflect their preferences. Individual care plans we viewed, were not person-centred and were not written from the person's perspective. There was a local authority assessment which contained details of people's backgrounds and histories, but these were not used to develop person-centred care plans.
- There was a profile for each person and details of their needs, such as mental health, personal care, social networks, and physical health needs. One person's care plan said they were assisted by staff to play board games, go to the café, the park and the cinema. This did not give a sense of independence or ownership of these choices. The care plan did not expand on how often they liked to go to the cinema, what type of films they enjoyed watching and what type of games or other activities they enjoyed.
- One person's local authority assessment described how they liked football and quizzes and enjoyed reading the bible. The person's care plans, reviews or monthly reports did not confirm if they participated in any of these activities or how they were supported with these interests.
- Reviews of people's care needs and progress with their mental and physical health took place every three months. For at least two people, each review was identical to the previous review, three months prior. Although there were no changes to their needs, there was no distinctive information between each review describing how the person's physical health and mental wellbeing was developing over the past few months. There was no description of anything they achieved in comparison to the previous review. This showed a lack of personalisation and attention to detail on how people's needs were being met.

Person-centred care planning was not effective to ensure people's needs were being met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was little in the way of activities in the home at the time of our inspection. We observed people sitting down while the television was on for most of the day.
- The team leader told us they wanted to improve the programme of activities and was working on developing them. They told us they would be asking people the things they liked to do. They also said they had introduced sensory activities such as music and dance, which some people enjoyed. There were also occasional walks in the park when the weather was suitable. One person said, "I dance sometimes."
- We saw that activities and routines previously took place and each person had a set list of things they did

on each day of the week. But these mostly involved the person just relaxing in the home with occasional walks and pub lunches. This meant people were not being supported with activities that were meaningful and socially or culturally relevant to them.

- People were supported to maintain relationships with other people that were important to them, such as their relatives. They kept in touch with relatives during the COVID-19 pandemic using technology such as smartphones and tablets. The home was also now open for relatives to visit people, although no relatives visited the home on the day we inspected.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us they communicated with people by using calm and reassuring language. Some people were not always able to communicate verbally and staff used gestures and signs.
- Some staff were able to speak the same language as people, whose first language was not English. This helped staff and people communicate and understand the person's requests and needs. One person said, "Yes the staff talk to me and understand me." A staff member said, "To communicate with people, we have to be patient, observe and understand them. Speak with them politely."

End of life care and support

- The home supported people with end of life care. Records showed their wishes with were discussed with them. There was a plan in place to ensure their wishes were respected and understood. For example, people's cultural requirements in relation to their burial were taken into account. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place where applicable which were authorised by GPs in agreement with the person and relatives.
- The team leader told us support would be sought from end of life care health professionals to ensure people were treated with dignity and cared for sensitively and appropriately.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints in a timely manner. There was a complaints policy and people told us they had access to the policy and knew how to make a complaint.
- At the time of inspection, no complaints had been received by the service. The team leader told us complaints would be dealt with appropriately by the management team and they would take action to investigate them should they arise.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems to assess, monitor and improve the quality and safety of the service provided were not effective or robust. They were not suitably mitigating the risks relating to the health, safety and welfare of people in the home.
- At the time of our inspection, we saw that nearly all the windows in the service did not have any window restrictors installed to prevent windows opening widely. This meant people could climb or fall out of them, which put them at risk of serious harm. One person's risk assessment specifically stated they were at risk of absconding and climbing through windows but the provider did not make sure windows were safe for when the person was admitted to the home in April 2021.
- A few days after our inspection the provider informed us and showed evidence the window restrictors were in place. This concern was not identified until the local authority visited the home in June 2021. Therefore, the provider had not assessed that this was a priority to ensure all people and staff were safe in their everyday environment.
- The registered manager of the service had been absent since April 2021 and management responsibility was largely placed on the team leader in the home, who did not have previous experience of managing a service. The team leader told us they were responsible for managing medicines, supervising staff and occasionally working in the kitchen but it was manageable.
- The team leader told us the owner of the service (the provider), the area manager and other registered managers who worked for the provider were supportive, particularly as the registered manager was unavailable but we found a number of shortfalls. Care plans lacked a person-centred approach, staff did not always treat people with dignity and respect and people's consent to care was not recorded in their care plans.
- The team leader carried out audits, such as for health and safety and infection control but checks on staff competency with medicines had not been recorded. These issues meant robust processes were not in place to monitor the quality of the service, risks to people's safety and maintain complete and up to date records in respect of the decisions taken about each person's care and treatment.
- The area manager told us the implementation of more effective audit systems, including for medicines, care plans and the environment were part of their action plan and was in progress.
- Staff told us they were clear about their roles and responsibilities to keep people safe. They felt the team leader was managing the service well. One staff member said, "We have a good team leader and they work really hard."

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate the safety and quality of the service was effectively assessed and managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and honest with people and relatives and took action when things went wrong and ensured people were safe.
- Relatives told us the communication from staff was helpful and they received updates about their family member's health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People told us they felt positive about the home and got on well with staff. One person said, "I can talk to staff if I need help with something." A relative said, "Yes I think the manager is good. They are all good people."
- Staff told us they enjoyed working in the home and the provider was supportive. One staff member said, "The owner is friendly and very understanding."
- The provider had sought feedback from people, relatives and staff to help contribute towards the improvement and quality of the service. We saw that feedback was mostly positive.
- The provider acknowledged improvements were needed in the home and following visits from the local authority an action plan was implemented for these improvements to be made. Our inspection found similar concerns and we noted some actions had already been taken. However, further work was needed to ensure the home was compliant with standards.

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

- People were invited to meetings. They discussed any issues and the types of meals they wanted to eat.
- The management team shared important information with staff through meetings.

Working in partnership with others

- Managers and staff worked with health and social care professionals. We saw people's social workers were contacted for reviews of their needs.
- The provider was working with the local authority to help improve the service. They attended local provider meetings to learn of new initiatives and share good practice.
- The local GP surgery told us they worked well with the home and said, "We have found the staff members and managers at Manor Lodge to be very proactive, helpful and co-operative at all times."

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure service users received person-centred care that met their needs and reflected their preferences. Regulation 9 1(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider was not ensuring service users' privacy and dignity was always being respected. Regulation 10(2)(a)
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure service users consented to the decisions made about their care and treatment. Regulation 11(1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess the risks to the health and safety of service users and do all

that is reasonable to mitigate any such risks.

Regulation 12(1)(2)(a)(b)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality and safety of the service and to mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(1)(2)(a)(b)

The enforcement action we took:

We served a Warning Notice to the provider.