

Laso Health Care Ltd

# Manor View Care Home

## Inspection report

19 Manor Road  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 22 May, 2018 and was unannounced, which meant that nobody at the service knew we would be visiting. The provider registered with the Care Quality Commission (CQC) in April 2017. This was their first inspection.

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

Manor View provides care for up to 49 people. The home is divided into two separate units. The main unit, Manor View, provides nursing and residential care for older people living with dementia. The smaller unit, Church View, provides residential care for older people living with dementia. The service is in the Doncaster village of Hatfield.

At the time of our inspection the service had 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. However, the registered manager had recently left and a new manager had been in post five days, when we conducted the inspection.

Risks associated with people's care and treatment had been identified but action taken to minimise risk had not always been documented. Some people had lost weight but it was not clear what action had been taken.

Some parts of the environment required attention and doors to sluice areas and store rooms had been left open. The kitchen area in Church View required attention to ensure people were not at risk of infection.

Accidents and incidents were recorded but documentation did not always reflect what action had been taken.

The registered provider had systems in place to ensure people received their medicines as prescribed. Some people had been prescribed medicines on an as and when required basis known as PRN medicines. We saw PRN protocols were in place but lacked detail about when to administer the medicine.

People were safeguarded against the risk of abuse. Staff we spoke with were knowledgeable about safeguarding and knew what action to take if they suspected it was occurring.

Staff were supported to deliver their role and were knowledgeable about their responsibilities. Staff knew people well.

During our inspection we observed that people who used the service were supported to maintain a balanced diet. However, food and fluid charts gave little information about what people's daily intake had been and weigh loss was not always monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was compliant with the Mental Capacity Act 2005.

Staff interacted well with people and treated them with kindness and respect. We observed staff maintaining people's dignity by knocking on doors prior to entering bedrooms. Some personal information was displayed throughout the home and we asked the management team to consider confidentiality issues.

The registered provider employed an activity co-ordinator who was responsible for arranging outings and events and ensuring people engaged in social stimulation if they wanted to.

We observed staff interacting with people and found they supported people to meet their needs. However, care records we looked at lacked detail.

The registered provider had audits in place to monitor the quality of the service. However, these needed developing and embedding into practice to ensure they encompassed all areas and identified issues.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered 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 always safe.

Risks associated with people's care and treatment had been identified but action taken to minimise risk was not always documented.

Some parts of the environment required attention and doors to sluice areas and store rooms had been left open. The kitchen area in Church View required attention to ensure people were not at risk of infection.

Accidents and incidents were recorded but documentation did not always reflect what action had been taken.

The registered provider had systems in place to ensure people received their medicines as prescribed. We saw PRN protocols were in place but they lacked detail about when to administer the medicine.

People were safeguarded against the risk of abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were knowledgeable about people's needs, however some training required completing to ensure they were up to date with their skills.

The registered provider was meeting the requirements of the Mental Health Act 2005.

People had access to healthcare professionals when required.

People were supported to maintain a balanced diet. However, this did not always meet their needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

We observed staff interacting with people and found they were kind and caring.

Staff we spoke with were keen to ensure people's privacy and dignity were maintained.

People were supported to express their choices and preferences and staff ensured they were respected.

### **Is the service responsive?**

The service was not always responsive.

People received personalised care that responded to their individual needs. However, care records did not clearly identify people's current needs.

People were aware of the complaints procedure and felt able to raise concerns. People felt that staff would listen to them and resolve any issues.

People were supported to take part in various activities.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The registered provider had systems in place to monitor the quality of the service. However, they were not detailed sufficiently and were not embedded in to practice.

Audits took place to ensure quality of service was maintained, however these required embedding in to practice to ensure issues were identified and addressed.

There had been recent changes in the management team and the registered provider needed time to ensure the service was well led.

**Requires Improvement** ●

# Manor View Care 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 registered provider was 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.

The inspection took place on 22 May, 2018 and was unannounced. The inspection was carried out by one adult social care 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 care service. At the time of our inspection there were 30 people using the service.

Prior to our inspection we gathered and reviewed information about the service to help us to plan and identify areas to focus on in the inspection. We considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with four people living at Manor View and eight relatives. We spent time observing people going about their daily lives and looked round the home's facilities, including people's rooms, communal areas and bathing facilities.

