

Mrs R Hart

Manor Rest Home

Inspection report

35 Manor Road
Westcliff On Sea
Essex
SS0 7SR

Tel: 01702343590
Website: www.manorresthome.co.uk

Date of inspection visit:
05 December 2022
06 December 2022
11 December 2022
16 December 2022

Date of publication:
24 January 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Manor Rest Home is a residential care home providing the regulated activity of accommodation and personal care for up to 19 people in one adapted building. The service provides support to older people and older people living with dementia. At the time of our inspection there were 18 people using the service.

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

Not all risks to people's safety and wellbeing were assessed or recorded and improvements were still required relating to safe medication practices and procedures. Robust arrangements were not in place relating to the provider's recruitment practices. Findings from this inspection showed lessons were not learned and improvements made when things went wrong.

Staff training records showed not all staff employed at the service had received mandatory training in key topics. Not all staff had received an induction, regular supervision or an annual appraisal of their overall performance. The governance arrangements were not effective and demonstrated a lack of provider oversight.

People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff knew what to do to safeguard people. People were supported to access healthcare services and receive ongoing healthcare support. The dining experience for people was positive and they were complimentary about the meals provided. The service worked with other organisations. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, best interest assessments were not completed where bedrails and sensor alarms were in place. People and those acting on their behalf were complimentary and positive about the quality of care provided.

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

Rating at last inspection

The last rating for this service was good [published October 2018]

Why we inspected

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.

We received concerns in relation to the support of people living with dementia and staffs' practices relating to moving and handling. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manor Rest Home on our website at www.cqc.org.uk.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor Rest 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.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

Manor Rest 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 Rest 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.

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 the Local Authority. We used the information the provider sent us in the provider information return (PIR). 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 of this information to plan our inspection.

During the inspection

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 spoke with 5 people who use the service and 2 relatives about their experience of Manor Rest Home. We spoke with the providers of the service. We reviewed a range of records. This included 6 people's care records and 7 people's medication

administration records. We looked at 3 staff files in relation to recruitment, and 3 staff files relating to training and supervision records. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

Following the inspection, we attempted to contact 6 members of staff, asking them to telephone us so we could speak to them about their experience of working at Manor Rest Home. The response was poor as only 1 member of staff responded. Two relatives provided us with information about their experience of Manor Rest Home.



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

- Not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing.
- A person's care records demonstrated they could become anxious and distressed, and their behaviours impacted on others. Risks relating to this were not identified to mitigate the risk or potential harm for people using the service. This meant we could not be assured staff had all information required to manage the risks posed in a safe and effective way.
- The care records for 2 people documented they had a catheter in place. The service's accident records detailed for 1 person for the period June 2022 to November 2022 they experienced numerous falls and/or were found on the floor. Risks relating to these areas were not identified. This meant we could not be assured staff had all information required to manage the person's risks in a safe and effective way.
- Risk assessments were not completed in relation to the risks posed and presented by COVID-19 for people using the service. Risks presented by the pandemic had not been identified for staff employed at Manor Rest Home. This meant people and staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and from black, Asian and ethnic minority groups were not identified.
- Personal Emergency Evacuation Plans [PEEP] for 2 people had not been completed. This is a bespoke plan for people who may have difficulties evacuating to a place of safety without support. An 'emergency grab' bag for the service was not in place at the service. This should contain items and information that are essential to recovering or continuing the provider's business and also vital information that will assist staff and the fire and rescue service. The provider told us this would be actioned.

Using medicines safely

- The provider did not ensure the proper and safe use of medicines. Not all people received their prescribed medication in line with the prescriber's instructions. The Medication Administration Record [MAR] for 2 people recorded they were prescribed pain relief medication to be taken 4 times a day. The MAR form showed this was only administered twice daily. There was no indication this had been discussed and agreed with the person's GP.
- Where people were prescribed a variable dose of medication to be administered, for example, 1 or 2 tablets, the specific quantity administered was not recorded. Where the code 'O' [other define] was recorded on the MAR, a rationale for the use of this code was not routinely recorded. This code was also used where people had refused their medication, instead of the correct code 'R' for refused.

