

Maria Mallaband 16 Limited

Manorhey Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Manorhey Care Centre, referred to as 'Manorhey' throughout this report, is a modern purpose-built care home. Accommodation is provided over three floors and the building is fully accessible. The ground accommodation specialises in providing care to people living with dementia; the first floor specialises in providing nursing care; and the second floor provides residential care.

The home can accommodate a maximum of 83 people. At the time of this inspection, 80 people were living at Manorhey.

People's experience of using this service and what we found:

Since the last inspection, there had been a deterioration in standards. The provider, Maria Mallaband 16 Limited (trading as Maria Mallaband Care Group) had failed to achieve a rating of at least 'good' in all key questions, which demonstrated systems and process for audit, quality assurance, questioning of practice and continuous learning are not effective.

Furthermore, since 2016 the provider has not met legal requirements and has consistently failed to ensure fundamental standards of quality and safety were maintained at Manorhey Care Centre.

At the time of this inspection, the home did not have a registered manager. However, the previous clinical lead had moved into the role of 'home manager' and had submitted an application to CQC to become the registered manager.

We spoke at length with the home manager and they shared with us their future vision for Manorhey. The home manager demonstrated a high values base and had the skills and experience to move the home forwards. However, this would equally require the provider and senior leaders within the organisation to provide a consistent and meaningful level of support.

Medicines continued to not be managed safely. We found issues associated with staff not following national guidance; medicines administration records (MAR) were not always completed fully; medicines were not always given as prescribed by the doctor; and, when medicines were administered in a covert manner (hidden in a drink or in food) staff did not always follow the guidance given from the doctor and pharmacist.

The home was carrying vacancies for nursing and care staff, with regular use of agency staff. We found the way in which staff were organised and deployed was not always effective. Shift leaders on each floor did not always have sufficient oversight because they were too busy engaged in other tasks.

Large pieces of equipment used for moving and handling were stored inappropriately in communal bathrooms and toilets. We observed the bathrooms/toilets to be in regular use which created a falls and trip hazard.

Throughout this inspection visit, we observed care and support being provided in communal areas. We focused the majority of our observations around people who were less able to self-advocate. On the ground floor, which is dedicated to people living with dementia, we observed the approach taken by some staff and the manner of their interactions and on occasions, found these to be abrasive and uncaring in nature.

There was a lack of meaningful person-centred engagement. We found this to be of most concern on the ground floor unit. A 'one size fits all' approach had been adopted when activities staff sought to engage with residents. We observed people were disinterested and did not want to participate. This contributed to feelings of frustration and agitation, and at times, an increase in behaviours that challenge.

Manorhey was accredited with the 'Six Steps' end of life care programme. This meant staff were able to provide care and support to those people who were nearing the end of life, to nationally recognised quality standards. People who were nearing the end of their life could choose to remain at the home to be cared for in familiar surroundings by people they knew well and could trust.

People were actively encouraged to provide feedback on any aspect of service delivery at Manorhey. We saw surveys and questionnaires were distributed and there was a regular programme of relatives' and residents' meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 29 January 2019). The service remains rated requires improvement. This service has not been compliant with legal requirements since 2016.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement:

At this inspection we have identified breaches of legal requirements in relation safe care and treatment, dignity and respect, person-centred care and good governance.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

Following this report being published, we will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet the provider to discuss how they will make changes to ensure they improve their rating to at least good.

We will work alongside the provider, local authority and the NHS clinical commissioning group to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Manorhey Care Centre

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector and medicines inspector (pharmacist) from the Care Quality Commission (CQC). The inspection was also supported by an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Manorhey Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection the service did not have a manager registered with the CQC. However, a home manager had recently been recruited and they had applied to CQC to become the registered manager. Like providers, the registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with eight residents and four visiting relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met and spoke with the home manager, deputy manager, clinical lead, nurses, senior carers, and care assistants. We reviewed a variety of records and documents related to care, support, quality and safety.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12.

