

BNP Care Ltd

# Manor House Residential Home

## Inspection report

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Manor House Residential Home provides residential accommodation for up to 23 older people. At the time of our inspection there were 21 people using the service.

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

We found a number of areas of improvement that the provider needed to address.

Although feedback from people and relatives was generally positive, we found that staff did not always provide care that was dignified or respectful of people's needs.

We observed some instances of poor care, especially during mealtimes.

There were gaps in the training that staff had completed and we found that staff supervisions were not being completed regularly.

We also found the provider's quality assurance checks were not robust enough to identify the issues we found at this inspection.

We have made a number of recommendations to the provider in relation to staff recruitment checks, management of risk, the physical environment and layout of the home, activities provision and engagement with people and relatives.

People using the service told us they felt safe living at Manor House Residential Home. The provider used a dependency tool to work out safe staffing levels. Staff supported people to take their medicines on time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's dietary needs were met and the provider worked with healthcare professionals to ensure people's needs were met.

People were supported to maintain relationships that were important to them and care plans reflected their individual needs. Relatives told us they had no complaints but, if they did, would speak to the registered manager and felt their concerns would be taken on board.

Relatives and staff told us there was an open culture in the service and the registered manager was approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This was the first inspection of the service under a new provider since it registered with us on 23 November 2021. The last rating for this service was good (published 13 November 2018), this was published under the previous provider.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manor House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing, treating people with dignity and respect and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 House Residential Home

## **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 Health and Social Care Act 2008.

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

This inspection was conducted by one inspector.

#### Service and service type

Manor House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Manor House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people living at the home, seven relatives, three support workers, the registered manager, the director, the chef and the activities co-ordinator. We reviewed a range of records. This included six people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Risks to people were assessed and included guidance for staff to follow to manage the risk, especially where high risk had been identified.
- Although there were guidelines in place for staff to follow to mitigate any harm that people were at risk of, we found examples where staff were not following these. We observed one person having their lunch in the lounge unobserved and was struggling to eat, telling us they were having difficulty eating. Their risk assessment recorded them as being 'Very high risk' in relation to nutrition. Their care plan stated, "Require assistance with eating and drinking. I need assistance with eating and to cut food most of the time. I have difficulty swallowing. I need verbal and/or physical assistance throughout meal." There were no staff observing this person during the lunch period. We raised this with the director and registered manager during the inspection and they said they would follow this up with staff and confirmed they did this during the second day. Despite this, we could not be assured that this would have been identified in the provider's governance process if we had not highlighted this.

We could not be assured that staff were doing all they could to keep people safe from harm. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Some aspects of the provider's recruitment systems needed improving.
- We reviewed three staff files, in one file, although there were two references, these were not from the staff members most recent employer. In another file, there was an incomplete employment history and the professional reference did not match with the previous employers stated on the application form.
- The provider completed a recruitment checklist to assure themselves that all the necessary checks had been verified. However, these were not complete in two of the files that we saw.

We recommend the provider reviews its staff recruitment processes to ensure staff are recruited safely and in line with current guidance. We will follow this up at the next planned inspection of the service.

- Staff employed had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.
- The provider used a dependency tool to work out safe staffing levels. These were reviewed on a monthly basis to ensure there were enough staff on duty.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse.
- People using the service and their relatives told us they had no concerns about their safety. Comments included, "Absolutely she is safe" and "If he wasn't safe I would contact the social worker. I would talk to the manager as well."
- Staff were aware of the different types of abuse that people could be at risk of and the steps they would take if they suspected abuse had taken place.

Using medicines safely

- People received their medicines as prescribed in a safe way.
- People told us that they were given their medicines on time and we observed this taking place during the inspection. The staff member checked the medicines before administering and recorded when people had taken them.
- Medicines administration records (MAR) were completed correctly.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We observed staff wearing PPE throughout the inspection.
- The registered manager told us that testing was in place for those that displayed symptoms, in line with current guidelines.
- We were assured that the provider's infection prevention and control policy was up to date.

Visitors were safely supported to enter the home with face masks and the option of a lateral flow test if required.