We carried out a Short Observational Framework for Inspection(SOFI) in two of the houses. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff including the registered provider, the manager, care workers, catering staff and the activity co-ordinator. We requested the views of professionals who were involved with supporting people who lived at the home, such as the local authority. We also contacted Health watch Doncaster. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at people's care files, as well as records relating to the management of the home. This included

minutes of meetings, medication records, three staff files and quality and monitoring checks carried out to ensure the home was operating to expected standards.

# Is the service safe?

## Our findings

We spoke with people who used the service and their relatives and they felt they or their relatives were safe living at the home. One relative said, "[My relative] is at risk of choking as they have a problem swallowing, but they are on a special diet." Another relative said, "The service is always clean and tidy when I visit." Another relative said, "I have never noticed a shortage of staff. I'm quite happy."

The registered provider had a policy and procedure in place to safeguard people from the risks of abuse. We spoke with staff who were aware of the procedures to follow if they suspected abuse was happening. One staff member said, "I would report any safeguarding concerns immediately. I am aware of the types of abuse." Another staff member said, "We complete training in safeguarding which keeps us up to date."

Risks associated with people's care and treatment had been identified but action taken to minimise risk had not always been documented. For example, one person was at risk of losing weight and their care plan stated that weight monitoring should take place on a weekly basis. Records showed that the person had been weighed on a monthly basis and had consistently lost weight. However, there was no evidence to say what action had been taken. We spoke with staff who told us weekly weights had been completed but needed recording in the persons care records.

We also saw from care records, that three people living in Church View were losing weight. It was not evident from care records that action had been taken to address this weight loss. We spoke with staff who informed us that the doctor had been informed; however staff had not followed this through. On the day of our inspection the senior care worker contacted relevant professionals to address this.

We completed a tour of the service with the manager and found some parts of the environment required attention and doors to sluice areas and store rooms had been left open. The kitchen area in Church View required attention to ensure people were not at risk of infection. We saw a cupboard in the kitchen area which contained cleaning products, had been left unlocked. The kitchen units were worn and were unable to be cleaned effectively, due to worn surfaces. The microwave and a fridge were rusty and a further fridge was found to be unclean. The cleaning schedule was not specific and did not include the cleaning of this equipment.

We spoke with the manager who put a revised cleaning schedule in place on the day of our inspection. We were also informed by the registered provider that the microwave and fridge which were rusty would be replaced without delay. The manager also sent us information following our inspection to show they had conducted group supervision with staff to reiterate the importance of ensuring sluices and cupboards are kept locked. The manager also instigated spot checks as a way of monitoring this.

Accidents and incidents were recorded but documentation did not always reflect what action had been taken. We saw records which showed that some people had fallen on several occasions, but no evidence of actions taken. For example, one person had fallen four times during March and April 2018, however, there were no actions recorded to show this risk had been minimised. Following our inspection the manager sent



us an updated falls audit template which had been amended to enable further analysis. The analysis will also detail and look at identifying patterns and trends. This process needs embedding into practice.

The registered provider had systems in place to ensure people received their medicines as prescribed. We looked at records relating to medicine management and found each person had a Medication Administration Record (MAR) in place which showed that people had been given their medicines as prescribed. We found that medicines were stored appropriately in locked rooms. A fridge was available in both Church View and Manor View to store medicines which required cool storage. Room and fridge temperatures were taken on a daily basis to ensure the medicines were stored at the recommended temperatures.

The service had appropriate arrangements in place for storing controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We checked some CD's and found them to be correct and reflected the amount stated in the CD administration book.

Some people were prescribed medicines to be taken on an 'as and when' required basis, known as PRN medicines. We saw PRN protocols were in place but lacked detail about when to administer the medicine and what symptoms to look for. We spoke with the manager and registered provider about this and they told us they would improve the system. Following our inspection we were sent a revised PRN protocol which addressed this issue. This protocol requires embedding into practice.

We also saw that some people had been prescribed topical creams; however there were gaps in recording when these had been applied. Following our inspection the manager sent us evidence that a group supervision session had taken place where the importance of signing the topical MAR sheets had been reiterated.

We observed staff interacting with people who used the service in both Church View and Manor View. We found there were enough staff available to meet people's needs in a timely manner. Staff we spoke with told us there were enough staff working with them to be able to support people in line with their current needs.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained all the relevant checks. Staff told us that they completed an induction when they commenced work for the registered provider.

