

# Anchor Hanover Group

# Manor Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Manor Court is a residential service providing personal care in one adapted building. The service provides support to older people some of whom are living with dementia. The service is registered to support a maximum of 37 people. There were 22 people living at the service at the time of the inspection. Each person had their own room with a kitchenette and en-suite bathroom.

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

People told us they felt safe living at Manor Court because staff were aware of their safeguarding responsibilities and knew how to report any concerns. Risks to people had been assessed, reviewed and managed to ensure people received safe care. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

There were adequate numbers of staff available to meet people's needs and robust recruitment and selection processes were in place to ensure staff were suitable to work with people.

People said staff were kind and caring in their approach and staff respected people's privacy and dignity as well as promoting their independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were asked for their views about the quality of the care delivered at the service through surveys and meetings. People had access to healthcare services when required to meet their needs.

Regular audits were completed by the management team to check the safety and quality of the service delivered. This included competency checks of staff practice.

We have made a recommendation about the management of some medicines.

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

### Rating at last inspection

The last rating for this service was outstanding (published 5 December 2017.)

### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

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

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Manor Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector, an assistant inspector, an inspector from the medicines team 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.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

A new manager had been in post for two weeks and was in the process of completing their application to register.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 9 members of staff including the new manager, district manager, a registered manager from another service, and care staff. We spoke with 5 people and 3 relatives for feedback on their experience of care and carried out observations. A range of documents were reviewed including 9 people's care records and 15 medicine records. We also looked at a variety of records relating to the management of the home including 3 recruitment files, handover records, audits, improvement plans, policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Systems and processes were in place to make sure people received their medicines safely and as prescribed. Staff were trained and assessed as competent to administer medicines. Medicines administration records were completed when medicines were given.
- Care plans and medicines profiles described what support people needed to take their medicines and any additional risks or monitoring that was required to manage their health conditions. Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.
- Best interest decisions were recorded for people living with dementia, who had been assessed as not having the capacity to decide about whether to take a medicine or not. These best interest decisions were made in conjunction with the person's GP and a family member and considered the person's known wishes. Least restrictive decisions had been made and medicines were only given without the person knowing if it was in the person's best interest, for example an antibiotic.
- Staff knew people well and supported them to take medicines prescribed to be given when required (PRN). Staff had guidance to help them make consistent, person-centred decisions about when a PRN medicine might be needed, particularly where people were unable to communicate their needs. Staff recorded when they gave a PRN medicine but did not always record the reason why or the outcome.
- Medicines were stored and disposed of safely and securely. An ordering process was in place to make sure medicines were available when needed, but we saw that one person had run out of a food supplement over a weekend.
- Staff applied creams and other external preparations during personal care. Records were in place to show carers where and how to apply. However, staff did not always record when they had applied a cream. This had been identified as an area for improvement by the manager and discussed at a recent staff meeting.

Recommendation: the provider should ensure that records of cream application are fully completed, and staff record the outcome from giving a when required medicine.

### Staffing and recruitment

- People, their relatives and staff said there had been a lot of changes at Manor Court in relation to the staffing and the management team. They explained that on occasions this had impacted on the quality and consistency of care provided.
- Staffing was maintained at the level the provider had assessed was needed and although there were mixed views about staffing arrangements, we saw staff had the skills to meet people's needs and were able to respond to requests in a timely manner.
- We also noted the provider and new manager had put measures in place to address any deficits in staff

knowledge and experience to improve service delivery. For example, where agency staff were used to cover any shortfalls, the provider worked with the agency to maintain consistency in staff where possible to promote continuity in care for people. They explained new staff had been recently recruited into the vacant roles. This meant people would be supported by a more consistent staff team.

- We were satisfied that the provider needed more time to fully embed the changes they were making into care practice and service delivery. As part of their improvement programme they had instigated a temporary embargo on admissions and were working to continuously develop and recruit staff.
- Staff had been recruited safely. Records showed references and Disclosure and Barring Service (DBS) had been obtained before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. Comments included, "Yes, I feel safe, the staff talk to me" and, "[Person] is safe here, the staff make sure of that."
- The provider had systems in place to protect people from harm or abuse. Staff completed safeguarding training and safeguarding reminders were around the service to clarify the process to follow.
- Staff were able to explain their understanding of what safeguarding meant and knew how to report any issues appropriately. One member of staff said, "I would go to the management, I would go straight to [manager] and write a form."
- Safeguarding concerns were reported to the local authority safeguarding team and the new manager ensured any issues were appropriately addressed.