Learning lessons when things go wrong

- The provider documented any incidents and accidents that occurred to minimise them from occurring in future.
- The provider recorded incidents and accidents and updated risk assessments when they were repeated incidents such as falls.
- These were reviewed every month through the provider's audit processes which included any lessons learnt and of anything could be done to minimise them from occurring in future.

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

Staff support: induction, training, skills and experience

- We could not be assured that staff received the appropriate training to enable them to carry out their roles effectively.
- Staff did not receive checks on their competency to administer medicines. We reviewed training records for two staff members that were administering medicines on the day of the inspection. They had not received a competency check on their practice since 2019.
- The training records the provider submitted showed some gaps in the training provision for staff. For example, out of 16 staff, seven had not completed any safeguarding training, 11 had not had training in Deprivation of Liberty Safeguards. Some of the individual training records in the staff files did not correlate with the information provided on the staff training matrix. We could therefore not be assured that people received care and support from staff that had the necessary skills and knowledge to effectively meet their needs.
- Staff told us they felt supported and said the registered manager was available to speak to if needed. However, we found that individual 1:1 supervisions for staff had not been taking place since the previous registered manager had left. We raised this with the registered manager who acknowledged they were behind on staff supervisions.

The above identified issues placed people at risk of receiving care from staff who did not have the appropriate training in place. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The homes interior was sub-standard. Communal areas in the home were dated and would benefit from modernisation. There were two separate lounge areas and the décor appeared somewhat institutionalised, with armchairs lined up against the wall thus not conducive to interaction between people.
- Areas of the home were being used as ad-hoc storage spaces. There was a large conservatory for people to use but this was being partly used as storage for wheelchairs, chairs and other pieces of equipment. It was not a pleasant environment for people to relax in. One relative told us, "It's clean but quite plain. It's very dated, not very stimulating."
- The layout did not meet people's emotional support needs.
- Relatives felt the home was clean but could do with modernising. Comments included, "It looks old and run down from the outside, but everywhere is clean, there are no smells", "When you go in the home my heart dropped a little, it could do with some updating. "The communal areas need a lot of investment, but I

think the most important thing is the way she is cared for" and "It is clean throughout, the decor needs a bit of refurbishing."

- We raised this with the Director and registered manager during the inspection who acknowledged this and confirmed they had sought the advice of building contractors to refurbish the home and to modernise it.

We recommend the provider adapts the design and decoration of the service to ensure it meets people's needs. We will follow this up at the next planned inspection for the service.

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

- The provider had appropriate information when admitting people to the service.
- The provider completed care plans for people when they first moved into the service. These included an assessment of their needs, including their dependency needs and other risk factors.
- The provider used recognised assessment tools to determine risks to people.

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

- People's healthcare needs were recorded in their care plans and they were supported to access healthcare services if needed.
- People and their relatives told us they had access to healthcare services.
- Records showed that the provider liaised with healthcare professionals to support people. The GP visited the service on a weekly basis and told us they worked well with the provider and were kept informed about any changes to people's health needs. They said, "Manor House escalates any concerns regarding their residents in a timely manner."

