

Harris Care Ltd

# The Manse

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service.

The Manse is a residential care home providing personal care to up to 21 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 21 people using the service.

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

People received their medicines as prescribed. However, some of the systems and processes used at the service, regarding the management of medicines, were not always effective in ensuring medicines were accurately recorded. The medicines audit was not effective. We were given assurances by the registered manager that this would be addressed.

The recruitment processes used at the service did not always ensure past employment dates were accurately recorded. We were given assurances by the registered manager that this would be addressed.

We toured the premises and found the service to be clean and decorated to a good standard. There were no malodours.

The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

The Manse was fully staffed. There were enough staff to meet people's needs and ensure their safety. Staff were happy and many had worked at The Manse for many years.

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.

Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance. Guidance in care plans guided staff to help build independence wherever possible.

Identified risks were assessed and monitored. Care plans contained guidance and direction for staff on how to meet people's needs. However, where some people's needs had changed this information was not always reflected in the care plans in a timely manner.

Food looked appetising and there were staff available to support people where needed.

The registered manager, deputy manager and the provider had oversight of the service. There was an audit programme to help identify any areas of the service that may require improvement. However, the medicines audit had not identified the concerns found at this inspection.

People, staff and relatives were asked for their views and experiences by the manager and the provider. Staff meetings were held to share information and seek their views. Relatives told us, "We are so pleased with The Manse. We are very happy", "We have no complaints, and we visit regularly" and "The manager and staff are warm, they always let us know when things change. It is a lovely home like environment."

The registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs or incidents that occurred.

The registered manager and staff worked closely with local health and social care professionals to meet people's needs.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 10 December 2018.)

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.

Enforcement

We have found a breach of regulations in relation to records at this inspection. Please see the action we have told the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Manse

## Detailed findings

### Background to this inspection

The Inspection.

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

Inspection team.

The inspection was carried out by one inspector.

Service and service type.

The Manse is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered manager.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

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 also reviewed information that we held about the service such as notifications. We used information sent to us by the provider in their Provider Information Return. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed 2 people's care plans and risk assessments. We reviewed all staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with 4 people who lived at The Manse, 4 staff, the registered manager and the deputy manager. We spoke with 4 relatives of people living at The Manse.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People received their medicines as prescribed for them. However, not all medicines stored at the service had been recorded. A quantity of 'just in case' medicines had been prescribed for a person who did not require them yet. These medicines required stricter controls but had not been recorded as required. This was addressed by the registered manager during the inspection.
- Medicines that required stricter controls were not always calculated correctly. The calculation of the amount of one medicine was inaccurate. There had not been any recent audit of these medicines. This meant the error had not been identified.
- The regular medicine audit also did not include a check of the Medicine Administration Records (MAR). This meant there was no one checking for any gaps or unsigned entries. The last few medicines audits stated that medicines that required stricter controls had been audited each month. This had not taken place since 2 September 2022.
- Staff recorded medicines following administration on paper MAR charts. Handwritten entries on to the MAR were not signed by two staff, as per the policy held at the service. The double checking, by two people, when handwritten entries were added to the MAR helps to ensure any errors would be identified.
- Some people's MAR's had medicines prescribed which did not have any record of them having been administered. We were told this was because the GP had asked for the medicine to be stopped or was no longer required by the person. However, this was not clearly recorded, signed or dated.

The failure of the provider to ensure that they maintain accurate, complete and contemporaneous records is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and according to the guidance provided in the protocols.

### Staffing and recruitment

- Recruitment processes were not always robust. Pre-employment checks such as references and Disclosure and Barring Service (DBS) checks had taken place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, past employment dates provided by an applicant were not always clearly documented or verified by referees.

We recommend the provider takes advice and guidance from a reputable source regarding robust recruitment checks, when taking on new staff.

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we saw staff were responsive to requests for assistance and recognised when people needed support. Staff told us there could be times when they were short of staff but that any gaps were filled in by other members of the staff team. One staff member told us, "There are usually enough staff, we manage."
- Staff told us they worked well as a team. Comments included, "I really like it here. Staffing levels are ok and the manager is really good if we need to make changes to the rota" and "We all get along, many have been here a long time and know the residents really well."

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe.
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. We observed staff assisting people to move using a variety of equipment. Staff were competent in managing this and treated people with dignity and respect whilst undertaking these tasks.
- Risk assessments were detailed and provided staff with guidance on how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behaviour's and falls.
- The service had a maintenance person who responded to any faults at the service. Ongoing improvements to the building were in progress at the time of this inspection. The maintenance person ensured there were regular checks of all the equipment in use at The Manse.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place. A practice evacuation of the home was being planned to take place in the coming months.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

The service was supporting visits from friends and families. Protocols were in place should there be any disruption due to COVID-19 outbreaks

#### Learning lessons when things go wrong

- There were processes to ensure accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager told us they would be aware of any complaints or concerns raised. No complaints were in progress at this time.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Needs assessments reflected people's physical, mental and any additional needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People, their families and relevant health and social care professionals were all involved in creating the support plan which helped ensure that the person's needs were understood and could be met.

Staff support, training, skills and experience

- People received effective care and treatment. Most staff had received required training. There was an oversight record held by the registered manager that showed all their training and prompted them when an update was due. One staff member told us, "We are often doing training. I have just done an electronic course in dementia care."
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident to provide support independently.
- Staff meetings took place. Staff felt they were well supported.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place between staff and the registered manager.

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

- People were supported with their dietary needs where this was part of their plan of care. People were regularly weighed.
- People's preferences and dietary requirements were recorded in their care plan. However, where one person's needs had changed, this had not been updated in their care plan. Experienced staff knew people's needs well and people were receiving appropriate support.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- Staff promptly referred people to other professionals when their needs changed. This helped ensure

people could get support as required from health or social care professionals.

- The community nursing team supported staff with any nursing requirements. The local GP visited regularly.
- People's preferences, likes and dislikes, were recorded in their care plans.

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.

- People were supported in accordance with the requirements of MCA. Staff took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interests.
- The registered manager had records of applications made to the DoLS team. We were told there were two authorised restrictions in place at the time of this inspection.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and the provider did not always have effective quality monitoring systems. The medicines audit was not accurate or effective as it had not identified the concerns with incomplete and inaccurate records found at this inspection with medicines management.

The failure of the provider to ensure they maintain accurate, complete and contemporaneous records is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager provided effective and supportive leadership to the staff team and their individual roles and responsibilities were well understood.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.

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

- There was a positive culture within the staff team and staff told us they felt supported by the registered manager. Staff consistently told us they felt the service was well led. Their comments included, "It is a good place for people to live and work. I would be happy for a loved one of mine to come in here" and "We are well supported here."
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs, and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments were regularly reviewed. Daily records were detailed, up to date and person centred, giving an insight into the daily lives of people living at the service.

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 registered manager understood their responsibilities under the duty of candour. Relatives were kept

informed of any changes in people's needs, accidents or injuries.

- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had systems to positively engage with all stakeholders. People told us they regularly engaged in conversations with senior staff and managers. They felt their views were valued and considered.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- Questionnaires were given to people's families. Feedback was positive. Relatives told us, "We are so pleased with The Manse. We are very happy", "We have no complaints, and we visit regularly" and "The manager and staff are warm, they always let us know when things change. It is a lovely home like environment."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.
- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.
- The registered manager was committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- Staff meetings took place regularly and staff told us they were able to share their views and that the registered managers door was always open if they had to raise any issues.

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  The provider had failed to ensure they maintained accurate and complete records. Medicine records were not always accurate. The audit of medicines had not identified this concern