

Swinnerton Trust Limited

# Manor Court Home

## Inspection report

Manor Court Road  
Nuneaton  
Warwickshire  
CV11 5HU

Tel: 02476383787

Date of inspection visit:  
17 October 2018  
22 October 2018

Date of publication:  
28 November 2018

### 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

The inspection took place on 17 and 22 October 2018 and both days of our visit were unannounced.

Manor Court Home is a 'residential 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 care home accommodates up to 24 older people; living with physical frailty. Some people lived with dementia and / or other health conditions. At the time of our inspection visit 23 people lived at the home that has four floors.

The service is provided by Swinnerton Trust Limited, which was first established in 1951 to provide care and support for older people who live in the local area. The trust purchased the property, Manor Court Home, in 1952, refurbished it and converted it into a care home, to fulfil the aims of the charity.

A requirement of the services' registration with us is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had come into post during April 2018 and had become registered with us in September 2018.

At our previous inspection in January 2018, we found breaches in the governance of the home and the legal requirements and regulations associated with the Health and Social Care Act 2008 were not being met. There had been no registered manager in post since October 2016. We found the Board of Trustees did not have sufficient knowledge of the Regulations to ensure compliance with the requirements of leadership and good governance. The assistant manager and staff were not supported by an appropriately skilled and experienced leader. We gave a rating of 'Inadequate' in well led and served the provider with a Warning Notice. The overall rating of the home was 'Requires Improvement'.

At this inspection, we looked to see how the provider and new registered manager had responded to make the required improvements in the standard of care to meet the regulations. Whilst we found that sufficient improvements had been made to meet the terms of the Warning Notice, further improvements were needed in the governance of the service and the oversight of staff practices. We found breaches in the regulations that related to the safety of the service. Further improvements were required in how the provider and registered manager assured themselves they were providing a safe service, that ensured people's health and welfare needs were fully met. The rating continues to be 'Requires Improvement.' Further improvements were planned for in the number of staff on shift and updates in staff training. Plans to improve systems and processes to check and monitor the quality of the services provided were shared with us.

Since our last inspection, the newly appointed manager had become registered with us. The provider recognised that the trustees of the charity did not have the skills, knowledge or experience required to

provide the support needed to the registered manager to make the required improvements and had appointed a business consultant. The provider's business consultant had undertaken visits to the home and produced reports, with suggested actions, for the provider and registered manager.

Staff and people were positive about the newly appointed registered manager, who had introduced some systems and processes to monitor the quality of the service. However, these were not fully effective or embedded in every day practice. The registered manager shared their action plan with us, that included timescales, for further improvements to be made to the services provided. For example, staff were to undertake updates in training in all aspects of care practices between October 2018 and January 2019.

Most people felt safe living at Manor Court Home because it was secure and staff were on hand to support them. However, there was not always sufficient staff on shift to meet people's individual care and support needs. Care staff did not always have time to support people's emotional needs or offer activities for people to engage in. People's care needs were not consistently responded to by staff in line with people's care plan guidance, or delivered to people when they wanted it.

Safeguarding concerns had been reported to the local authority as required. Processes had been introduced for managing accidents and incidents that occurred.

Risk management plans were available and told staff what actions they should take to reduce risks of harm or injury to people. There was a lack of managerial oversight in checking important day to day records, and associated actions, were being undertaken by staff.

Improvements had been implemented to systems of safe staff recruitment. Staff felt supported in their job role, though had not received all the training they needed to give them the skills and knowledge they needed to provide effective care. Most refresher training was overdue, but some sessions were planned for to address this.

Overall, people were offered and supported to eat a balanced diet and drink enough to maintain their wellbeing. However, records of people identified 'at risk' of not eating or drinking enough did not contain sufficient detail to show their needs were always met.

People were supported to access healthcare professionals to maintain and promote their health. People had their prescribed medicines available to them. However, people's medicines were not consistently handled or administered to them in a safe way in line with best practices. Medicine management checks had not always identified where improvements were needed.

Staff worked within the principles of the Mental Capacity Act 2005 and gained people's consent to care before supporting them. Managers understood their responsibilities under the Deprivation of Liberty Safeguards.