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

- People were supported to eat and maintain a balanced diet.
- Comments from relatives included, "[Family member] must be very happy with the food because she is eating happily and she hasn't complained either", "He has not complained about the food, the food improved recently" and "The food looked quite nice when I saw it, I think the food is good. When I tried the food for the Jubilee, it was nice."
- There was a four week rolling menu in place for people. This included a range of meals with an alternate option available and a choice of vegetables and dessert.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- Relatives told us they were able to make everyday choices. Comments included, "Yes, she has choices, she chooses to spend time with the other ladies" and "He likes to have a sleep in the morning, sometimes he misses his breakfast and they will keep something for him."
- There were restrictions in place for some people, the provider had submitted an application to deprive them of their liberty under DoLS.
- Mental capacity assessments were completed for people and decisions made in their best interest where it was assessed they did not have the capacity to make decisions. Where people had a Power of Attorney, they were consulted with regards to care planning.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Despite positive comments from people and relatives, we found some instances of poor practice and rushed care.
- For example, during the morning snack time, one person was left in the same position with a plate of biscuits on their lap for around 20 minutes with no staff support. The care plan for this person stated, "[Person] requires staff to assist with their eating as [person] may not finish food all by themselves. [Person] requires a lot of prompts and persuasion to finish his meals.
- In another instance, a care worker when offering lunch to a person told them what it was without acknowledging that the person was asking for help in cutting up their food and walked away. The care plan for this person stated, "Staff to request if [person] needs their food cut up and assist as per [person] request." Eventually, the director saw this person needed assistance and stepped in to assist.
- We observed two staff members transferring a person in a wheelchair from the bathroom to a lounge chair. They did this in a rushed way, did not use the feet plates which meant the person's feet were being dragged along the floor and their slippers came off. When they transferred him to the chair, they did not explain to the person they were going to do this.
- Some relatives mentioned that staff did not always have time to chat with their family members. They told us, "They are helpful, friendly, but they don't have much time to stop and chat", "The staff are okay, sometimes I think there should be more, some of them are under pressure. I think there could be more."
- We saw instances where the care and support provided to people was undignified. For example, during lunch we observed two people eating in the lounge. One person's food was on their lap and their lunch had slipped onto their lap and they were eating their food from there.
- We also saw other people wearing dirty bibs for long periods and also, where food had spilled onto their clothes, these had not been changed.
- People's independence was not always promoted as well as it could be. For example, there was a notice board in the dining room, this displayed the wrong date which could have proved confusing for people. It said, Friday 09 September 2022 instead of the correct date Wednesday 14 September 2022. We observed staff offering people menu choices but did not do so in a way that promoted independence. They showed people a piece of paper with the menu choices written on them, People found this difficult to read and struggled to understand what the choices on offer were. One person said, "I can't read – I don't understand." We raised this with the provider who said they would look into bringing in pictorial menu choices for people.
- The provider's training records showed that out of 16 staff, only five had completed training in duty of

care, seven had completed training in privacy and dignity and eight had completed person centred care training.

We could not be assured that people received care that was dignified. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives of people using the service felt happy about the care their family members received. Comments included, "She is very happy here and I am delighted with the care, it is wonderful", "The care is very good here, there are staff who have been there a long time and are very kind" and "They are attentive to her."
- People told us they were treated with respect and staff were caring and friendly towards them. However, some did say that care workers often did not go beyond their basic duties.

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

- Relatives felt that although the service kept them informed of any updates, they said this was often on an informal basis and they would like to be involved in more formal reviews. They said, "I am not involved with her care plan, we are involved in discussions, it is much more informal when we go in and out", "Involved in conversations not the care plan" and "I have seen the initial care plan. I have never had a formal meeting about her care, or her care plan."
- We could not be assured that people's personal care wishes were always being met as the record keeping did not reflect this. For example, one relative said in relation to bathing/showering "(The staff) say [my family member] doesn't want one. [My family member] says she wants more, I don't know what really happens." We checked the hygiene charts for this person. In June 2022, the records showed they had only one bath and none in July 2022. This person's care plan stated, "Prefers to have a wash before going into bed." We raised this with the registered manager and director who said that staff were not recording accurately when personal care had been offered and delivered to people and would raise this with staff. We were reassured by this.
- People were supported to maintain family relationships that were important to them. People and relatives told us they were able to visit and the home encouraged this.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant people's needs were not always met.

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 were two activity co-coordinators employed, covering 6 days out of 7. However, we found some aspects of the activities provision was outdated. For example, one lounge had music playing and, in the second lounge, the TV was on the same channel throughout the day. People were not engaged and did not seem interested in either.
- Feedback from people was that the activities provision could be better. One person told us, "They are supposed to take me round the block – they've been told to take me out and they've never done it once." Another said, "No activities – I watch TV." Relatives also said the activities provision in the home could be improved. Comments included, "I think there is music and I saw a ball being thrown to the residents, they have birthday parties for every resident. I would like for things to happen outside the home, go to the leisure centre, see a football match. It would be something to look forward to", "There is painting, playing cards. I go before lunch and I don't see residents doing anything. I sometimes think the residents could be stimulated a bit more" and "There are the chair based activities that go on, and that seems okay."
- The activities co-ordinator told us they had not done any trips outside of the home due to the pandemic. However, restrictions had been lifted a while. They said, "No outdoor trips at the moment, we used to before Covid. We do activities in the garden but have not been out since the pandemic." The registered manager confirmed outdoor activities such as BBQ and summer fetes took place.

