Manor Park Care Limited

Manor Park Nursing Home

Inspection report

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Tel: 01934414111

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 July 2017 and was unannounced. When Manor Park Nursing Home was last inspected in November 2015 there were no breaches of the legal requirements identified.

Manor Park Nursing Home provides nursing and personal care for up to 36 older people with dementia. On the day of our inspection there were 36 people resident in the home.

This service is rated 'Good'.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered manager and provider had quality monitoring systems in place. These systems were used to improve the service and embed a culture of continuous improvement.

People were involved in how the home was managed. Regular meetings took place to give people a chance to have their say; the feedback was used to improve the home and the people's experience of living there.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff and people we spoke with felt the staffing levels were appropriate.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their care needs.

Staff understood their safeguarding responsibilities and whistle-blowing policy and procedures. Staff supervision was undertaken regularly and staff felt well supported by the registered manager.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care and we received positive feedback from people's relatives and visitors. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs.

Care provided to people met their needs. Care records provided personalised information about how to support people. We saw that the service took time to work with and, understand people's individual preferences in order that the staff could respond appropriately to the person. People were also supported to undertake person centred activities and be involved in the local community.

The staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have, or be able to develop, the skills to keep people safe and support individuals to meet their needs.

People had their physical and mental health needs monitored. The service maintained daily records of how people's needs were met and this included information about medical appointments with GP's and dentists.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

There was a complaints procedure for people, families and friends to use and compliments were recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely.

Risk assessments were carried out to monitor and reduce risks to people. For example, the risk of falls and other health and safety issues.

The provider had a system in place to ensure staff were recruited safely and were competent to meet people's needs. There was enough staff to provide people with a safe level of care and support.

Staff knew how to identify the different types of abuse that could occur and, they were aware of how to report it and keep people safe.

Is the service effective?

Good

The service was effective.

The service complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards; some improvement was required in relation to best interest decision records.

People received enough to eat and drink. People's fluid and food intake was monitored and appropriate action taken if people lost weight. People's individual health needs were met.

Staff were provided with training and support to ensure they were able to provide people with the care they required.

People's healthcare needs were met and support and guidance was obtained from other healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people who used the service. Staff knew people's preferences well.

People and their relatives felt involved in the care and able to raise any issues with staff or the registered manager.

Staff knew how to treat people with respect and dignity as well as promote their independence.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning their care and supported to receive the care they needed.

People and relatives knew how to make a complaint and said they were supported to make their views known. The provider had a complaints procedure in place that was accessible.

Is the service well-led?

Good

The service was well led.

Staff were well supported.

People's views about the service were sought and any issues they had were addressed.

There were quality assurance systems in place to monitor the quality of the service and processes were in place to ensure any necessary action was taken. Audits were analysed to make sure the care provided was safe and effective and issues were addressed.

Manor Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 July 2017 and was unannounced. The inspection was carried out by two inspectors. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

As part of our inspection, we spoke with three people who used the service, the registered manager, four relatives and five members of staff.

We tracked the care and support provided to people and reviewed four care plans relating to this. We looked at records relating to the management of the home, such as the staffing rota, policies, recruitment and training records, meeting minutes and audit reports. We also made observations of the care that people received.

Good

Is the service safe?

Our findings

Medicines were generally managed safely. The service used an electronic medicine administration recording system, which provided staff with information about people's medicines, why they had been prescribed and details of any allergies. Additionally, the system alerted staff if medicines had not been administered or signed for, which meant that the service had real time information about whether people had received their medicines as prescribed.

People's medicines were stored in locked medicine cabinets in the four lounges. The temperatures of these were monitored, and records showed that occasionally the recorded temperature was just below 25 degrees centigrade which is the maximum recommended temperature for medicines storage. The clinical room temperature was also monitored and records showed that on one occasion during July 2017 the temperature there had been logged as above 25 degrees centigrade. This had also been raised during the latest pharmacist advisory visit during June 2017. The registered manager discussed this with the provider during our inspection and said that an air conditioning unit had been ordered and would be installed within a few weeks.