Most people were positive about their experience of living at Manor Court Home and told us, overall, staff were kind and caring toward them. However, some people and relatives did not feel able to raise concerns they had with staff or, if they had, did not feel their concerns were fully resolved.

We found a breaches of the Health and Social Care Regulations. You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

Medicines were not handled or administered safely. Risks of cross infection were not consistently well managed. Staff did not always follow best practice in terms of health and safety, which posed potential risks to people. Planned for improvements had not yet been implemented to revise staffing levels.

Staff were safely recruited to work at the home and understood the importance of protecting people from the risks of abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff did not consistently have the skills or knowledge they needed for their job role and most refresher training was overdue. Staff did not ensure important care records were kept to show people's care and support needs were met.

Overall, people enjoyed the meals offered. People were supported to see healthcare professionals, such as GPs, when needed.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

Most people felt supported by kind and compassionate staff. However, some negative comments were made to us about staff who did not always show respect toward people.

People's privacy was maintained. People's relatives and visitors could visit when they wished to.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

People's care needs were not consistently responded to in line

**Requires Improvement** ●

with their individual needs. There were very limited opportunities to take part in activities. Complaints were logged and responded to, however, some verbal concerns raised had not been recorded or fully resolved.

### Is the service well-led?

The service was not consistently well led.

Systems and processes to check the quality and safety of the service was not always effective. There was a lack of managerial oversight in checking important care records. Some improvements had been made, though these were not embedded in every day practice.

Staff had confidence in the registered manager to make the improvements needed and felt supported in their job role.

**Requires Improvement** 

# Manor Court Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected this service on 17 October 2018 and the inspection was unannounced. The inspection was carried out by two inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. One inspector returned on 22 October 2018; this was an unannounced visit. The purpose of our second day was to speak with the registered manager; who had been on planned leave on the first day of our inspection visit. We gave the recently registered manager the opportunity to tell us about the service and their future plans during our inspection visit.

Prior to our inspection visit we reviewed the information we held about the service. This included statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are the people who contract care and support services paid for by the local authority. Information received was considered as part of our inspection planning.

During the inspection we spoke with 12 people living at the home and four people's relatives. We spoke with three care staff, two team leaders, the head-cook, the cook, the kitchen assistant, one housekeeping staff, the assistant manager, the registered manager, and the Chairman of the Board of Trustees who is the nominated individual. We also spoke with one healthcare professional who was visiting the home.

We spent time with people and observed communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

We reviewed seven people's care plans, daily records and six medicine administration records to see how their care and support was planned and delivered. We also looked at records to see how the registered

manager and provider assured themselves people received a safe and well led quality service.

# Is the service safe?

## Our findings

At our previous inspection in January 2018, we found the service people received was not consistently safe. Information available about people's needs and dependencies was not used to accurately review and revise staffing levels. Staff recruitment was not always safe because pre-employment checks had not been completed in line with best practice. Staff did not consistently follow best practice guidance when handling people's medicines. We gave a rating of 'Requires Improvement.'

During this inspection visit we found improvements had been made in some areas, such as safe staff recruitment. However, safe practices in other areas had not been sustained and we found breaches of the regulations. Further improvements were required and the rating continues to be 'Requires Improvement.' During our inspection visit, some immediate actions were taken to address safety issues we identified and the registered manager shared their plans with us about further improvements planned for.

People's medicines were not managed in a consistently safe way. During our inspection visit, one person was administered a medicine not listed on their medicine administration record (MAR). The staff member told us they were working 'from memory,' despite them having been off shift for the past few days. Whilst this person was prescribed the medicine given to them and the staff member later put a MAR in place, their action posed a potential risk because changes to prescribed medicines may have taken place. Another person's 'when required' medicine was not recorded on their MAR, which posed potential risks of harm to them if dosages given were not recorded.

One person was prescribed a variable dose of their medicine, however, staff had not recorded the actual dosage given. This meant that accurate checks to ensure people received their variable dosages could not be completed. Some people were prescribed medicines 'when required,' for example, for pain relief, however, information to guide staff 'when required' medicines should be given to ensure consistency, was not always available. Not all people had a body map in their records to tell staff where topical preparations, such as creams, should be applied to people's skin.