Assessing risk, safety monitoring and management

- Where required people's fluid consumption was recorded, initially for three days to monitor their intake. However, we found amounts were not always routinely analysed to ensure a person drank sufficient liquids to remain hydrated. We discussed this with the manager who addressed this issue straight away and checks were added to the daily handover of information at the start of each shift.
- People had their individual risks assessed and monitored. This included risks associated with mobility, skin integrity and swallowing.
- Staff understood the risks to people and took actions needed to mitigate avoidable harm whilst respecting people's rights and freedoms. This included the use of specialist pressure relieving mattresses and pressure alarm mats to alert staff.
- Environmental risk assessments were in place and health and safety checks were completed which included maintenance of equipment.
- Personal Emergency Evacuation Plans (PEEPS) had been completed which considered people's individual specific risks such as mobility and sensory impairment. This provided the assurance that people's individual risks had been assessed and managed effectively in the event of an emergency such as a fire.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.



- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Family and friends were welcome to visit the service when they wanted, and we saw several relatives visiting during the inspection.

#### Learning lessons when things go wrong

- Systems and processes were in place to learn lessons, including when incidents and accidents occurred. This included putting actions in place to reduce the risk of them re-occurring in the future. For example, sensor mats were introduced to notify staff when a person might be mobilising unsafely.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Although people and their relatives felt staff were generally equipped with the skills and knowledge to undertake their roles; the provider and new manager had identified this as an area for improvement. Comments from staff were mixed around the support they received and included, "No regular supervisions," "Supervision has not been that regular because of the staffing issues." And, "Yes, I have felt really supported and I am not shy to ask anything if I don't know."
- The new manager explained the actions they had taken in relation to improving the support provided to staff as well as developing their knowledge and skills. For example, a supervision tracker had been developed and was being implemented as well as an individualised staff performance plan to advance staff's knowledge, understanding and skills. The manager was also able to evidence during the inspection that they had started to arrange supervisions with staff.
- The provider had established a procedure to ensure staff received a induction before starting their role. This was to ensure staff had the relevant skills for their roles.
- However, the training matrix identified some staff's training required updating; we spoke with the new manager about this and they explained the actions they had taken to address any shortfalls. For example, contacting external professionals to get extra training around people's dietary needs as well as ensuring new staff did not complete tasks such as moving and handling until they have had their competency assessed.
- Staff explained they received a mixture of e-learning and in person practical training that was refreshed at regular intervals to ensure their knowledge and skills remained relevant. One member of staff said, "I did 2 weeks shadowing, I did my practical moving and handling. I had some practical fire safety and inhouse training I think I am up to date as far as I know."

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

- People's requirements were assessed to ensure their needs could be adequately met by the service. Assessments were comprehensive and outcomes identified.
- Information about a person's health requirements were included in their care plan to enable staff to understand any needs people had associated with these.
- People and/or their relatives were involved in the planning, review and delivery of their care and their choices were recorded within their care records.

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

- People were supported in line with their needs and preferences. We observed staff speaking with people about meal choices and saw they showed people living with dementia 'plated' options to enable them to make a meaningful choice of meal.

- The chef had a record of people's dietary requirements to ensure people received food that was suitable to their needs. People who required alternative diets such as, softened or pureed foods or thickened fluids received these to enable them to eat and drink safely.
- People and relatives spoke positively about the food. Comments included, "The food is lovely, ideal for me. We get tea and coffee in the afternoon. It's always hot.", "Mealtimes are calm, I love it.", and, "You can choose where you want to eat. Meals are hot, there's always a choice."
- People were offered fluids and snacks throughout the day and there was a nutrition and hydration station available in the lounge area for people to enjoy.

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

- People had access to a range of health and social care professionals when they needed them.
- Where healthcare professional advice had been provided about an individual's care this was incorporated in their care record and risk assessment. For example, in relation to dietary requirements.
- Relatives said staff kept them informed about any changes in their family members health. One relative commented, "The staff know [person] and their needs. They do talk to us about [person's needs]."

