

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

## Manor Gardens

Crowborough Road, Uckfield, TN22 4BY

Tel: 01825714400

Date of Inspection: 26 February 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Medici Healthcare Limited
Registered Manager	Ms. Alison Barnes
Overview of the service	Manor Gardens provides accommodation and support for up to sixty four people who require nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

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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 carried out a visit on 26 February 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

There were sixty one people in the service at the time of our inspection.

People received a good quality of support. People were encouraged to express their views and to live their lives as they wished. We saw that people had access to full and varied social lives.

People we spoke with told us they were "very happy here" and "couldn't fault any of it, the staff especially". People told us they felt involved in their care plans. Other people told us their families were involved on their behalf.

Staff worked in person centred ways. For example, being courteous and knocking on doors before entering people's rooms. Staff were knowledgeable about people's care needs and treated people respectfully. They were relaxed, supportive and patient. We saw that staff explained and reassured people when necessary.

The service had a good quality assurance system in place. Complaints and concerns were listened to and acted upon immediately. People told us that they felt safe and were able to talk to staff if they had any concerns.

We saw that care records reflected each person's needs and preferences. One person said "the staff always ask me when they want to know something about me".

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

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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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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The manager told us that people's care was developed with them, or their families where they were not able. From the care records, we saw that people's needs, wishes and preferences were central to their support. People were encouraged to express their views. We saw that staff gave people time they needed to make their own choices.

We saw that things that were important to people were established. For example, people's mental, physical and emotional needs. The manager showed us pre-admission assessments that were completed with people and their families. This showed how people were listened to and encouraged to be involved in their own support wherever possible.

We saw that entries in the care records demonstrated respect for each person. We saw that all terminology was professional and promoted each person's dignity.

We saw that people were given a 'welcome pack' that contained information about the service, including how to complain. One person we spoke with confirmed this. Families were also informed how to make a complaint at 'relatives meetings'. We saw minutes to these meetings that confirmed this.

We spoke with fourteen people during our visit. The manager told us that people were either independent or had family members to support them. One person told us "My son sorts everything out for me". The manager told us that where people did not have families, a local advocacy service was available if they wished to use it. We saw their contact details displayed on the wall in a communal area. Staff we spoke with showed us where this information was displayed.

People spoke positively about the service. One person told us they "love it here, because my family can visit whenever they like" and another person told us "We can have a drink whenever we want".

We saw that people were engaged in meaningful activities. For example, a coffee morning, used to plan afternoon activities. One staff we spoke with told us they "encourage people to join in when I think they need it". Another staff told us they "remind people when it looks like they've forgotten". People we spoke with confirmed this.

In the care records, we saw a mental capacity assessment and a 'best interest' meeting for one person. We saw the documentation included an assessment of the person's ability to make a particular decision. All documentation had been signed correctly and the outcome described clearly. We saw there was family representation as well as professionals at the meetings.

**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 meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We looked at ten people's care records. The manager showed us that individual needs were assessed and care was planned and delivered to meet those needs at an early stage. We saw that the service assessed all aspects of the person's health. For example, medication, nutrition, mobility. From the care records, we saw care plans and risk assessments that were developed from people's assessments. This meant staff could provide support that was responsive to each person's wishes.

Throughout the visit, we saw that the support identified in people's care plans was being followed and recorded in people's daily care records. We saw that care records were clearly written and provided clear guidance for staff to follow. This ensured that an accurate record was maintained for staff to refer to. One staff told us "it's vital that we know what needs to be done".

From the care records, we saw that support plans and risk assessments were reviewed monthly, or beforehand where necessary, and updated in recognition of the changing needs of the people they described. For example, we saw a care plan that had been updated after a person's health had deteriorated. This ensured that people received good quality support that was responsive to each person's needs.

We saw information on death and dying that was available to people and their families. We saw that people's wishes regarding dying were recorded in 'end of life' documents.

Staff we spoke with demonstrated a good knowledge and understanding of people's needs. For example, one staff explained to us the support one person needed for accessing the dining room for their meals. Another staff told us that "we check the care plans all the time to make sure we do things right".

The manager told us that the service accessed healthcare professionals when necessary. For example, one person accessed a Speech and Language Therapist. We saw that they had written in the person's care records and that the care plan was updated accordingly.

We were shown food charts for people with nutritional risks. We saw that these charts were completed on each occasion throughout our visit.