On the first day of our inspection visit we observed the staff member, left the trolley unattended when supporting people to take their medicines, and did not consistently leave the medicine trolley secure. This posed potential risks to people. Whilst staff had been trained and assessed as competent in safely handling people's medicines, most staff's refresher training was overdue and staff did not consistently demonstrate they had the skills and knowledge required to safely handle people's medicines.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate actions to address the issues we identified and on the second day of our inspection visit. They undertook a full audit on people's MARs to ensure the information needed was available to staff and was being completed in line with best practice. The registered manager told us all staff responsible for handling people's medicines would be re-trained and they would assess staff competencies



before the end of October 2018.

Staff practices and management to prevent potential cross infection and hygiene required improvement. Personal protective equipment (PPE) was readily available for staff to use and designated kitchen staff used this, however, when care staff undertook afternoon food preparation tasks, they did not use the personal protective equipment provided. Hand-dryers in both ground floor communal toilets did not work and people had no means of drying their hands. One staff member described the hand dryers as 'temperamental' and often breaking. Only when we asked them if paper towels could be provided next to the hand-wash basins for people, did staff act on this.

We noted a strong offensive odour at mid-morning. We found soiled pads had been placed in single 'nappy' sack bags and left unattended on a trolley outside people's bedrooms. The assistant manager commented on the strong offensive odour and told us it was usual practice for care staff to single-bag soiled pads, place them on the trolley rather than place them in yellow clinical waste bags. A member of housekeeping staff would then collect them and carry them through the home to outside bins. This did not follow good practice guidance in infection control.

Housekeeping staff did not follow safe practice when handling cleaning chemicals and we saw cleaning chemicals left unattended on three separate occasions. On the first occasion, we raised our concern and the deputy manager reminded staff to keep cleaning products with them. Two further incidents re-occurred after the staff had been reminded about the importance of safety. Cleaning chemicals left unattended included a spray-container that was not labelled. Staff told us chemicals were decanted from original containers and described this as 'the usual practice' for the home. This was not safe practice and not in line with COSHH (Control of Substances Hazardous to Health) guidance. Housekeeping staff could not tell us what product was in the spray-container. This increased the potential seriousness of risks posed to people by cleaning chemicals left unattended.

In addition to the fire alarm system, the home had installed a water suppression system. The provider believed improvements, identified as required by a fire service visit, had been fully completed. However, the provider's checks on work undertaken failed to identify that fire safety seals to some bedroom fire doors were damaged and the fire safety closure device on one bedroom door was damaged and prevented the efficient closure of their fire door.

There was inconsistency in staff's knowledge about what to do in the event of an emergency, such as a fire. One staff member told us, "If the fire alarm goes off, we all go to the fire point in the car park." Another staff member said, "I'd try to move people to the other side of the building (inside) away from the fire." The assistant manager was unsure about whether the policy was to evacuate or people 'stay put' or be moved within the home. The assistant manager assured us fire drills were done with staff, however, one staff member told us "I haven't been involved in a fire drill for a long time." The assistant manager told us they scheduled fire drills and staff on shift took part in these, however, there was no schedule to ensure all staff regularly took part in planned fire drills.

People had personal emergency evacuation plans (PEEPS), however, information was contradictory. For example, the home's PEEP overview stated one person was mobile and did not list any support they might need from their fourth-floor bedroom. In a different section of the PEEP, it was stated staff use an evacuation mat for this person. The PEEP overview was not up to date and listed two people, who usually lived at the home, but were currently in hospital. Staff told us this was the list that would be shared with emergency services, the information posed risks of delays of help to people.

Staff did not consistently ensure people could gain staff attention when needed. During our inspection visit, we heard a person calling out for help. We knocked on this person's bedroom door and when we went in, they told us, "I've been calling out to staff and no one has come." This person was cared for in bed on the top floor of the home and their pendant alarm was out of their reach. Accident records showed this person had recently sustained a fall from bed. We discussed our concerns with two staff members, who told us this person's pendant was 'always hung on the person's frame.' However, both staff agreed this person could not reach it and was unable safely manoeuvre by themselves. Immediate action was taken to give this person their pendant in their hand, and the deputy manager told us a clip would be purchased so the alarm pendant could be attached this person's bed cover.