Some people were having their medicines administered covertly. This is when medicines are "disguised" within food or drink. When given this way best interest decisions should be made in line with the Mental Capacity Act. We looked at the documentation in place for four people who were receiving their medicines covertly. There were mental capacity assessments and documented best interest decisions in place for three people. The documentation in place for the three people was clear and detailed which medicines could be administered covertly and which were safe for staff to crush. Pharmacist advice had been sought and the documentation had been signed by all health professionals involved in the decisions. We have referred to the lack of documentation for the fourth person in the effective section of this report.

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. For example, when moving and handling equipment was required to move people safely, the hoist and sling details were recorded. When people needed support to move around, the guidance was clear, such as "Needs 1 staff to support, give calm instructions, reassurance and use visual aids whilst moving."

However, when other risks were identified the plans did not always inform staff of the most up to date guidance and at times the information within the plans conflicted with the support that was actually provided. For example, one person experienced difficulties swallowing and so was a high risk of choking. The care plan detailed that the person should have thickened fluids, but did not state how many spoons of thickener staff should add to the person's drinks. It was also documented that the person should have a texture D diet. Records showed the person had since been reviewed by the Speech and Language Therapy (SALT) team as they had been coughing and spluttering when receiving the texture D diet. The SALT team had recommended a change to a texture C diet and stage 2 thickened fluids. However, the care plan had not

been reviewed and updated to reflect the latest guidance. We discussed this with the registered manager who updated the care plan immediately. The SALT team are a community based speech and language therapy team that offer expert assessment and management of communication and swallowing problems.

We looked at the maintenance of equipment within the home. People who had been assessed as at high risk of pressure sores had air mattresses in situ. We found that for one person the air mattress in place should have been set according to the person's weight however when we checked it was set for a weight of 160kg, despite the person's latest weight being 54.7kg. We also saw another air mattress for another person was set for a weight of 160kg, but the person's actual weight was 71kg. Mattresses set incorrectly can increase the risk of pressure sores developing as well as being uncomfortable for people lying on them. We discussed this with the registered manager who immediately ensured all mattresses were set correctly and put stickers on mattress pumps to inform staff of the correct settings.

Incidents and accidents were recorded and cross referenced to the care files of people involved in the incidents. We saw that preventative measures were also identified by staff wherever possible and that some of the risk assessments were updated if required, particularly in relation to falls.

The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. All of the staff we spoke with said they had received safeguarding training and knew how to identify signs of avoidable harm and how to report any concerns. Additionally all staff knew to report any concerns about poor care standards. Staff comments included "I would raise any concerns with my senior, but I would go higher if I needed to. I'm confident I would be listened to though; they're hot on that here" and "I am 100% confident that I would be listened to if I raised any worries like that."

Visitors said they felt confident that their relative was safe. Comments included "I absolutely walk away from here confident that my relative is safe", "I do feel my relative is safe here, I know they're fine" and "I know my relative is safe living here".

There were enough staff on duty to meet people's needs. The registered manager explained how staffing levels were assessed and organised in a flexible way to support people for their daily needs and for additional activities and appointments outside of the home. We observed people in all four lounges in the home and saw that people were never left alone for more than 10 minutes. All of the staff on duty said they felt there was always enough staff to support people. Visitors to the service said "There is always enough staff" and "You can always find a member of staff easily". One said "Even at weekends, there is always enough staff."

There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

The majority of the building was visibly clean and fresh smelling. However, some of the communal areas of the building, where carpet was in place, smelt malodourous. We raised this with the registered manager who explained that the carpet was being replaced throughout the home. Furnishings and fittings were clean and all equipment that we saw was also visibly clean.

The provider had a business continuity plan in place. This set out the arrangements to be followed if the home had to be evacuated for any reason. The plan included what would happen if for example the

premises caught fire or if there was failure of any utility services. Personal emergency evacuation plans (referred to as PEEPs) had also been prepared for each person.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Consent to care was not always sought in line with legislation and guidance because there were no formal signed consent forms which covered all aspects of care within the plans we looked at. Although some people's capacity had been assessed in relation to the decision to administer medicines covertly for one person this had not taken place. We discussed the lack of documentation and process with the registered manager. The registered manager said they had invited the advocates of the fourth person to a best interest decision meeting, but to date had not had a response. Instead, the only documentation in place for this person was a letter dated 28 June 2016 which had been written to the GP requesting their agreement to administer the person's medicines covertly. There were also no best interest decisions in place for other aspects of care, such as the use of bed rails. The registered manager said they would arrange for the best interest decision process to take place for all people who required them as a matter of urgency.