Using medicines safely:

- Systems were in place to manage medicines in accordance with national guidance, however staff did not always follow them.
- Medicines Administration Records (MAR) were not always completed fully. Missing signatures meant it was unclear whether people had received their medicines. 'When required medicine' care plans were not always present to guide staff on how to take the when required medicine safely. Time specific medicines were not always administered at the correct time.
- Medicines were not always given as prescribed by the doctor. When staff had not given a medicine due to safety concerns it was not clear whether this had been discussed with a doctor to review.
- When medicines were administered in a covert manner (hidden in a drink or in food) the home did not follow the guidance given from the doctor and pharmacist.
- Body maps were in place for staff to record where medicine patches had been applied, but staff did not always change the application site as advised by the drug manufacturer.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment:

- The provider had historically always taken a systematic approach in assessing people's needs; this was done via a dependency tool. However, it was of concern that due to ongoing computer issues in the months before the inspection visit, there had been no facility for staff to complete a reliable and up-to-date dependency assessment.
- We noted the home was carrying vacancies for nursing and care staff, with regular use of agency staff. We found the way in which staff were organised and deployed was not always effective. Shift leaders on each floor did not always have sufficient oversight because they were too busy engaged in other tasks.
- On the ground floor, we observed several instances where residents in two communal lounges were left unsupervised for prolonged periods of times.

- We asked people about staffing levels and if they consider the home to be a safe place to live and we received mixed feedback. Comments included, "The staff are very good to me. I haven't any concerns really, I feel safe enough."; and, "The staff aren't always about. Sometimes there isn't a carer in the lounge for a period of time and on two occasions a resident has had a fall and I've had to call for help.

We recommend the provider reviews its approach to assessing dependency levels to ensure a back-up plan is always in place; and the deployment of staff is reviewed on a regular basis.

- Pre-employment checks had been carried out to ensure the suitability of prospective new employees. Checks were completed with registered nursing staff to ensure their registration was current and valid.

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- Large pieces of equipment used for moving and handling were stored inappropriately in communal bathrooms and toilets. We observed the bathrooms/toilets to be in regular use which created a falls and trip hazard. We raised our concerns with the home manager and assurance was given that an alternative storage solution would be found.
- Safety certificates and compliance records in respect of equipment, buildings and premises safety were up-to-date and in order.
- There were assessments in place which considered the individual risks to people. Where a risk had been identified there was appropriate guidance for staff to follow.
- Accidents, incidents and untoward events were reported, recorded and managed appropriately.
- Overarching analysis of untoward events was carried out. This helped identify themes and trends and to ensure remedial measures were put in place to reduce the likelihood of such events occurring again in the future.

Systems and processes to safeguard people from the risk of abuse:

- Policies and procedures for safeguarding and whistleblowing were up-to-date and relevant.
- All the staff we spoke with had good underpinning knowledge and understood their responsibilities to keep people safe and to protect them from harm.

Preventing and controlling infection:

- The home was visibly clean throughout. A member of staff was an infection prevention and control 'champion.' This meant they ensured good practice throughout the home and helped to deliver infection control awareness sessions.
- Cleaning schedules were in place and staff understood their roles and responsibilities for the prevention and control of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Before a person was accepted to move into Manorhey, a pre-admission assessment was completed. This helped to ensure the service could meet the person's individual needs.
- Where a person was accepted, information gathered as part of the assessment was used to ensure their transition into the service was completed as safely and effectively as possible.
- Where relevant, care records and associated documentation contained up-to-date and specific guidance for staff to follow.

