

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Manton Hall

Lyndon Road, Manton, Oakham, LE15 8SR

Tel: 01572737212

Date of Inspection: 17 October 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✗ Action needed
<b>Meeting nutritional needs</b>	✗ Action needed
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Foundation Care (Norwich) Limited
Registered Manager	Mrs. Jackie Groom
Overview of the service	Manton Hall is a care home without nursing. The service can accommodate a maximum of 31 older persons.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with two people who used the service and to two relatives. People told us they liked the staff and received the care and support they required. One person said "Its alright, the staff are pretty good". A relative told us they were always made welcome when they visited and liked the staff. We saw that care records were in the process of being updated. Some care plans and risk assessments were not reflective of people's current needs.

People told us they liked the meals provided and said there was always a choice. Some people had not had their risk of malnutrition assessed for some time. One person had lost a lot of weight but we could not find evidence that appropriate action had been taken in response to this.

Staff knew how to recognise the signs of abuse and what action to take when abuse was suspected. People told us they felt safe living at Manton Hall. The provider had processes in place to monitor the quality of service provision. This included seeking the views of people who use the service.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 22 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

We spoke with two people who used the service and with two relatives. They told us that staff ensured that consent was obtained before providing care and support. We looked at care records. We saw that staff had recorded circumstances where people who used the service had refused the care and support offered. For example, where a person refused assistance with their personal hygiene, staff respected this. We spoke with staff about how this situation was managed. Staff told us that they would always seek verbal consent before carrying out care and support. They told us that when people refused they respected this and went back at a later time to offer again.

We saw that mental capacity assessments were carried out. Mental capacity assessments are required to establish whether or not the person has the capacity to make a decision. The provider may like to note that these records were not dated.

Staff had received training about the mental capacity act 2005 and associated deprivation of liberty safeguards (DoLS). Staff knew that people could only have their liberty deprived following a best interest assessment and decision.

We saw that written consent was obtained for the taking and use of photographs and for the management of medication. Written consent was also obtained for the sharing of information. The person who used the service was asked who if anyone information could be shared with. For example people were asked if information could be shared with other professionals, next of kin and friends.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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We spoke with two people who used the service and to two relatives. They told us they received the care and support they required. One person said "the staff are pretty good". Another person said that on occasions they had to wait for a long time for staff to attend to them. We looked at the dependency levels of people who used the service and at the numbers of staff on duty for each shift. We saw that some people had complex and high dependency needs. One person told us that on occasions other people who used the service mistakenly entered their room. The manager told us they were in the process of recruiting new care staff members in order to increase staffing numbers at busy times of the day and evening. The numbers of staff on duty during our inspection were not always sufficient to meet people's needs or to ensure their welfare and safety. We observed that the lounge was at times unattended by staff. Although this was only for short periods of time we saw that some people were displaying behaviour that presented a risk.

We looked at care records for three people who used the service. The manager told us that they were in the process of updating people's care records. We found that there was no care plan in place for some risks and care needs. We saw that some care plans had not been updated for a long time. This meant that they may not be reflective of the person's current needs. We saw that for two people, records stated they should have their blood sugar tested weekly. However, their blood sugars had not been tested for some time. The manager told us the testing machine was broken and they had asked the community nursing team to replace it.

An activities organiser was employed to provide occupation and activities to people who used the service. A range of group and one to one activities was provided. One person who used the service told us they would like more to do and would like to go out more.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was not meeting this standard.

People may not be protected from the risks of inadequate nutrition and dehydration.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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We spoke with two people who used the service and to two relatives about nutritional needs. One person said "The food is good. There are always two choices. I am a big eater and they give me plenty" A relative told us they would like to see more variety, more fruit and more home cooked desserts.

We looked at menu records and spoke with the cook. We saw that two choices were available for each meal. The menu was planned for four weeks at a time. We asked the cook how they made sure the menu met people's needs and preferences. They told us they reviewed the menu on an on-going basis and made changes as necessary. Some people required special diets such as diabetic diets or soft diets. The cook told us that staff kept them informed about people's blood sugar readings and this information was used to plan the persons menu. However, blood sugar testing had not been completed for some time. We have reported on this in outcome 4. The cook told us they were supplied with all the resources they required to provide a variety of nutritious meals. We saw that the kitchen was well stocked.

We observed the lunch time meal. People were offered a choice. The meal looked appetizing and nutritious. Staff assisted people when this was required.

We looked at care records and saw that people had their risk of malnutrition assessed. However some people's risk had not been reviewed for a long time. One person had lost a significant amount of weight but we could not see any evidence that staff had taken action regarding this. Some people had not had their weight monitored for a long time. Some people had their food and fluid intakes recorded. We looked at these records and saw that there were days when very little was recorded on the food and fluid intake chart.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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The provider had consistently demonstrated an appropriate response to any incident of suspected abuse. The provider took appropriate action and informed the relevant authority. We spoke with two people who used the service. They told us they felt safe. People told us they could speak to staff about any concerns they may have.

Staff had received training about safeguarding people from abuse. We spoke with a staff member about recognising the signs of abuse and what action to take. The staff member knew how to recognise abuse, when to report and who to report to. Staff knew when and how to contact other authorities such as the local authority safeguarding team and the CQC.

Staff felt that the manager was approachable and would listen and take appropriate action about any concerns they raised.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. Staff were interviewed and asked to provide two references. The manager told us that a reference would always be requested for the staff member's most recent employer. A check was undertaken with the disclosure and barring service. These pre-employment checks are important to ensure that people employed were suitable. The DBS check informs the provider when people have a criminal record or have been barred from working with vulnerable adults.

We looked at staff files for two staff members. We saw that all the required checks and references were in place. Staff told us they were supported by the management team. They told us they could approach their manager with any issue or concern.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Residents meeting were held. We looked at the minutes of the last meeting held in August 2013. Satisfaction questionnaires were sent out to people who used the service and their relatives annually. Action plans were developed in response to any issues identified. A provider quality monitoring visit was carried out monthly. We saw the records for these visits. An audit was carried out for different aspects of the service at each visit. The audit included seeking the views of people who used the service, their relatives and staff.

The manager also carried out monthly audits of different aspects of the service. Records were maintained for all accidents and incidents. The provider may like to note that analyses of the accidents and incidents had not been carried out for some time. An analysis is important so that trends can be identified and changes made to minimise risk to people who use the service.

The manager maintained a record of all complaints and compliments received. We spoke with two people who used the service and to two relatives. All told us that they would feel comfortable speaking to the staff about any concern or complaint. They said that staff would listen and take appropriate action.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> Some peoples care plans and risk assessments were not reflective of their current needs. Staffing numbers were not always sufficient to meet people's individual needs or to ensure their welfare and safety. Regulation 9 (1) (a) and (b) (i) and (ii).
Accommodation for persons who require nursing or personal care	<b>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Meeting nutritional needs</b>
	<b>How the regulation was not being met:</b> Some people had not had their risk of malnutrition assessed for a long time. The provider could not evidence that appropriate action had been taken in response to weight loss. Food and fluid recording records were not accurate or up to date. Regulation 14 (1) (c).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 November 2013.

**This section is primarily information for the provider**

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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