This was a breach of Regulation 12 (1) (2) (a) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The assistant manager took immediate action to address fire safety issues and the registered manager assured us a new fire door closure device had been ordered and fire safety door seals would be acted on, they assured us all action would be completed before the end of October 2018.

At our last inspection, information about people's needs and dependencies had not been used to accurately review and revise staffing levels. At this inspection, staff told us no changes had taken place and continued to feel staffing levels were insufficient and we found there were not enough staff on shift to meet people's individual needs. Some people living at the home also felt the staffing level was low, one person told us, "They could do with more staff, they try their best and work hard." Overall, staff met people's physical needs, though did not always respond to people's needs in line with their care plan guidance. Staff told us they would like to spend time with people 'isolated' in their bedrooms (cared for in bed or chose to stay in their bedrooms) and do activities with people but did not have the time to do so.

None of the staff spoken with told us about any planned for changes to staffing levels. However, the registered manager told us staff were aware of planned for improvements. These included set shift patterns, designated additional hours for activities and taking non-care tasks away from care staff. They gave us an example that the two staff on night shifts would no longer undertake vegetable preparation in the kitchen. The registered manager told us all planned staffing improvements were due to be implemented from November 2018.

At our last inspection, we found the provider did not have a safe system of recruiting staff because recruitment checks were not always completed as required. Improvements had been made, and staff recruited since our last inspection had the necessary checks undertaken. However, issues we identified at our last inspection, such as gaps in employment histories, had not been addressed and the Chairman of the Board of Trustees was unable to give us a reason why action had not been taken. The assistant manager assured us the gaps would be addressed with relevant staff.

Individual risks to people had been assessed and management plans were in people's care plans. For example, one person chose to smoke cigarettes and a detailed risk assessment was in place and followed by staff.

Most people told us they felt safe living at the home because staff were about. Staff understood the importance of reporting any concerns they had. However, not all staff had received training in safeguarding people from abuse and no information was displayed to remind staff, or inform others, of how to report safeguarding concerns. The registered manager told us action would be taken to address this and demonstrated they knew what information they had to escalate to us and the local authority.

Overall, systems were in place so lessons were learned when things went wrong. For example, learning had taken place following a recent 'near-miss' incident when a person's wardrobe toppled onto them. Immediate action had been taken to fix this person's wardrobe to the wall, and further action was underway to ensure a similar incident could not reoccur in the home.

## Is the service effective?

### Our findings

At our last inspection, we gave a rating of 'Good' for this key question. Standards had not been sustained and staff did not consistently have the skills to effectively meet people's individual needs. The rating has changed to 'Requires Improvement'.

Staff had received an induction when they first started working in the home. One staff member told us, "I also did some shadowing shifts, working alongside an experienced staff member." However, where staff had received care training in previous employment, this had been accepted by the provider and no checks had been undertaken to determine their skills and knowledge.

Many staff had worked at the home for many years and their skills, knowledge and training had not been updated. Throughout our inspection visit, we found examples of when best practice guidance was not followed by staff. For example, health and safety best practices were not followed when staff left the cellar key in the door. Principles of good communication were not followed when one staff member took one person their lunch in their bedroom and stood over the person whilst they ate, without any interaction at all. Staff failed to complete important records about people's care needs. Most staff's training was overdue the refresher date or had never been completed. For example, one staff member told us, "I've never done any dementia care training." However, staff were aware of improvements planned for in training. One staff member gave us an example of the registered manager recently giving moving and handling training and told us, "It was really good, they explained everything, much better than a DVD."

Not all staff had received training in diversity, equality and inclusion, however, further training was planned for. Staff understood the importance of treating people as individuals, but told us they did not always have the time to get to know people well or read their care plans

The registered manager told us they were aware improvements were needed in training and updating staff's skills. Whilst the Care Certificate is generally for staff new to care work, the registered manager explained all staff were going to complete this and it would be used to provide best practice skills and knowledge. The registered manager shared their planned 12-week training improvement plan. The Care Certificate assesses staff against a specific set of standards. Staff must demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.