- We found omissions in the records made when medicines were administered for 3 out of 6 MAR forms viewed. We found the MAR was blank giving no indication of whether the medication was administered or not.
- The MAR for 1 person recorded they were prescribed topical pain relief medication. Staff confirmed the person self-administered this medicine twice daily to maintain their independence. However, an individual risk assessment was not completed to assess the person's ability and competence to administer the correct dose, at the right time and in the right way.
- Suitable arrangements were not in place to ensure staff who administered medication were suitably trained or had their competency assessed at regular intervals to demonstrate they were able to undertake this task safely and to an acceptable standard.
- Medication audits were not completed each month in line with the provider's expectations. Where shortfalls were identified, information detailing the actions taken to address this were not recorded.

Effective systems were not in place to identify, monitor and mitigate risks to people's safety. The provider did not ensure the proper and safe use of medicines. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service's fire safety systems were checked at regular intervals to ensure these were safe and equipment maintained in good working order.

Staffing and recruitment

- Recruitment checks were not robust to check staff's suitability to work with vulnerable people prior to commencing employment at Manor Rest Home. The recruitment process was not repeated and renewed for 2 members of staff who had left the employment of Manor Rest Home and were then reemployed. No profile had been sought from an external agency where staff were deployed to the service.
- The recruitment file for 1 member of staff demonstrated there was only 1 written reference. Their Disclosure and Barring Service [DBS] certificate showed this was from their previous employer. No information was recorded or available to demonstrate the 'Adult First' or 'Update Service' had been checked. A risk assessment was not completed or considered to assess and manage the risks relating to them commencing employment prior to receiving the outcome of their DBS status. The 'Adult First' check is a service that allows an individual to be checked against the adults' barring list. The 'Update Service' check allows organisations to see if any relevant information has been identified about an individual since their DBS certificate was last issued.
- A written record was not completed or retained to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures were not undertaken to make an initial assessment as to the applicant's relevant skills, competence, experience for the role and to narrow down if they were suitable.

The provider demonstrated a lack of understanding and familiarisation with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives' comments relating to staffing levels at the service were positive. Comments included, "I feel there are enough staff" , "Yes, there are enough staff, they don't neglect anyone" and, "Staff constantly monitor residents and check they are okay."
- People confirmed their care and support needs were attended to in a timely manner. There were enough staff available to meet people's needs.

Learning lessons when things go wrong

- The provider was open and honest about the concerns found during the inspection and acknowledged they had work to do to improve the shortfalls identified.
- Accident and incidents were logged but not analysed to identify potential trends and themes.
- Where significant incidents had taken place, the provider confirmed an internal review or investigation had not been initiated to ensure lessons were learned and improvements made when things go wrong.

Preventing and controlling infection

- Although the service was clean and odour free, no cleaning schedules were completed to demonstrate the daily cleaning routine at the service, including periodic deep clean.
- Infection, prevention and control audits were completed infrequently, the last one being in January 2022. This was of concern given the COVID-19 pandemic.
- Policies and procedures relating to infection, prevention and control were not current and up to date. This meant there was a risk that staffs' practice was not in line with the latest government guidance.
- Personal Protective Equipment [PPE] such as gloves, aprons and liquid soap were available to staff to prevent and control infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comments included, "Yes, I feel very safe" and, " Safe, yes I suppose I do." Relatives comments included, "We have no concerns for their [relative] safety" and, "Totally, [Name of person using the service] is safe living at Manor Rest Home."
- Interactions between staff and people using the service were relaxed and comfortable.
- Staff were able to tell us about the different types of abuse and describe what actions they would take to protect people from harm. Staff stated they would escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission.
- There was a low incidence of safeguarding concerns for Manor Rest Home.

Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with government guidance. One relative told us, "We are happy with the arrangements and have always been able to visit when we wanted to." Another relative told us, "I am very satisfied with the visiting arrangements, I pre-book visits but there are no restrictions."

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

- The provider did not ensure staffs' training was up to date and in line with best practice. For example, prior to the inspection the provider forwarded CCTV footage to the Care Quality Commission following an incident. This revealed staffs' moving and handling practices were poor and unsafe. Staff training information showed they had received online but not 'practical' moving and handling training.
- The provider confirmed the deputy manager facilitated specific training to staff for moving and handling. However, their 'train the trainer' course was out of date and refresher training had not been completed to ensure their knowledge and practice remained up to date and in line with current guidance and legislation.
- Staff information showed there were significant training shortfalls whereby staff had not received updated refresher training. Staff had not completed an assessment to demonstrate their knowledge and understanding at the end of each online training session.
- Evidence of robust induction arrangements for staff were not in place.
- Staff had not received regular supervision or an annual appraisal of their overall performance within the preceding 12 months. The staff personnel file for 1 member of staff showed they last received formal supervision in March 2018. There was no evidence of formal supervision for the deputy manager within the last 24 months.

