

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

## Manor Lodge

Manor Road, Chelmsford, CM2 0EP

Tel: 01245496028

Date of Inspection: 13 September 2013

Date of Publication: October 2013

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

<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>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Care UK Community Partnerships Limited
Registered Manager	Ms. Juliana Shoi-Li Miles
Overview of the service	Manor Lodge provides accommodation and care including nursing care for a total of 120 older people some of whom may be living with dementia.
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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*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 carried out a visit on 13 September 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 carers and / or family members.

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### What people told us and what we found

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During our inspection we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not always able to talk to us about their experiences. We spoke with or observed the care provided to seven people using the service. We also spoke with one person's relative and six members of staff, including the registered manager.

People told us they were happy living in Manor Lodge. We observed staff offering people choices and treating them with respect and dignity. We saw that staff understood how to meet people's needs, including those with dementia.

The relative we spoke with told us they thought their relative was well cared for and spoke positively about the manager and staff team. They said they had no concerns about the care being provided by the home.

We found that systems were in place to ensure people had their medicines at the times they needed them and in a safe way.

We saw that people were safe because their health and welfare needs were being met by staff who were properly trained and supported to provide care and treatment.

Arrangements were also in place to ensure people had their comments and complaints listened to and acted on effectively.

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

### 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

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### Our judgement

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

During our inspection we looked at care records for nine people living in the home. We saw that people's needs were assessed to enable staff to develop appropriate and effective plans of care. The care plans we looked at contained comprehensive information, and had been updated recently to ensure the care being provided was still appropriate for each person's needs. People we spoke with confirmed that the staff understood their or their relative's needs. They told us they were very happy with the care and support they received.

We spent time observing the care and support provided to people living in the home. We saw that people were treated with dignity and were given choices about what to eat and drink, and where to have their meals. Some people chose to get up and eat later than others, and this was respected. Wipe boards were used to assist communication between staff and people with hearing impairments this ensured people understood the choices staff were offering them.

Arrangements were in place to support people who were at risk, for example because of limited mobility or poor nutritional intake. There was evidence that people's health care conditions were being regularly monitored. Support had been sought from external professionals; to ensure people's welfare was protected and all their needs met. We noted in one person's records that their health had improved as a result.

We observed during our inspection that regular drinks and snacks were provided. Staff gave lots of prompts and assistance, where required, to ensure people had adequate levels of hydration and food. People at risk of malnutrition were encouraged to drink flavoured milkshakes in addition to their prescribed supplements. The manager informed us that a monthly meeting was held with staff and the chef to discuss individuals that had been identified as losing weight. The group discussed how to improve nutritional intake and hydration this included high protein fruit smoothies to alternative diet options.

Specialist external advice had also been sought in respect of other areas such as falls and

dementia care. The manager talked to us about the home's approach to dementia care. She said that the home recognised each person as an individual and that people were at different stages in respect of their dementia care needs. We were told the home had adopted a no rush way of doing things, so that people were not hurried and routines were more fluid; acknowledging that people's feelings mattered most.

We noted that people's life history and interests were considered. Staff spent time with people engaging them in activities that best suited them, and the atmosphere in the home was relaxed and calm. We saw that the home had provided lots of things for people to do such as rummage boxes, games, hats, ornaments, music, books and toys. The home has four full time activities coordinators that were observed to actively be engaging people in activities. On the day of our inspection there was a 'holiday club,' the residents had identified different countries they would like to visit and the chef was tasked to make some food from that country. On the day of our inspection they were visiting china. The room had been decorated and samples of Chinese meals had been sent up from the kitchen. People said it was a very enjoyable experience and they got to choose what country they would try out next week.

Our findings showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

**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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During our inspection we found that people using 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.

A policy regarding safeguarding had been developed which made reference to local and nationally agreed processes for responding to suspected abuse, including how to Report concerns. Information received by the Care Quality Commission prior to this inspection showed that the home had responded appropriately when incidents had occurred.