Staff demonstrated safe moving and handling skills in their care practices. During one person's transfer from their chair to a wheelchair, staff reassured them and one staff member said, "We are moving now." However, staff did not consistently demonstrate they had the knowledge of skills they needed for their job role. For example, staff's record keeping skills were poor and important documents relating, for example, to people assessed at 'high risk of malnutrition' had gaps and did not reflect a healthy balanced diet was offered.

Some people had been assessed as 'at risk' of dehydration. 'Food / fluid intake' logs were in place but did not consistently evidence people's needs were met. People did not have individual fluid targets and staff did

not know how much people should be encouraged to drink. We discussed this with staff on the first day of our inspection visit, but found the same issues on our second visit day. For example, one person dependent on staff to meet all their needs, still had no fluid target and drinks recorded as given had not been totalled by staff and effective monitoring throughout the shift did not take place. The registered manager told us, "I set a fluid target for people of 1,500mls and this should have been on the fluid chart." The registered manager said if they had specific concerns about people's fluid intake, they would seek professional healthcare guidance.

Kitchen staff had detailed information about people's food preferences and choices of meals were available. People told us lunchtime meals were 'good' though were not as positive about teatime options, with one person describing them as 'disappointing'. The head cook gave us examples of how they 'fortified' foods with extra calories for people who required extra to increase their weight.

Access to healthcare services was maintained so people's individual needs were met. One person told us, "I see a doctor, optician, dentist and chiropodist whenever I need to." Another person said, "When I need a doctor, I tell staff and they'll get one for me." However, staff told us about one person who was cared for in bed and when we asked if this person was offered the opportunity to get up, we were told they 'looked uncomfortable' in the home's armchairs. When we asked this person if they would like to get out of bed, they told us it 'might be nice sometimes.' The assistant manager told us consideration had not been given to make a referral to healthcare professionals who may have been able to advise on a more suitable chair should this person wish to get up.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff worked within the principles of the MCA and understood the importance of gaining people's consent before, for example, supporting them with personal care. Staff understood that when people may not be able to make simple choices, they must act in the person's best interests based on their knowledge of people's likes and dislikes.

At the time of our inspection visit, the assistant manager told us 13 DoLS referrals had been made for people living at the home. The registered manager understood their responsibilities under the Mental Capacity Act and gave us an example of one person having an approved DoLS and of their referral for one person for a mental capacity assessment, which took place on the second day of our visit.

The premises were not purpose built and adaptations had been made to the large Victorian house to provide 'care home' facilities; over four floors. Individual bedrooms had ensuite facilities and shared bathrooms. On the ground floor there was a communal TV lounge, small quiet lounge, dining room and conservatory. Areas of the home were very worn and décor was damaged, and in need of refurbishment. For example, paintwork on doors, a ceiling window in the annexe corridor was cracked and a patch of wallpaper in the quiet lounge was torn off. The Chairman of the Board of Trustees told us there was no on-going plan for décor refurbishment. However, the registered manager said they had identified several areas throughout the home that required improvement and these would be actioned during 2019.

There was a large garden with pleasant spaces, and during our inspection visit, one person was supported outside to enjoy the fresh air with their volunteer worker.

## Is the service caring?

### Our findings

Overall, people received the same level of kind care and support as at our previous inspection. However, we found some practices in care standards were not caring. The rating has changed to 'Requires Improvement'.

People and their relatives described 'most staff' as being kind and having a caring compassionate approach towards them. One person said, "The staff are very pleasant," and another person told us, "Staff are very kind to me." One relative told us, "I have no concerns about the staff, they're very good." However, a few comments made to us about staff were not positive. For example, one person told us, "One staff member shouts rather than talks." Another person said, "There are one or two staff who act like they own the place and make me feel like I'm moaning all the time."

Staff respected people's dignity when providing or supporting people with personal care, such as in people's bedrooms. One staff member said, "We shut their bedroom door so people walking past cannot see in." Another staff member told us, "I make sure the toilet door is closed, it's close to the front door and lounge so it's important for people's privacy." However, we saw examples of an inconsistent approach in their care. For example, one person's care plan instructed staff to encourage them to use the toilet frequently throughout the day. We did not see this happen and when we asked staff about this, they told us the person's care need was not being met. During the first day of our inspection visit, this person called out to staff they were 'weeing' and a staff member replied, "It's okay, you've got a pad on." This person's dignity was not maintained by staff because they had not taken a caring approach in being responsive in meeting this person's needs.