## Is the service effective?

### Our findings

We spoke with people who used the service and their relatives and everyone we spoke with felt staff were knowledgeable about their role and responded well to their or their relative's needs. One relative said, "It's open here and you can see everything, you can see the staff are a happy team." Another relative said, "They [the staff] ring me and keep me informed and up to date."

There was a plan in place to identify when staff required training to enable them to deliver effective care and support. However, we viewed the training records and found that some training had not taken place in line with the registered provider's policy. We saw that the manager had already identified the gaps and had begun a process to address this.

We spoke with staff who told us they received training on a regular basis and this was either completed via an eLearning program or by face to face learning. Subjects such as moving and handling and first aid were provided as face to face practical sessions.

Staff we spoke with felt supported and told us they received supervision sessions. Supervision sessions were one to one meetings with their line manager to discuss work related issues. We looked at records and found that these sessions had not always taken place in line with the provider's policy. Staff appraisals also took place; however, these had also not taken place on an annual basis. The manager had a schedule in place to address supervision sessions and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people were subject to a DoLS authorisation at the time of our inspection.

We spoke with staff who were knowledgeable about the MCA and could explain how they worked within its guidelines. We also saw best interest decisions had been made where people lacked capacity to consent to care and treatment. These were considered in the person's best interest and in the least restrictive way possible. This showed the registered provider was working in line with the MCA.

People were supported to maintain a balanced diet. We spoke with people who used the service and their relatives and they all commented positively about the meals and snacks provided. One relative said, "The

food is good and always well-presented and the smell that comes from the kitchen is yummy." One person said, "The food is marvellous."

We observed lunch being served in Church View and Manor View and found that staff offered and respected people's choices. Meals were served efficiently and staff gave assistance to people who required it.

The home followed guidance from Rotherham, Doncaster and South Humber NHS Foundation Trust in regards to addressing malnutrition. Staff had also completed training about malnutrition, which enabled them to measure the risk of malnutrition, implement an action plan based on risk and regularly monitoring the risk. This involved using homemade foods and drinks as a first line of treatment.

We saw people had a Malnutrition Universal Screening Tool (MUST) to identify any concerns regarding malnutrition. Anyone who scored a one or two on the MUST had a MUST action plan in place to ensure people received the right nutrition. MUST shots prescriptions were in place and stated when people required MUST shots. A MUST shot was a high calorie drink or snack such as cream, full fat milk, or chocolate bars. If weight had not increased after attempting all these things then the procedure was to make a referral to a dietician.

However, we saw this did not always work in practice as people who continued to lose weight were not always referred to healthcare professionals who could offer support and advice. We also saw that MUST scores had not always been recorded correctly. For example one person should have scored two on the MUST due to their continued weight loss, but they scored zero. We raised this with the manager and registered provider at the time of our inspection and they assured us they would take action to address weight loss concerns. Following our inspection the manager sent us confirmation that relevant staff had been re-trained on the MUST process and all care plans had been reviewed and updated in regards to weight loss concerns.

We completed a tour of the service and found that people living in Manor View were supported by a dementia friendly environment. We saw evidence of signs and pictures to assist people in navigating around the home. We also saw colourful and tactile pictures which filled the corridors. However, Church View was less dementia friendly and had limited signs and pictures. We spoke with the manager and the registered provider who told us they would address this.

## Is the service caring?

### Our findings

We spoke with people who used the service and they told us the staff were friendly and caring. One person said, "The staff are lovely and very helpful." We spoke with relatives of people who used the service. One relative said, "I have never seen any discrimination here. They [staff] spend time with them [people] all and treat everyone alike." Another person said, "I can't fault the staff they are really good." Many relatives told us they felt welcome when they visited the home. "One relative said, "The staff make me feel welcome and always ask if I would like a cup of tea or coffee." Another relative said, "All the family are made welcome."

We spent time during our inspection observing staff interacting with people who used the service in both Manor View and Church View. We found staff were kind and caring in their nature and were warm and open with people and receptive to visitors. We saw staff were compassionate when supporting people. For example, we saw staff assisting one person to use a hoist. Throughout the task staff spoke with the person, ensured they felt safe and comfortable and ensured their dignity was preserved by making sure their clothes covered their legs.