Staff we spoke with confirmed they had received training in the safeguarding of vulnerable adults, and records we looked at supported this. Staff were clear that they would always report any concerns about people's safety and welfare to a senior member of staff. However, some staff were less sure about how to report information to external agencies, in the absence of a senior member of staff. We later saw that information about how to do this was on display in two different places within the home. The manager agreed to remind all staff again on what they needed to do in the event of her absence.

Records demonstrated that the home worked to the Mental Capacity Act (MCA) 2005 key principles. These state that a person's capacity should always be assumed, and that assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support. We saw evidence that people's capacity had been regularly assessed, to ensure important decisions about their health and welfare reflected a balance between respecting their rights, whilst still promoting their health and wellbeing. In the case of one person who had refused care, appropriate external advice had been sought and because they had been deemed to have capacity, their decision had been upheld and clearly documented. This showed an absence of controlling care practices within the home.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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During our inspection we found that medication was being stored securely, and stock levels were being monitored, to ensure people received their medication as prescribed.

Staff responsible for administering people's medication had received appropriate training; to ensure they were competent and had the skills to administer medication to people living in the home safely. We observed when staff gave people their medication; they explained what it was for and sought their consent before the medication was administered.

Staff we spoke with knew the purpose of the medication they were giving out. One person was sleeping when their medication was due, but the staff member gently woke them to explain the negative side effects of them not taking their medication at the right time. The person then consented to taking their medication, and went back to sleep.

Medication administration records (MAR) were being maintained and included explanations in respect of any gaps in administration, for example if someone refused their medication, or 'as required' medication was being administered.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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During our inspection people told us the staff treated them or their relative well. One person told us the staff were: "Always attentive [to their relative]."

We observed staff going about their tasks in a calm and competent manner. They were friendly and familiar with people, but also very respectful and considerate. Where assistance was required, for example with eating and drinking, we saw this was provided in an unrushed and dignified manner.

We observed lots of positive interactions between staff and people living in the home, and staff demonstrated that they understood the needs of the people they were supporting and how best to communicate with them. This included people with dementia. People living in the home were observed to react positively to the carers approach.

We looked at training records and found that staff had received training that was relevant to their roles and ensured people living in the home were safe and had their health and welfare needs met. Nursing and care staff had undergone important training such as safeguarding of vulnerable adults, dementia care, falls prevention, nutrition awareness, administration of medicines, moving and handling, Mental Capacity Act awareness and end of life care. The manager had a system in place to identify where staff refresher training was due. There was evidence that this training had been provided.

Arrangements such as staff meetings, supervision and observation were also in place to enable the manager to monitor staff practice and competence, and to provide support to staff in carrying out their roles. Staff spoke positively about their roles and the people they were providing care and support to. They confirmed that they received the right support to be able to do their jobs.

These arrangements showed us that people using the service were safe and had their health and welfare needs met because the staff received appropriate professional development.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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During our inspection we found that a complaints procedure for the home had been developed, and systems were in place to deal with comments and complaints.

Everyone we spoke with was happy with the care and support they or their relative received. We saw that people appeared confident and relaxed when talking with the staff. People we spoke with understood how to make a complaint if they needed to do so.

Care records acknowledged that some people would need support to make a complaint due to their healthcare needs, and stated that people's advocates should receive information about how to complain on their behalf, in these circumstances. We were able to speak with a relative of someone with dementia who confirmed they were clear about the home's complaints process and would feel comfortable talking with the manager if they had any concerns. They told us they had raised concerns in the past, and these had been dealt with to their satisfaction. They also said that regular relatives meetings were held, to enable them to discuss any issues and concerns they might have.

We found that a written record of complaints relating to the service had been maintained. This provided a clear audit trail of complaints or concerns received, and the actions taken by the home in response. We noted that complaints had been dealt with appropriately and in a timely manner. Additional information had been included to record further relevant information, and whether people had been happy with the resolutions provided.

These arrangements showed that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

## 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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