We saw staff spoke about people and with people in a way that valued and demonstrated respect toward them. However, there were a few occasions when staff spoke about people in a way that was not respectful. For example, one staff member described lunchtime to us as being split for 'feeders' 'softs' and 'others,' using labels based on the level of support people needed. At lunchtime, the kitchen assistant supported people in the dining room and showed a caring approach toward people; taking opportunities to engage, acknowledge and interact with people. However, some staff missed opportunities to engage or acknowledge people as they passed them.

People were supported to maintain important relationships to them. There were no set visiting hours and people's relatives and friends could visit without restriction. During our inspection visit, people's relatives and friends told us they felt welcomed by staff. One person had a visit from their family member and little dog who was also welcomed to visit. One person said, "Staff always make my relative a drink when they visit, that's important to me."

People and / or their relatives knew they had a care plan, some told us they had given staff information when they moved to live at the home. However, there was little evidence of people and their relatives having on-going involvement in making decisions about their care and support. Some people and their relatives told us they had not been asked to contribute to reviews of care and support needs.

People were encouraged and supported to be as independent as possible. One person told us, "The new cook is very kind to me, he knows I like my toast in tiny triangles so I can pick them up myself, so he does this for me." During our inspection visit, we saw people could move independently about the home as they wished to. People, who were able to, independently helped themselves to drinks from a water dispenser, one person told us, "It stretches my legs if I go and get myself a glass of water."

## Is the service responsive?

### Our findings

At our last inspection, we found the service was not consistently responsive to people's individual needs. We gave a rating of 'Requires Improvement'. At this inspection sufficient improvements had not been made and the rating continues to be 'Requires Improvement'.

People's needs were assessed before they moved in to the home and everyone had an individual plan of care. These were based on people's physical and personal care needs and there was little information around how people's emotional needs might be supported. For example, opportunities were missed to provide staff with information about people's earlier life experiences that might promote topics for personalised interactions to take place. The relevant section in some people's care plans remained blank and staff were unable to tell us why this was. Whilst staff knew a little about some people, they were unable to demonstrate they knew people well.

Staff had not received training in dementia care or person-centred care and were focused on tasks rather than the person. The registered manager told us they hoped staff would improve their skills as they completed the training planned for.

People's day to day plans of care were not consistently reflective of their current care and support needs. Whilst individual care plans described the care and support people needed on a day to day basis, these were not always changed following a review. For example, where one person's needs had changed significantly, these were recorded in the review section, but their plan of care had not been updated and no longer contained the information staff needed to respond and safely meet the person's current care needs. Where a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) had been agreed with a person, this was in their review section and not their day to day plan of care. One person's care plan stated they were mobile with a 'zimmer frame' but staff told us the person was no longer able to stand or walk.

Staff told us they tried to give people choices, for example, one staff member told us "I always respect resident's wishes." However, one person told us there were occasions when their choices were restricted. This person said, "Staff will tell me when they are able to help me to bed, it's dependent on two of them being available rather than when I'd choose to go to bed. Today, for example, it would not have been my choice to have my breakfast late, it's because I had to wait for staff."

Overall, people's religious needs were met. One person told us, "I am a Jehovah Witness and feel staff respect that and understand how this impacts my decisions and life. My faith needs are met, because fellow Witnesses come and visit me whenever I wish." However, improvement was needed where people's religious beliefs were recorded, as there was no further detail as to whether people's faith was or was not important to them and how the service would support them.

There were very limited opportunities for people to take part in organised group activities or receive support to follow individual hobbies and interests. People told us there was 'nothing to do.' One person said, "It's boring here." Another person told us, "Most of the time it's just the television, I can't even see that because



that person (pointing) puts their wheelchair right in front and sits so no one can see." Despite staff observing this, the issue was not addressed.

During the first day of our inspection visit, staff told us the activity for the day was 'nail care,' however, this was limited to a few people having their fingernails trimmed. There was no offer of, for example, nail varnish. One relative told us, "The activities are for more able people and do not meet my family member's needs." The deputy manager told us some events took place, such as a summer fete, sing-alongs were occasionally arranged and a firework party was planned for November. We discussed the lack of activities with the registered manager, who told us improvements were planned for. These were for an additional four hours every day, as from November 2018, for activities. The registered manager said the hours would be used for group activities and one to one time for people who were not able to join in group sessions.

