

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

Manor Gardens

Herons Ghyll, Uckfield, TN22 4BY

Tel: 01825714400

Date of Inspection: 11 March 2014

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services

✓ Met this standard

Records

✓ Met this standard

Details about this location

Registered Provider	Medici Healthcare Limited
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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Manor Gardens had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 March 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

This inspection was carried to follow up on areas of non-compliance identified at our last inspection in January 2014. We found that improvements had been made.

At this inspection we met with the provider, manager, deputy manager and four people who used the service. People told us that they felt they were looked after. One person said "I find it very good here". Another commented "I am well looked after. Staff try very hard".

We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans and risk assessments were up to date and reviewed regularly. There was evidence that care and support was provided in line with care plans. The service monitored the health and welfare of people who used the service and took appropriate action when changes in needs were identified.

The records we looked at were up to date and maintained to an appropriate standard. We saw that monitoring charts were filled in correctly. Care plans reflected people's most recent assessed needs. Records were stored appropriately and were accessible to those that needed to see them.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At our last inspection in January 2014 we found that care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. This was because we identified inconsistencies in the care and support that people received, which placed them at risk. We took enforcement action which required the provider to make improvements to become compliant.

At this inspection the people we spoke with gave us positive feedback about the service. Comments included "Staff look after me", "Absolutely marvellous. Staff have been so helpful" and "On the whole I am treated very well".

We looked at the care records for five people who used the service. These contained detailed care plans which explained how to meet people's assessed needs. Care plans included guidance specific to each person and covered areas such as personal care, nutrition, moving and handling and skin integrity. We found that all records were up to date and had been reviewed every month, or sooner, where changes in needs had been identified. We saw that where a review had identified a change in needs, the main care plan had been amended to reflect this. This meant that people's changing needs were assessed and action taken to plan care and support accordingly.

We looked at daily notes and records which showed that care and treatment was given in line with care plans. For example, one person had a care plan for breathing. The care plan explained in detail the treatment they needed for a tracheostomy, which included regular checks. There were charts in place which showed that checks were completed in line with care plan guidance. Another person had a wound management plan which stated that dressings needed to be changed every three days. Records showed that dressing changes had taken place as required. A tissue viability nurse, who was visiting on the day of our inspection, told us that the person's wound had "Improved over the last month". This demonstrated that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There were clear and detailed risk assessments in place which covered risks related to, for example, mobility, nutrition and skin integrity and catheter care. These were seen to be up to date and reviewed each month. There was evidence that risks were monitored and action taken where concerns were identified. For example, one person had a risk assessment on nutrition because of their difficulty in eating and drinking. We saw that it had been identified that the person had recently lost weight and a referral to a dietician had been made because of this. It had also been noted on the care plan. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw evidence in records that the service worked with external professional to support people with their clinical and health needs. Each person had a communication sheet which recorded visits from external professionals such as a dietician or GP. This showed that one person who had a tracheostomy had this changed by an ear, nose and throat specialist as required in the care plan. We also saw that one person had a recent review of their feeding regimen by a GP. Another person had recently been visited by a dietician to review their diet. This meant that the service involved appropriate professionals to support people in maintaining their health and well-being.

There were arrangements in place to deal with foreseeable emergencies. For one person who had difficulty in breathing there was guidance on what to do in an emergency at the front of their care record. This included details of what emergency situations could occur and the action to be taken. We noted that this guidance was also displayed on the wall in the person's room. The guidance included information about where to locate suction equipment if the person choked. We asked two staff if they knew where this equipment was kept and they were clear about where it could be found if needed. We met with four people who used the service in their rooms. Each person had a call bell located within reach if they needed any assistance.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our last inspection in January 2014 we found that people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. This was because some people's personal records including medical records were not accurate and fit for purpose. We also found that not all records relating to the management of the service could be located promptly when needed. We took enforcement action which required the provider to make improvements to become compliant.

At this inspection we found that the care records relating to people who used the service had been updated and recently reviewed. Monitoring checklists, such as those to record fluid intake, weight, clinical care and blood pressure had been completed as required in care plans. The care plans we looked at showed that there were recent updates where there had been changes to people's condition or their care and support had changed. For example one person had recently seen the GP regarding weight loss and this had been noted in the care plan.

There were folders kept in people's rooms for staff to record care and support given. These were easily accessible and supported staff in recording their actions at the time they were carried out. For example we saw that one folder contained a tracheostomy checklist record and that this was up to date at the time we looked at it. This meant that people's personal records including medical records were accurate and fit for purpose.

The provider may like to note that care plans were handwritten which made some of them difficult to read. We spoke to the manager about this who was aware of this issue and explained that this had been necessary in order to update all care plans as quickly as possible. They confirmed that they were now looking at how to make sure care plans were written in a consistent style.

We saw that records that related to people at the home, staff and the management of the service were stored in lockable cabinets and were accessible when needed. We looked at a number of records relating to the management of the service. These included team meetings, audits and quality assurance surveys. We found that these were all up to date

and clearly recorded. This meant that records relevant to the management of the service were accurate and fit for purpose.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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