Throughout the inspection we observed that staff continuously asked people for their consent prior to assisting them. For example, we heard staff asking people where they wanted to sit and what they wanted to eat. On one occasion we saw one member of staff approach one person and ask them "Is it ok if I just move you slightly forward in your chair? I think you'll be more comfy". They waited for the person to agree before assisting them. We heard another member of staff ask someone "Would you like me to give your nails a trim?"

Staff said they had received training on the Mental Capacity Act and demonstrated a good understanding of the principles. Comments included "I give people as much choice as possible" and "People are offered choice here, not just told".

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that appropriate DoLS applications had been made.

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they received training that the provider deemed as mandatory to their roles and also had access to further

training if they wanted it.

All staff spoke highly of the "Butterfly" training they had received. They said "The training taught me to remember that these are people; it's all about person centred care. For example, we don't have set bath days, people can have a bath or a shower whenever they want" and "The Butterfly approach is all about choice and making sure people have choices in their daily lives". One said "It's the Butterfly approach that makes us better than other places".

All of the staff we spoke with said they had regular supervision sessions with their line manager and they felt well supported in their roles. Supervision records we reviewed demonstrated this.

People were supported to have enough to eat and drink. Throughout the day we saw that people were offered drinks and snacks between meals. On one occasion, one person commented that another person's toast looked and smelt nice and the member of staff immediately offered to make them some. During lunch we saw that people were offered a visual choice of main meals. People were assisted if they needed it, whilst also encouraged to maintain their independence where possible. We observed one staff member assisting one person and they were talking and laughing together about their own food dislikes. One person had visual difficulties and when they asked for a drink, the staff member brought it to them and placed it in their hands saying "Here you are; the cup is in your hand, ok?"

People using the service said the food was "Lovely" and "Very nice". Visitors spoke highly of the quality of food. Comments included "There's always plenty to eat and drink" and "The food is absolutely excellent. My relative gets lots of meal choices and has always got a drink to hand." Several of the visitors we spoke with said their relative had put on weight since living at the service.

People had been assessed for the risks of malnutrition and their weights were monitored. When necessary, staff had sought advice and support from the GP and SALT, although as discussed previously, not all of the care plans reflected the latest recommended guidance. Other care plans provided information to staff on how best to support people with their nutritional needs, such as "Needs assistance because of poor eyesight. May require help to cut up food."

People had access to ongoing healthcare. For example records showed that people were reviewed by the GP. Visitors to the service said that staff contacted the GP if they had any concerns about people. For example, one visitor said "They (the staff) have contacted the doctor quickly in the past when needed and they always keep me informed."

Good

Is the service caring?

Our findings

Throughout our inspection we observed many positive interactions between staff and people using the service. There was a relaxed atmosphere throughout the building and we saw that people responded positively to staff. The staff said they tended to work in the same area of the building and as a result they knew people very well and provided continuity of care. This was seen during the inspection. All staff knew people by name and we saw that they took the time to sit with people and speak to them. They did not appear rushed in any way and this seemed to have a positive effect on people using the service; nobody appeared to be anxious or to demonstrate any signs of agitation. One visitor said "The staff know my relative so well and she knows them. I can see that she reacts positively to their voices."

Visitors spoke highly of staff. They said "The staff are all very good, helpful and respectful" and "The staff are very kind. They treat my relative like a person, they know all about her, because they've asked me. They're all lovely" and "The staff are so good. They speak to people like they're their own relative. They're very gentle." Staff spoke passionately about the care they provided. One member of staff said "I love being able to sit with people and hold their hand. I really get to know and love the people I care for. I would bring my mum here, I absolutely would recommend it." Another said "It's all about the people that live here and that's why I like it here so much. We have very high standards. It's very good and very safe care here." One staff member said "I love the person centred approach. I can do things with people that I know they'll enjoy. One of the people here used to be a photographer so I took them into town to see some photographs on display. They loved it" and "I can't understand why people don't get person centred care everywhere."