The registered manager had not ensured staff had the skills to safely undertake the planned activity of 'nail care'. One person was very upset and, showing us their sore finger nail, told us, "The staff cut my nails too short and made the skin bleed." We made the assistant manager aware of this so it could be addressed with staff. The assistant manager reassured this person and gave them a plaster to cover and protect the sore skin on their one finger where the nail had been trimmed too short.

People and their relatives gave us mixed feedback when we asked if their views were sought about the services provided. Some had been invited and taken part in 'resident and relative' meetings, whilst others were unaware of these taking place. The assistant manager showed us minutes from the April 2018 meeting which recorded four people and one relative had attended. There were 'no actions' following the April meeting because 'everyone was happy.' However, the low attendance meant most people's and relative's views were not captured. People's views had been sought through the provider's annual survey undertaken during July 2018. However, not everyone could recall being asked their opinions and the survey response rate had not been recorded on the 'actions to be taken' for improvement.

There was a complaints policy displayed in the front hall of the home, however, this was quite high up and in addition to its location, the written format was not accessible to everyone living in the home. The registered manager told us when people moved to live at the home, they were given a 'service user' guide that told them how concerns or complaints could be made. Some people and relatives told us they had 'no complaints at all' about the service. Some people told us they would speak with staff if they had a complaint. However, this was not consistent and some people were worried about raising concerns or complaints. One person was upset at a personal item being mislaid but had not felt able to raise this as a concern. Another person told us they had previously raised an issue verbally with staff, but felt they were later 'ignored' by the staff member. The assistant manager showed us the complaints log, which recorded nine written complaints to date during 2018. Each had been investigated, with outcomes recorded. However, some verbal complaints made to staff which people and relatives told us about had not been recorded. The registered manager assured us systems would be implemented so verbal concerns were captured and acted upon.

The service did not specialise in end of life care, however, the provider's vision was to provide this to people when their health deteriorated, and they wished to remain at the home. On the day of our inspection visit, a few people were described to us, by staff, as being in receipt of 'end of life' care. However, staff's understanding of 'end of life' care was mixed. For example, staff described one person's care at the home as 'end of life' and added this had been for over one year. Another person's care information described them as 'end of life' but there was no mention of this in their day to day plan of care. This person described themselves as being 'well today' and was up and about the home. The registered manager assured us they would ensure people's plans of care were made clearer with distinctions between life-limiting health

conditions, physical frailty and end of life care. Further training for staff was planned for which would help them understand terms and people's individual needs.

## Is the service well-led?

### Our findings

At our last inspection, we found the service was not well led. We gave a rating of 'Inadequate' and a Warning Notice was served on the provider. At this inspection sufficient improvements had been made to meet the requirements of the Warning Notice, however, further improvements were needed and the future plans were shared with us by the registered manager during this inspection. We gave a rating of 'Requires Improvement'.

Some improvement had been made in the management of the service. A new manager had been recruited during April 2018, and had become registered with us in September 2018. The rating from our January 2018 inspection was displayed in the entrance hallway of the home as required under the regulations. However, further improvement to systems and processes to monitor the quality to ensure a safe, effective and responsive service was required.

Most people living at the home knew who the registered manager was, one person said, "She would do anything to help anyone, she talks to me and I enjoy talking to her." Another person said, "The manager is approachable." Relatives described the registered manager to us as, 'approachable,' 'brilliant,' and 'helpful'. Staff were positive about working at the home and felt there had already been 'big improvements' since the registered manager came into post. Examples of improvements staff told us about included the implementation of food and fluid log books, repositioning log books. Staff also told us about the home being 'calmer' and improved 'staff morale'. One staff member told us, "I feel more confident now, I get lots of support." Another staff member said, "We expected the last rating (following the CQC inspection in January 2018), but now we have a new manager, things are improving. I did a training session with the manager and it was so much better than before." The assistant manager told us they felt they had a 'very positive working relationship' with the registered manager, and added, "I'm learning so much. Things just weren't in place before." Another staff member told us, "The registered manager has a positive impact on the home. I feel comfortable in her presence and she is very helpful, nothing is too much trouble. I have complete faith in her to make the improvements needed."

