

# Plenus Care Ltd The Manor

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 March 2015. Breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At the last inspection on 4 March 2015 we found that the provider was not meeting the standards of care we expect in relation to ensuring that appropriate arrangements for the management of medicines are in place. Infection control procedures did not protect people from the risk of infection and systems and processes were not in place for the monitoring and improvement of the service.

We undertook this focused inspection on 23 September 2015 to check that they had followed their plan and to

confirm that they now met the legal requirements. During this inspection on the 23 September 2015 we found the provider had made improvements in the areas we had identified.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The Manor provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 25 people who require personal and nursing care. At the time of our inspection there were 21 people living at the home.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to

# Summary of findings

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.

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. The provider had systems and processes in place to keep people safe.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The management and administration of medicines was in line with national guidance.

Arrangements were in place to monitor the quality of the service and make changes to the service in order to improve care.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety of the service.

Processes were in place to ensure that cleaning had taken place. Equipment was cleaned on a regular basis.

Medicines were administered and stored safely.

This meant that the provider was now meeting legal requirements.

We improved the rating for safe from 'inadequate' to 'requires improvement'

**Requires improvement**



### Is the service well-led?

We found that action had been taken to improve how well led the service was.

Processes had been put in place to monitor the quality of the service.

The provider had notified us of accidents and incidents as required by the Care Quality Commission (CQC).

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



# The Manor

## Detailed findings

### Background to this inspection

We undertook an unannounced comprehensive inspection of The Manor on 23 September 2015. This inspection was completed to check that improvements to meet legal requirements with regard to the management of medicines, infection prevention and control arrangements and quality monitoring which were planned by the provider after our comprehensive inspection on 4 March 2015 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the service was not meeting some legal requirements in relation to those sections.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had experience of the type of service we inspected. For example experience of services for older people.

During our inspection we observed care and spoke with the manager, the deputy manager, the provider, five people who use the service, a relative and a senior carer. We also looked at four care plans in detail and records of audits and medicines. We also spoke with a visiting professional.

# Is the service safe?

## Our findings

At our previous inspection in March 2015 we identified that people were not adequately protected against the risks associated with the unsafe use and management of medicine. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirements. At this inspection we found the provider had made the required improvements.

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, "We're being looked after very well." Another person said, "I feel safe."

We saw that medicines were administered and handled safely. Staff ensured that people were aware of their medicines. People were asked if they required their PRN medicines. (PRN medicines are medicines which are not required on a regular basis). However we observed during the medicine round that one person was given their medicines and left with them. When we checked the care records they stated that the person required observation to ensure that they took their medicines which was not provided on this occasion. There was a risk to the person's wellbeing if they did not take their medicines.

Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Staff told us and records confirmed, they received training about how to manage medicines safely and that their competence was reviewed on a regular basis. We saw that the medication administration records (MAR) had been fully completed according to the provider's policy and guidance.

Care plans were in place which detailed how people liked to have their medicines and whether or not they required additional support. For example one person required their medicines to be given in their food. We saw that a risk assessments had been completed and an assessment under the Mental Capacity Act 2005 completed. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person

making a decision on their behalf must do this in their best interests. When we looked at the provider's policy and guidelines for this we saw that it stated that where people are given their medicines in this manner this should be agreed with both the GP and the pharmacist to ensure that it is a safe method of administration of medicines. We spoke with the registered manager who told us that this had been discussed with the pharmacist but not documented. It was not clear that this administration process was safe for the person.

Where people refused medicines on a regular basis care plans detailed what action staff should take in order to ensure that people were safe. We looked at care records and saw that staff had followed the guidance.

At our comprehensive inspection in March 2015 we also identified that processes were not in place for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focussed inspection on 23 September 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 12 described above.

People told us that they thought the home was clean. When we spoke with staff they were able to tell us about the processes which were in place to ensure that the risk of cross infection were reduced.

The provider had appointed a lead for infection control, (providers are expected to have leads for infection control according to national infection control guidance). They told us that they had completed training which would enable them to train other staff members and ensure that they had the appropriate skills to protect people against the risk of infections. They also said that they had been given specific time in order to support them to do this. The infection control lead had attended local advisory meetings with the local authority about infection control and was liaising closely with them about processes within the home.

Staff told us that they thought there were sufficient cleaning staff available to maintain a good standard of cleanliness in the home. The registered manager told us that they were in the process of recruiting to a further cleaning post. Cleaning procedures and monitoring had

## Is the service safe?

been reviewed. We saw that cleaning schedules included areas that required cleaning on a daily basis. Arrangements were in place for regular cleaning and monitoring of bedrooms and we saw that these were being carried out.

The registered manager told us that they were in the process of carrying out some refurbishment which would assist with maintaining the cleanliness of the building. For example the dining room flooring was being replaced so that it could be cleaned more easily and a bathroom which had been identified as an area of concern at our previous inspection was being refurbished.

Arrangements had been put in place to ensure that equipment such as walking frames and hoists had been cleaned on a regular basis. We looked at the equipment and found it to be clean. Staff told us that they carried out the cleaning of equipment on a regular basis. Equipment had also been installed to ensure that commode pans were cleaned adequately.

We observed that the general waste bin in the grounds was overflowing and the lid was not properly shut which

presented a hygiene risk. The registered manager told us that this was collected fortnightly and they had requested for a weekly collection but had not been able to facilitate this.

We saw that there were sufficient facilities for hand hygiene. For example hand gel and soap dispensers were available throughout the home and were filled. Hand gel is important for staff to use in order to reduce the risk of cross infection. Staff wore protective clothing to carry out personal care tasks and when serving meals.

The registered provider had policies and procedures in place to support staff to maintain standards of cleanliness and prevent cross infection. We saw that the provider had begun to put audit processes in place. Hand washing audits had been completed to ensure that staff used the correct procedure to protect people from the risk of infection and an infection control audit was being developed. The provider was working with the local authorities lead for infection control to develop this to ensure that it met with national guidance.

# Is the service well-led?

## Our findings

At our previous inspection in 2015 we identified that arrangements were not in place to regularly 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.

After our inspection the provider wrote to us to say what they would do to meet the legal requirements. At this inspection we found the provider had made the required improvements.

Processes were in place to ensure the ongoing improvement of the service within the home. External audits had been carried out in relation to medicines and there were internal processes in place to check the current service and deliver improvements.

Following our previous inspection the provider had developed an action plan because we had identified some areas which required improvement. We observed at this inspection that some of these actions had been completed and improvements to care had taken place. For example two surveys regarding the quality of care had been carried out with people who used the service in order to inform the running of the service.

The manager said that they had held one relative's and resident meeting but that this was poorly attended. However despite this they had discussed issues such as meals and had had a suggestion of a local singing group to visit the home, which they were following up. The home had also developed some links with local community groups and a dementia choir which they attended.

Staff were aware of their roles and who they were accountable to. Members of staff and others told us that the registered manager and other senior staff were approachable and supportive. One member of staff said, "Feel very supported in my role." Staff said that they felt able to raise issues and that they had regular staff meetings.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time out of the office in the main areas of the service so that they were aware of what was happening and be available to people for support and advice, staff confirmed this.

The registered manager told us that they had appointed a deputy manager since our last inspection. They said that this provided them with additional support and provided a person to lead the service on a consistent basis as the registered manager worked across two homes. They told us that the deputy was also given time to carry out management tasks such as audits and quality monitoring.

The provider had notified us of the accidents and incidents which the provider is required to notify us of. We saw that accidents and incidents had been reviewed in order to identify any patterns and prevent reoccurrence of these.