We saw that staff treated people with kindness and respect. Everybody was clean and smart. Visitor's comments included "My relative has their hair and nails done regularly" and "My relative is always clean and tidy. Everybody's nails are always clean too." One visitor said "As soon as we walked in, we knew this was the right place for my relative. There are lots of sensory things, bright colours. It's really homely and all the smiling, happy staff made us feel happy."

Staff knew how to maintain people's dignity. One said "I would always take someone into the bathroom or back to their bedroom for example, if they needed some personal care". We saw one member of staff assisting one person who had a continence accident. They spoke discreetly to them and suggested they took them to get washed and changed.

Good

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the care and support people needed. Information included people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Some of the care plans were more person centred than others and some plans lacked detail in relation to people's needs. Although we saw some good examples of person centred planning, we also saw that some relevant information was not always recorded. For example, one person had a diagnosis of epilepsy and had experienced a seizure within the past 12 months, but there was no seizure plan in place to inform staff what to do if this occurred. Another person had a urinary catheter in situ, but in the continence section of the care plan there was no guidance for staff on how to care for the catheter. Good examples of person centred planning included plans relating to people's behaviours. For example, triggers that might cause people to become anxious or distressed were detailed and the actions staff should take to support people. We discussed these findings with the registered manager. The registered manager agreed to review care plans to ensure detailed information in relation to people's needs was n place and up to date.

People were supported to maintain relationships with their family. Relatives told us they were in regular contact with the home and were kept informed of any issues regarding their relative. Relatives said they were invited to care plan reviews and were always informed of any changes in their relatives care or condition. Visitors to the service all said they had attended care plan reviews. All were familiar with their relative's care plan. Comments included "I was involved in a review not that long ago" and "Yes, we always get invited to the care plan reviews". All said they had the opportunity to attend relatives meetings, although only one said they had ever been to one.

People using the service were cared for by four teams, within four lounges (Spring, Summer, Autumn and Winter). These lounges were representative of a home environment with a small kitchenette. Staff said that the four lounges focussed on providing care dependant on people's physical and mental needs. For example, one staff member said "The winter lounge is very calm and not as noisy as some of the other lounges" and another said "The different lounges work by providing care that is focussed on different levels of dementia". When we sat in the winter lounge, there was some soft opera music playing, one person was asleep and another was having their nails done. It was very calm. In another lounge, people were laughing and joking. In another of the lounges the TV was on and people were discussing the wildlife programme. One person was reading a newspaper. A member of staff came in with a laundry basket of towels and asked one person if they felt up to helping them fold them. One staff member said "This place is so at ease, it has a big impact on people living here. People don't tend to get agitated because we know people so well we can relieve anxiety the minute we spot it. We spend a lot of time really being with people rather than being routine focussed". Another member of staff said "Because we follow the butterfly approach, we treat people living here like family. It's nice and relaxed here."

The doors of people's bedrooms were all personalised. As well as some brief information about people's

lives and their likes and dislikes, there were pictures that were important or relevant to them. Visitors said they were encouraged to personalise people's bedrooms and that they could decorate them however they wished. One visitor said "The staff have asked me all about my relative. They made up a memory box that is specific to her which is such a good idea. It means that staff can show my relative something from the box that night trigger a memory or start a discussion".

We saw people involved in different activities throughout the day. We saw that staff stopped to speak to people or to acknowledge them or simply to ask if they were ok. People could move freely around the building independently or with support. There were secure outdoor spaces where people could sit if they wished and people regularly went out with staff into the community.

The service had received written compliments via email, letter and thank you cards. People and their relatives felt able to complain or raise issues within the home. Visitors said they knew how to complain. Two visitors said they had "minor" issues previously, but these had all been resolved to their satisfaction.

Good

Is the service well-led?

Our findings

The registered manager was a visible presence throughout the home. Visitors and staff were unanimously positive about the way the home was managed and how approachable the registered manager was. All staff spoke highly of the registered manager. Comments included "[Registered manager's name] is brilliant. She's really helped me. She's a very good leader", "The manager has very high standards" and "I feel very valued as an employee". All of the staff said they had regular staff meetings as a whole and also as individual "House meetings".

We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings about refurbishment of the home, staff training and activities for people. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home.

To ensure continuous improvement the registered manager conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed. Regular audits were carried out to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service plans were in place to achieve this.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.