

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

## Manton Hall

Lyndon Road, Manton, Oakham, LE15 8SR

Tel: 01572737212

Date of Inspection: 22 January 2014

Date of Publication: February 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

**Meeting nutritional needs**



Met this standard

## Details about this location

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

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

- Care and welfare of people who use services
- Meeting nutritional needs

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2014, observed how people were being cared for 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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We carried out this inspection to follow up non compliance from our inspection of 17 October 2013. We spoke with three people who used the service. They told us they were happy with the care and support they received and said they liked the staff. We observed staff interacting with people who used the service. We saw that staff were respectful and helpful. People who used the service appeared relaxed and at ease with the staff on duty.

Care plans and risk assessments were up to date and reflective of people's needs and preferences. Staff were taking appropriate action in response to risk of malnutrition and or dehydration. Staffing numbers had increased since our last inspection. This meant that there were enough staff to meet people's needs.

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.

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

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### Reasons for our judgement

Our inspection of 17 October 2013 found that the numbers of staff on duty were not always sufficient to meet the needs of people who used the service. We found that some care plans had not been updated for a long time and were not reflective of people's needs.

During this inspection we spoke with three people who used the service. They told us they received the care and support they needed and in the way they preferred. When asked, people told us they did not have to wait for staff to attend to them. We spent time in the communal lounge observing staff interacting with people who used the service. Interactions were positive and respectful. There was a member of staff in the lounge for the majority of the time. This meant that staff were available to support people who used the service and to ensure their safety and wellbeing.

We looked at records of accidents and incidents. We saw that some people had fallen. Where this was the case the provider had taken appropriate action and a management plan was in place to reduce further risk. For example, pressure mats were used for people who were at risk of falling when getting out of bed. The pressure mat alerted staff that the person was out of bed and at risk of falling. We saw that following an accident, staff consulted with appropriate healthcare professionals such as GP's and community nurses. The provider may like to note that for one person there may have been a delay in staff seeking medical attention. While the person had been seen by their GP for a different reason, staff were unsure if the GP had been made aware of the fall at this time.

We spoke with staff about staffing numbers and looked at the staff roster. We saw that staffing levels had been increased since our last inspection. Staff told us that there were enough staff on duty to meet people's needs. There were 24 people using the service at the time of our inspection. Some staff were concerned that as occupancy increased the number of staff would once again become insufficient. The registered manager told us that staffing numbers would increase with occupancy.

We looked at care records for three people who used the service. We saw that care records were reflective of people's current and ongoing needs and were person focused. We saw that risk assessments were up to date and management plans were in place.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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Our inspection of 17 October 2013 found that risk assessments for risk of malnutrition had not been reviewed for a long time. Staff could not evidence the action they had taken in response to significant weight loss. Food and fluid intake records were not always being completed. Staff were not adequately monitoring whether food and fluid intakes were sufficient.

During this inspection we saw that the system for recording food and fluid intake had improved. Staff were looking at records at least every 24 hours and checking that adequate amounts had been consumed. We saw that risk assessments for malnutrition were up to date and reflective of current risk and needs. Care plans were in place for eating and drinking where a need or risk was identified.

We spoke with three people who used the service. They told us they liked the food, were always offered a choice. Staff told us that they had access to the kitchen at all times so that snacks and drinks could be provided to people who used the service. We saw evidence in care records that scrambled eggs on toast had been provided to a person who used the service in the early hours of the morning at their request.

We spoke with the cook about people's nutritional needs. The cook was aware of who was at risk of malnutrition and ensured their meals were fortified. We observed the lunchtime meal and saw that people were offered a choice. The meal appeared appetizing and nutritious.

## 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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