The registered manager had implemented some systems and processes to audit the quality of the service. For example, medication audits were undertaken, and we saw some actions for improvement had been identified and implemented. However, medicine audits had not identified the issues we found, such as people not consistently having protocols in place to ensure consistency in when staff gave people their 'when required' medicines.

Infection control audits were undertaken, but had not always identified poor practices, such as single-bagged soiled incontinence pads left on a trolley awaiting later collection and carried through the home. Health and Safety audits had failed to identify the risks posed when decanting cleaning chemicals into spray-containers that were unlabelled.

Spot checks on staff care practices took place but were not always effective. For example, one staff's record showed areas identified 'further training needed,' but there was no action plan or evidence that this had

taken place or that a further spot check had taken place to ensure care practices had improved.

Some systems of audit had not yet been implemented. For example, when we asked the deputy manager how checks were made on whether people could summon staff's attention when needed and how quickly staff responded to call bells, we were told these checks were not done. Where staff had not ensured people could access their pendant alarms, checks were not in place so as staff's oversight could be addressed. The registered manager told us about future plans for an electronic call-bell system that would enable them to audit staff response times. The registered manager explained they had no date for this improvement and would, following our feedback to them, undertake call bell accessibility checks and staff response times as part of their daily checks of the home.

The oversight of important day to day care records needed to be improved so that on a day to day basis, and overall, the registered manager or provider could be assured people's individual care needs were being met. Whilst the deputy manager assured us people did not have any current skin damage, there was no evidence to support staff were undertaking repositioning tasks as required. For example, three people's care plans we reviewed described them as at 'high risk of developing pressure sores (skin damage)'. Equipment, such as special mattresses, were in place to reduce risks. Plans of care directed staff to reposition people 'every two hours' and people had individual record books in their bedrooms that staff were required to complete every time a person was repositioned. However, staff had not consistently completed people's records, which meant there was no assurance of people being repositioned as required. One person who was cared for in bed, had a gap in their record of 15 hours when there was no record of them being repositioned. Another person's record had a gap of 19 hours. The assistant manager told us the team leader on shift had the delegated duty to check staff completed important care records as needed. However, we found this did not happen and no managerial oversight of these records took place to address the issues we identified.

Following our previous inspection, the provider recognised that the trustees of the charity did not have the skills, knowledge or experience required to provide the support needed to the registered manager to make the required improvements and had appointed a business consultant. The registered manager said the provider's business consultant offered them support by telephone and undertook quarterly visits to the home. The business consultant had completed a visit during August 2018 and their report gave positive feedback and suggested actions for improvement. For example, in August, the provider's business consultant had identified people did not always have a body map to identify where staff should apply creams to their skin. However, action had not yet been taken to make the required improvement. Some of the issues we identified had not been reported on by the provider's business consultant, such as failures to follow best practices in health and safety and infection prevention and control.

The registered manager told us they had found, when they came into post, no effective systems or processes were in place and it took time to make the required changes. Improvements had been made in communication between the registered manager and Chairman of the Board of Trustees. For example, the registered manager showed us their monthly reports sent to them which provided key information about the service. Weekly 'Monday' meetings took place between the registered manager and Chairman of the Board of Trustees, and gave an opportunity for the registered manager to give updates about the service. The registered manager attended Trustee meetings which enabled them to present their monthly report about the home to trustees.

The registered manager had further improvements planned for the service. They had prioritised these in terms of safety issues, staff training and improving the quality of the service. The registered manager explained some improvements were goals to be achieved over a two-year period, these included the

introduction of an electronic care planning system. Following our inspection feed-back the registered manager sent us an action plan telling us about immediate actions taken to address some of the issues found by us and confirmed their other improvement plans they told us about.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not effectively assess the risks to the health and safety of service users or do all that was reasonable practicable to mitigate such risks.</p> <p>The provider did not ensure the proper and safe management of medicines.</p> <p>The provider had not effectively assessed risks, and prevented those risks, of the spread of infections. Risks of cross infection were posed to people.</p>