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

- The service was spacious with an open communal area to suit people's needs. For people unable to use the stairs the service had a lift. People also had access to a garden area in warmer weather.
- Equipment used to support people was regularly checked and serviced to maintain safety. For example, call bells were used for people to call for staff assistance. These were maintained. For those people unable to use call bells due to their level of understanding sensor mats or magic eyes were used in people's rooms. These detected movement and alerted staff to go and offer assistance. We saw these were regularly checked to ensure they worked properly.
- The service was undergoing refurbishment in some areas, this included new flooring, painting and new handrails.
- People were encouraged to personalise their rooms with personal effects, items of interest or photographs of their family and friends.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who understood and followed the principles of the MCA. For example,

people were asked for their consent prior to staff supporting them.

- Where people lacked capacity to consent to their care, the manager had applied for DoLS from the local authority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported by kind and caring staff. Comments included, "[Staff] are kind to me, they speak to me nicely." "Very nice, [staff] look after me well." And, "They are always kind."
- Although we observed interactions between people and staff were warm and friendly, the provider and new manager had identified staff's knowledge of people's choices and preferences as an area for enhancement. This was because some people had expressed the view that not all staff were familiar with their daily routines and choices.
- The new manager explained the measures that had been taken to equip staff with this knowledge. For example, handovers at the start of shifts and daily meetings to share information. The service had also employed several new staff to continually improve the consistency of staff.
- Care records included information about people's preferred name and other important details such as life histories and any protected characteristics such as, people's religious beliefs and disability.
- People were supported to make choices and decisions about how they wanted to receive their care and support. People confirmed their choices were respected. For example, in relation to the activities undertaken, clothing choice, menus and some people's preference to stay in their rooms.
- People were supported to express their views through residents' meetings and the use of satisfaction surveys. People said they would be happy to speak with the manager or staff if they had any concerns about their care.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff respected their dignity and supported them to be as independent as possible. Comments included, "[Staff] always knock, they call me by my name, they are respectful." And, "I'm encouraged to be independent, but they'll help if necessary."
- People were supported to make choices about their daily routines. People said they could get up and go to bed when they chose. They confirmed they could make decisions about where and how they spent their day. Some people liked to take part in the regular activities on offer, while others chose not to, and this was respected.
- People's confidentiality was respected, and people's care records were kept securely.
- We observed staff respected people's dignity and privacy for example, if a person's door was open we heard the member of staff call out first to people in their rooms before they walked in, or knocked on doors that were closed.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in their care planning as much as they could be. Relative's confirmed they felt involved in their family member's care. One relative commented, "I've been informed of changes in [their] requirements."
- Care records were personalised to the individual and detailed information about each person's specific needs and how these should be supported.
- Care records were reviewed regularly to ensure they remained reflective of people's care needs, choices and preferences.
- Handovers were completed at the start of each shift which provided staff with an overview of the care people received and captured any changes or action required in people's health or well-being.
- Daily heads of departments and staff cluster meetings had been implemented by the manager. The purpose of these meetings was to share and exchange information and to update on any concerns, progress or issues that might affect people or the running of the home. Records confirmed these meetings occurred regularly.
- Some people living at the service were vegetarian, menu choices were prepared daily to meet their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager was aware of their requirement to follow the Accessible Information Standard (AIS). Processes and systems were in place to ensure the AIS was consistently applied to all people's care. People's communication needs had been assessed and where identified needs were found these had been addressed. For example, one person's first language was not English, information was presented in a way they could understand.
- Care records included details of people's preferred communication styles. This included information about any sensory needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access a variety of different daily activities within the service. On the day of the inspection people were taking part in different group activities. For example, people were encouraged to undertake gentle exercises to support them to retain or improve their mobility. We also observed people enjoyed time sitting with staff talking.
- People were supported to maintain relationships with those people important to them. Families were encouraged to visit the service when they wished to, and staff supported this.
- The service also facilitated weekly visits from children as part of 'The Archie Project.' This is a programme that enables local school children to visit services on a regular basis for intergenerational activities such as shared lunches, story-telling sessions, dancing, snooker, baking and gardening. Children are encouraged to interact with people living in the service to reduce the stigma and fear of dementia.
- The service was also developing a tearoom facility for people to enjoy which would also welcome the local community for weekly coffee mornings.

#### Improving care quality in response to complaints or concerns

- People and relatives said they would have no hesitation in raising any concerns and felt if they needed to discuss a concern, staff would be approachable.
- All concerns and complaints were responded to appropriately by the provider or manager. All were documented, investigated and clearly recorded.