Effective arrangements were not in place to ensure staff had up to date training, received an appropriate induction or regular supervision. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although the provider told us prospective people's needs were assessed prior to them being admitted to Manor Rest Home, evidence to confirm this was not available.
- Relatives confirmed they had been actively involved in the assessment process for their family member.

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

- People were supported to have sufficient food and drink throughout the day. People told us they were happy with the meals provided. Meals were well presented and provided in sufficient quantity.
- The dining experience for people using the service was positive. People were supported to maintain their independence at mealtimes. People received appropriate support from staff where they required assistance

to eat and drink.

- People's nutritional needs were assessed and recorded.

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

- People were supported to have their healthcare needs met. Relatives told us they were kept informed by the service about their family member's ongoing healthcare needs and wellbeing. Comments included, "I am kept informed of my family member's healthcare needs. They receive regular in-house visits for footcare. The local GP surgery does vaccinations and provides support and advice when required" and, "Staff keep us informed."
- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when needed.

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

- People's diverse needs were respected as their bedrooms were personalised with their personal possessions around them.
- People had access to comfortable communal facilities, comprising of a lounge and large separate dining area and room for 'in-house' activities. Adaptations and equipment were in place in order to meet people's assessed needs.

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.

- Staff asked for people's consent before providing care and support.
- Staff demonstrated a basic understanding and knowledge of the key requirements of the MCA and DoLS.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.
- People's capacity to make decisions had been assessed and these were individual to the person. However, a best interest decision was not always recorded where people had bedrails in place. The provider gave us an assurance this would be rectified for the future.

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 has changed 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.

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; Continuous learning and improving care

- The quality assurance and governance arrangements in place were not effective in identifying shortfalls within the service. For example, there was no home improvement or development plan to enable the provider to monitor progress and improve the quality and safety of the service provided. This meant there were missed opportunities to mitigate risks and to monitor trends and lessons learned.
- The provider had failed to identify the concerns and areas for improvement found as part of this inspection and detailed within the Safe and Effective domains of this report. This lack of oversight placed people at potential risk of not receiving good outcomes.
- Effective auditing arrangements were not in place. For example, although medication audits identified areas for improvement, no action plans were completed to evidence how the issues raised were to be addressed and if actions had been resolved or remained outstanding.
- An accurate and complete record in respect of each person using the service was not maintained. There was no completed care plan for 1 person detailing their care needs and how their care and support needs should be delivered. Another person's care plan was incomplete.
- Although there had been no incidents when the provider had needed to act on the duty of candour, they were aware of their responsibility.
- People and their relatives were positive about the service. Relatives comments included, "The service is excellent, and communication is good" and, "The owners are lovely, this is an excellent care home and it meets [relative's] needs."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had not been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire since 2018. Following the inspection, the provider told us this process would be initiated in 2023.
- Meetings for people living at Manor Rest Home, relatives and staff were not routinely held.

Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was receptive to our findings and suggestions and demonstrated a commitment to improving the service to enable greater oversight and governance of the service and to ensure people received safe care and treatment. The provider told us they would engage advice and support from an external consultant.

- The service had not received any complaints. A record of compliments was maintained to capture the service's achievements. These recorded relatives were happy with the care and support provided for their member of family. Comments included, 'Thank you again for looking after [relative] so well' and, 'I just want to thank you all so much for welcoming and caring for [relative] since being a resident. [Relative] is happy and well cared for and stimulated. A happy smile even though they are confused is more than I thought possible.'

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.

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 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems were not in place to identify, monitor and mitigate risks to people's safety. The provider did not ensure the proper and safe use of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to evidence effective oversight of the service or ensure suitable arrangements were in place to assess and monitor the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider demonstrated a lack of understanding and familiarisation with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Effective arrangements were not in place to ensure staff had up to date training, received an appropriate induction or regular supervision.