People who used the service appeared comfortable in the presence of staff. There was appropriate friendly banter between them which helped to create a homely atmosphere. For example, one care worker smiled at a person and they reacted by saying, "Hello my lovely," Then looked at another person and said, "She's lovely isn't she, [referring to the care worker]."

We asked staff how they would ensure people's privacy and dignity were respected. One care worker said, "We make sure curtains are closed and doors are shut before delivering personal care." Another care worker said, "I talk to people as I am assisting them, I think this helps to build a good relationship."

The service supported people to express their views and be involved in making decisions about their care. We saw staff respected people and took in to consideration their preferences and personal histories. Staff we spoke with knew people well and so were able to support them in line with their personal choices.

## Is the service responsive?

### Our findings

We spoke with people who used the service and their relatives and they felt they or their relative was treated as an individual and care was provided in line with people's current needs. However, relatives commented that they were not involved in their relatives care plans. One relative said, "I have not been involved in care planning, we do discuss it but not formally."

People received personalised care which was responsive to their needs. However, we looked at a selection of care records belonging to people who were residing at Church View and Manor View and found some information was not always documented. For example, we saw two people's moving and handling care plans stated that they required a hoist to transfer. However, no loop configuration or size and type of sling were detailed in the care records.

Following our inspection the manager sent us information stating what actions they had taken to address these issues. For example, they have initiated a program called, 'resident of the day,' which is aimed at reviewing all aspects of people's care in a comprehensive manner. Also moving and handling care plans had been reviewed to contain specific information required to assist people using a hoist. Whilst these practices require embedding in to practice, we felt the registered provider had taken sufficient action to address the issues raised during our inspection.

People were supported to follow their interests and take part in social activities. The registered provider employed an activity co-ordinator who worked at the home 30 hours a week. We spoke with the activity co-ordinator who explained the type of activities that were provided. These included trips out to various places of interest, crafts, table games and making use of the outdoor space by having tea in the garden when the weather was fine. The activity co-ordinator also attends resident and relative meetings and asks for suggestions about where to go on trips and what activities they would like to partake in.

The registered provider had a complaints procedure in place and used them to improve the quality of the service. People we spoke with and their relatives felt able to raise concerns and felt they would be resolved efficiently and in a timely manner. One person said, "I am more than satisfied here." One relative said, "If I had concerns I would speak with the manager or any staff on shift. I am confident they would sort any concerns."

We saw that complaints raised had been recorded along with the action taken. Action plans had been devised to ensure lessons were learned and future practice amended to improve the service.

## Is the service well-led?

### Our findings

At the time of our inspection there had been recent changes in the management team. The manager had been in post five days and the unit manager for Church View had moved to a different role in the organisation. A new unit manager for Church View had been employed and was due to commence this role in early June 2018. The home also had a deputy manager who was also the clinical lead, supporting nursing staff. The new manager informed us that they had received a full and comprehensive handover from the registered provider and felt they had been well supported in their first few days of employment.

We spoke with people who used the service and their relatives and they commented positively about the new manager and the leadership of the service. One relative said, "I like the new manager, she comes in and says hello. I think she will be good." Staff we spoke with felt the new manager was approachable. One care worker said, "The new manager makes a point of asking what's happened during the day before she leaves."

The registered provider had systems in place to monitor the quality of the service being provided. However, these needed developing to ensure they identified all concerns such as the ones we found during our inspection. For example, the falls audit listed people who had fallen, but did not state any actions they had taken. The weight loss audit had identified people who had lost weight, but again no evidence of actions taken. The house keeping audit had not identified the concerns we raised during our inspection. Care plan audits had not identified the lack of detail we found in people's moving and handling care records. The audit process required embedding into practice.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

During our inspection we saw personal information displayed in the kitchen area in Church View and also outside people's bedroom doors (personal histories). We raised this with the registered provider and manager due to the confidential nature of the information displayed. They told us they would take action and send us an email following our inspection to confirm that both items had been removed.

People who used the service and their relatives had opportunities to voice their opinions about the service. One forum for this was the resident and resident meetings which were well attended. People felt they were kept up to date with changes in the service. One relative said, "We had a meeting to inform us that the previous manager was leaving." Another relative said, "The new provider employed an admin' assistant to free up the manager."

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider had systems in place to monitor the quality of the service. However, these were not effective and had not identified the concerns we raised on our inspection.
Treatment of disease, disorder or injury	