The manager told us there was effective communication at handovers between shifts to ensure continuity in support. We observed one handover in practice and saw all staff encouraged to participate to ensure everyone was up to date.

The manager told us people went out as much as they wished. People confirmed this and gave us examples, such as shopping and day trips. We saw these activities were recorded in people's daily care records. This evidenced that people were supported in maintaining their independence and community involvement.

**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 service had taken all reasonable steps to identify and prevent the possibility of abuse happening and ensured staff understood safeguarding processes. We were shown safeguarding and whistleblowing policies. We were shown a policy and procedure that described the safeguards to be used where a person needed to have their liberty restricted. These were linked to the relevant outcomes in the Health and Social Care Act 2008 Essential Standards of Quality and Safety. We saw that staff had signed to say that they had read and understood these policies.

We spoke with seven staff who confirmed that they had received training in safeguarding of vulnerable adults and whistleblowing procedures. Training records confirmed this.

Staff described the different types of abuse to us and said they were confident to report any concerns to the senior person on duty. Staff told us that if they needed to, they would go to external agencies, such as the local safeguarding office or the Care Quality Commission. We saw there were notices around the premises, displaying local safeguarding contact details. These were available for people in the service, their families and staff if they needed them. We saw that people in the service had this information in their 'welcome packs'.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were sufficient qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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There were nineteen staff on duty during the inspection. We saw that these numbers corresponded with the staffing on the rota. Staffing levels were decided by the manager and were determined by level of need.

Throughout the visit, we saw staff were not rushed and gave people time to listen and respond to their needs. People told us "staff are always around when I want them".

The manager told us they endeavoured to work alongside care staff every week in order to monitor practices and assess staff training needs. They also told us they used the time to communicate their philosophy of the service to staff. One nurse we spoke with told us "the manager always talks to us about any improvements that need to be made". In this way, staff told us they felt "valued because they are listened to" and felt able to make suggestions to improve the service.

From the training records, we saw that staff received a wide range of training. The manager told us training was geared to the needs of the people in the service. For example, dementia, mental capacity act, deprivation of liberties safeguards. We saw that all staff received diversity training. The manager told us there was no one currently in the service with any particular cultural or religious support needs. Staff we spoke with described how they "met people's needs in the past". From this, we saw that staff recognised and understood people's social and cultural needs.

We saw that all care staff had obtained national vocational qualifications (NVQ) level 2 or 3, apart from new staff, who were currently working towards it. One staff told us "I've been on plenty of courses and they were all really good". This evidenced that people were receiving support from well trained staff.

We spoke to seven staff. One staff told us "My induction was very good and prepared me for the work here". They told us they received supervision every two months where they could discuss any issues they had. We saw a supervision schedule for all staff and were shown one staff's record of their supervision sessions that confirmed this.

Staff were knowledgeable about people's support needs. One staff told us "anything new is discussed at meetings or handovers. The care plans are then updated if they need to be". This showed that people could expect consistency in their support.

The manager told us the service did not use agency staff and that "we have familiar relief staff so that people get to know who is supporting them". The rota we viewed confirmed this.

## 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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During our inspection, we looked some aspects of the quality assurance systems that were in place. We saw an up to date Quality Assurance policy, linked the Health and Social Care Act 2008 Essential Standards of Quality and Safety. We saw that all staff had signed to denote they had read and understood it.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider used a 'quality care system' that gathered information from audits, incidents, complaints and investigations to monitor the quality of the service. For example, nutritional, financial and care planning audits, outcomes from complaints received and incident and accident summaries. From this information, we saw the service developed an 'admin monitoring sheet', which was summarised and an 'action plan' finally developed to improve the service.

The service asked people, their families and staff for feedback on the quality of care people received by the use of annual surveys. We saw that survey summaries were available for anyone to view. We viewed the most recent survey findings.

The provider took account of complaints and comments to improve the service. We saw that there was a complaints policy and procedure, displayed in a communal area for staff, people in the service and visitors. The manager told us that any changes to policies and procedures were highlighted at training days and staff meetings and that all staff signed to say they had read them. Care records confirmed this.

From care records, we saw that where complaints were received, they were investigated and responded to within the timescales in the policy. People we spoke with told us they knew how to make a complaint if they needed to. One person told us "I'd talk to the staff if I was unhappy, but would take it higher if I thought I should".

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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