#### End of life care and support

- People had end of life care plans in place that explored people's personal preferences for their end of life care.
- The service worked closely with the healthcare services to ensure people and their relatives were provided with the right support at that time.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- It is a condition of the provider's registration that they have a registered manager in place. Although a registered manager was not in place at the time of this inspection, a new manager was in post and was completing their induction period. They assured us they would apply to register with CQC once they had settled in their new role.
- Governance systems were in place to monitor the quality of the service. The new manager was working through a comprehensive improvement action plan to assess, review and monitor the quality of care and service provided. This was overseen by the provider.
- The action plan identified areas for improvement and included issues we had found during our inspection. Measures were either in place or being implemented to move the service steadily forward and improve. For example, the provider had identified staff were not working effectively as a team and had completed a 'values and behaviours' training session with the entire staff team to re-establish the providers values and ways of working.
- The provider and new manager had also recruited several new staff and were reviewing the processes for communication to improve the quality of care and service delivery.
- The management team were taking a pro-active approach to address any gaps in the oversight of the service. The new manager was able to demonstrate actions they had already taken to improve the service and embed new ways of working, such as developing and re-establishing staff champion roles, enhancing staff knowledge and restoring regular supervisions with staff as well as appointing a new deputy manager. This showed quality assurance systems were effective.
- Any further identified concerns or issues at the service were detailed on the providers on-going action plan with clear timescales for improvement.
- The new manager was positive about the progress already made and was passionate about continuing to make further improvements within the service.
- The management structure provided clear lines of responsibility and accountability. The manager and staff understood their roles and strived to ensure care was delivered in the way people needed and wanted it.
- The provider had policies and procedures in place to promote and direct the smooth running of the service. For example, in relation to complaints, equality and diversity, safeguarding, whistleblowing and infection control.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good



outcomes for people

- The manager was new to the service however, they were visible and available to all staff and people living at the service, this had helped in establishing an open and inclusive culture.
- The new manager was fully supported by the provider's management team who carried out quality assurance checks along with advice, guidance and support on the day to day running and management of the service.
- The provider had staff recognition schemes in place to reward staff for going above and beyond or for length of service. This encouraged high-quality performance from staff and high outcomes for people.
- Staff told us they enjoyed working at the service comments included, "I would recommend this as a good place to work and I have no problems here." And, "I would recommend it as a good place to work and Anchor itself is a good company."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had been asked for their opinions on the quality of the service and areas for improvement via regular 'residents' meetings. Relatives and visitors' feedback was sought through the use of an electronic system. Responses showed people and their relatives were generally happy with the standard of care.
- The service had several communication channels to share information with people, their relatives and staff, these included face to face conversations, newsletters and new technology such as, social media.
- Staff were kept up to date with information about changes to people's needs and the service by handovers and daily meetings. These provided staff with the opportunity to express any concerns and share information with each other as well as being a method to drive forward improvements within the service.
- Staff felt the new manager was supportive and spoke positively about the future direction of the service. Comments included, "[Manager] seems nice enough, he has only been here a couple of weeks and has been helpful he helps out and gets stuck in if needs be. From what I have seen he is willing to help with anything." "I think now [manager] is here [the provider] is trying to ensure it is at the level it is meant to be at. So far, I think [manager] is doing well it is good he is here."
- Staff confirmed they had some opportunities to discuss the service and express their views. However, some staff told us they had not had recent one-to-one meetings or supervisions with their manager to discuss their performance or training needs. We saw this was one area being immediately addressed by the new manager.

Working in partnership with others

- The manager and staff worked in partnership with external healthcare professionals and shared information to benefit people who lived at Manor Court. Staff were aware of the importance of working with other agencies and sought advice and their input when required.
- Anchor Trust is a national provider who seek to work in partnership with other organisations to continually improve the quality of service provided to people as well as keeping up to date with national policy and regulation to inform improvements within their homes. The organisation has a number of achievements such as being, winners of the Laing Buisson large residential care provider award for two years, winner of marketing week award 2022 for their Employer Brand and Employee Value Proposition. They are also accredited with the living wage foundation and are a 'Stonewall Diversity Champion' as well as a signatory to the Care Leaver Covenant and have signed up to the Age Friendly Employer Pledge.

