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

Manor View Care Home

19 Manor Road, Hatfield, Doncaster, DN7 6BH
Tel: 01302350877

Date of Inspection: 28 May 2013
Date of Publication: June 2013

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
<tr>
<td>Records</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Four Seasons Health Care (England) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of the service</strong></td>
<td>Manor View Care Home provides care for 54 people. The home is divided into two separate units. The main unit, Manor View, provides nursing and residential care for older people with dementia. The smaller unit, Church View, provides care for older people with dementia. The home is in the Doncaster village of Hatfield.</td>
</tr>
<tr>
<td><strong>Type of services</strong></td>
<td>Care home service with nursing</td>
</tr>
<tr>
<td></td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td><strong>Regulated activities</strong></td>
<td>Accommodation for persons who require nursing or personal care</td>
</tr>
<tr>
<td></td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
### 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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>6</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>7</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>9</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>10</td>
</tr>
<tr>
<td>Complaints</td>
<td>11</td>
</tr>
<tr>
<td>Records</td>
<td>12</td>
</tr>
</tbody>
</table>

| About CQC Inspections                                                                      | 13   |
| How we define our judgements                                                              | 14   |
| Glossary of terms we use in this report                                                   | 16   |
| Contact us                                                                                 | 18   |
Summary of this inspection

Why we carried out this inspection

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.

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 28 May 2013, 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke to a visiting professional

What people told us and what we found

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

People experienced care, treatment and support that met their needs and protected their rights. One person said: "Staff are always nice and kind." Another person said: "The food is very good here, I can't knock it at all." A visiting doctor told us: "The nursing staff at Manor View and Church View are very proactive and communicate well."

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.

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

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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

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.
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

Our judgement

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. People's privacy, dignity and independence were respected.

Reasons for our judgement

We observed care taking place within the home and saw that people were routinely treated with dignity and respect. Staff showed consideration for people's preferences and wishes when they spoke with them. Staff ensured that they checked people's choices at mealtimes and made sure that people had the type of drink that they wanted. We observed one person saying that they wished to eat their breakfast in a quiet lounge rather than with other people in the dining room, and staff ensured that this preference was upheld.

People expressed their views and were involved in making decisions about their care and treatment.
We checked ten people's files and saw that their preferences were recorded in relation to how they wished care to be delivered. People had contributed to a life history document so that staff understood each person's history, background and opinions. There was evidence that, where people were able, they had been involved in devising their care plans and risk assessments.

Each care plan we looked at contained instructions about how people should be cared for and supported which took into consideration their preferences. Each person also had an initial assessment in place which recorded their views and preferences. Within each care plan there were a number of individual assessments and plans relating to various aspects of each person's daily life and care needs which again recorded how the person preferred to be cared for and supported.

We saw that the provider arranged for regular involvement meetings, where people who used the service discussed various issues including confidentiality, equality and diversity. Minutes from these involvement meetings showed that people were able to express their views and that they were supported to understand the topics discussed so that they could contribute.
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.

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

Reasons for our judgement

We inspected this outcome because when we inspected the home in January 2013 we judged that the provider was not compliant with this outcome. We therefore issued a compliance action. On this follow up inspection we found that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Some people told us that they were happy with the care they received. One person said: "Staff are always nice and kind." Another person said: "The food is very good here, I can't knock it at all".

We checked care plans belonging to ten people who were using the service. We saw that people's needs had been assessed and plans had been devised to ensure people's needs were met. Care plans contained up to date risk assessments which were re-evaluated on a regular basis.

We checked whether people were being cared for in the manner detailed in their care plans. In all cases people's daily notes recorded that they were being given the care they had been assessed as requiring.

We conducted a Short Observational Framework for Inspection (SOFI) during lunchtime. Using SOFI we observed that staff took time to offer people choices in the way that they were supported. Staff spoke to people with warmth and respect, and took appropriate steps to uphold people's dignity. One person said: "I like to take some of my meals in my room." A visiting relative told us: "Communication with staff is very good, we always know what's going on."

Care and treatment was delivered in a way which ensured people's safety and welfare. Care plans included assessments in falls, moving and handling, nutrition and pressure care.

We saw evidence that care plans were evaluated on a regular basis and were updated as people's needs changed. Risk assessments were in place to ensure that staff knew how to manage risks.
We saw evidence that people had access to health care services, such as doctors, chiropodists, opticians, continence advisors and tissue viability nurses. A visiting doctor told us: “The nursing staff at Manor View and Church View are very proactive and communicate well.”

We saw that care staff engaged well with people ensuring that nobody was isolated for any length of time without conversation or stimulation. One person told us "staff are great."
Safeguarding people who use services from abuse  ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

We spoke with staff and checked records. We saw that 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.

All staff had received training in abuse awareness and protecting vulnerable adults in the previous year. There were resources available to all staff in relation to safeguarding. We asked members of staff about their knowledge of safeguarding and they told us that they had received relevant training. They explained the process they should follow in the event of identifying concerns. They also told us that safeguarding was discussed in their team meetings and they felt they had a good understanding of their responsibilities.
Requirements relating to workers

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

Met this standard

Our judgement

The provider was meeting this standard.
People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at personnel files for staff holding a number of roles within the service. They contained details of the recruitment process each staff member had gone through, which showed that their suitability, skills and competencies had been assessed. Each staff member had been subject to reference checks and identity checks prior to appointment. Disclosure and Barring Service (DBS) checks had been carried out for each staff member. The provider had a system in place to ensure that qualified nursing staff held a live PIN number and checks were in place to ensure this system was used.

Staff were provided with mandatory training and a range of other training opportunities to ensure that their skills and knowledge remained up to date and that they understood the needs of people they were supporting.
Complaints

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a comprehensive complaints system in place, and information was provided to people who use services, their relatives and representatives so that they understood how to make a complaint.

The provider kept a record of complaints made and details of how they were addressed. We saw that where complaints had been received they had been dealt with in a timely manner. Staff we spoke with could describe the complaints procedure and were confident in their knowledge of how to raise concerns or make a complaint.

We checked complaints records and policies, checked people's files and spoke with staff and people who were using the service at the time of the inspection.

People were made aware of the complaints system. This was provided in a format that met their needs. The provider had a complaints policy in place which was available throughout the service and in the resident handbook. It was in an easy read format as well as a standard format. The provider told us how a recent complaint had resulted in additional staff training.
**Records**

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**

People's personal records including medical records were accurate and fit for purpose. Staff records and other records relevant to the management of the services were accurate and fit for purpose.

We saw that people's records were up to date and regularly reviewed so that they remained current and reflected people's care and support needs. Each care plan that we checked contained a high level of detail, so that staff understood how to deliver care to ensure people's needs were met. All the care plans and risk assessments we checked were signed by the staff member writing them, and all the daily notes we checked were also signed, so that staff writing records were accountable.

We checked five staff files, and also records in relation to staff supervision. We saw that the provider held relevant personnel information in relation to staff, and that supervision records were detailed. The cabinets containing care plans and staff records were locked, and the door to this room was closed, so records were securely stored.
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:

<table>
<thead>
<tr>
<th>Essential Standard</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

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.