We recommend the provider reviews its activities provision and look into ways to make them more person-centred.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- There were individual care plans in place for people with associated risk assessments, these contained person centred information so staff could get to know people's preferences better.
- People's care records and risk assessments were updated regularly.
- Some people were on end of life care. There were care plans in place so staff could support people. The provider worked with palliative care teams to support people.

Improving care quality in response to complaints or concerns

- Relatives of people using the service felt that any concerns would be acted upon. Comments included, "If it was something small I would speak to the staff and then the manager" and "I would speak to the manager, and I think things would change as a result. The manager listens to me."
- The provider logged and responded to complaints in a timely manner, keeping records of any discussions

and investigations held, which demonstrated that these were acted upon.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has 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; Continuous learning and improving care

- Some aspects of the provider's quality assurance audits and governance process needed improving. For example, they failed to identify the issues we found in relation to staff recruitment checks, gaps in training and supervision records and the instances of poor care.
- A number of facilities and health and safety audits were completed. However, the provider failed to evidence whether identified issues were acted upon. A quarterly facilities audit was completed in January and May 2022. These were not scored and identified some areas for improvement but it was not possible to track these as the action plan was blank.
- A health and safety checklist was scheduled to be completed monthly. In the March checklist, there were some actions for improvement identified but these had not been followed up. The checklist had not been completed in May, June, July or August 2022.
- Other checklists such as bathroom monitoring and housekeeping checklist had been completed but identified actions were not always followed up.

We could not be assured that the provider's governance and audit processes were robust. The above identified issues are a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of their regulatory responsibilities. For example, statutory notifications were submitted in line with legal requirements.
- The registered manager completed a managers report which was shared with the director. This included details and instances of a number of indicators such as falls monitoring, pressure ulcer, complaints monitoring. A medicines audit was also completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had an open door policy and was open to feedback. She was a visible presence in the home, helping and assisting care workers.
- Staff were positive about working at the service and said the registered manager was approachable. They told us, "[Registered manager] is very supportive, she is friendly and approachable", "It's a good place to

work I like it here. [Registered manager] is a good manager" and "She is always very supportive, always around to help."

- The provider was aware of the requirements under Duty of Candour.
- The service's current CQC inspection report was clearly displayed in the home. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- Records showed that relatives, staff and healthcare professionals were asked for their views about the service. Questionnaires were sent and visitors also had the opportunity to feedback to the service through a feedback questionnaire that was available at the entrance to the home.
- Relatives told us, "I'm able to express my views. I would feel comfortable in contacting [registered manager] and approaching her. I think I can tell them things and they would act on them" and "I can express my views very well and I will push if I think it is important. I know that I can say things and I know they will help."
- The provider did not always feedback to relatives or staff following comments and suggestions were received via the feedback received. Residents meetings were not held and there were no avenues where people were given an opportunity to discuss things that were important to them in either an individual or group setting.

We recommend the provider looks into ways in which the views of people using the service could be captured and acted upon to improve the service.

- Staff meetings were held, giving staff a chance to raise any work related practice issues.

Working in partnership with others

- The provider worked with health and social care professionals to meet people's needs.
- Records showed engagement with these professionals including referrals and regular reviews. One healthcare professional said, "Manor house keeps very clear records regarding each resident's support needs and escalates any changes to us so we can refer as needed in a timely manner."

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 10 HSCA RA Regulations 2014 Dignity and respect  The provider did not ensure that service users were treated with dignity and respect. Regulation 10 (1).
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to take reasonable steps to mitigate against assessed risks. Regulation 12 (2) (b).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider was not operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity. Regulation 17 (1).
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Persons employed by the service provider did not receive appropriate training and supervision to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a).