Staff support: induction, training, skills and experience

- Newly recruited staff completed both a corporate and local induction programme. Training and continuous professional development (CPD) was delivered via a combination of classroom-based learning and e-learning modules.
- Where learning had been completed via unsupported e-learning, a 'people champion' would carry out competency checks to ensure underpinning knowledge. A 'people champion' was a senior member of staff who had a dedicated role around training and development.
- Registered nurses had access to CPD and followed a 'nurse support and development pathway.'
- Staff told us they felt supported and that a regular programme of supervision was in place. Comments included, "I do feel supported by the management team and I get a lot out of the one-to-one supervision sessions we have."
- Whilst the majority of staff had received awareness training around dementia and managing challenging behaviours, this was not sufficiently detailed to enable staff to respond confidently when supporting people living with dementia.

We recommend the provider reviews its current training framework and seeks to provide comprehensive dementia and challenging behaviour training from a credible source.

Adapting service, design, decoration to meet people's needs:

- Manorhey is a modern purpose-built nursing home with good facilities. There was appropriate 'dementia friendly' wayfinding signage to help people living with dementia or memory problems to identify areas within the home such as lounge and dining areas.
- People's bedrooms were personalised with their own memorabilia, photos, personal effects and ornaments. Each bedroom had en-suite facilities.

- The communal garden was well maintained and accessible to all.

Supporting people to eat and drink enough to maintain a balanced diet:

- Where people required support to eat and drink, staff helped people in a timely manner and did not rush. Staff were constantly talking to and encouraging people to eat but taking their time and asking people when they wanted a drink.
- The food appeared hot and was well presented on the plate. An alternative choice was offered if people wanted something different.
- Staff had good oversight of those people with additional needs around eating and drinking. For example, people who required their drinks to be thickened or food pureed. Communication between care staff, hospitality staff and the kitchen was good and records were kept up-to-date.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care:

- Well established professional relationships were in place to ensure people had timely access to both routine and urgent healthcare services. Staff also supported people to attend hospital and other health related appointments.
- Staff had been trained to recognise and respond to medical conditions that were likely to deteriorate. This helped to ensure the most appropriate treatment and support was provided quickly.
- Staff had been trained how to provide oral healthcare effectively. Care records contained a dedicated section for oral hygiene which were completed by staff on a daily basis. People also had access to a dentist.

Ensuring consent to care and treatment in line with law and guidance:

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's capacity to consent to care documented in their support files. Staff asked and explained to people before giving care and support.
- Appropriate records were maintained in respect of those people who had a DoLS in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; ensuring people are well treated and supported; respecting equality and diversity:

- Throughout this inspection visit, we observed care and support being provided in communal areas. We focused the majority of our observations around people who were less able to self-advocate.
- On the ground floor, which is dedicated to people living with dementia, we observed the approach taken by some staff and the manner of their interactions and on occasions, found these to be abrasive and uncaring in nature.
- Multiple opportunities for meaningful positive engagement were missed, particularly when individual residents displayed heightened emotions or signs of distress. We were not always assured staff fully understood the complex needs of some residents and there was a lack of empathy.

The negative interactions described above, meant people were not always treated in a dignified and respectful way. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns with home manager about this matter and we were assured prompt action would be taken to review the skill-mix of staff on the ground floor.

- More widely across the rest of the home, the majority of staff sought to provide care and support in a kind and caring way, that took account of people's individual needs and preferences.

Supporting people to express their views and be involved in making decisions about their care:

- Information about advocacy and support services was readily available within the home and we saw examples of how independent advocates had been involved with a number of individuals and their families. An advocate is a person who is independent of the service and who can come in to support people to share their views and wishes if they wanted support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- There was a lack of meaningful person-centred engagement. We found this to be of most concern on the ground floor unit. A 'one size fits all' approach had been adopted when activities staff sought to engage with residents.
- We observed people were disinterested and did not want to participate. This contributed to feelings of frustration and agitation, and at times, an increase in behaviours that challenge.
- Aspects of care and support provided by some staff was task-and-time orientated. This meant aside from delivering the basics of supporting people with personal care, there was little evidence of staff being afforded the time to meet people's needs more holistically and to ensure their preferences were consistently met.

Staff did not always engage with people in a meaningful, person-centred way. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were supported and encouraged to participate in activities that took place outside of the home. We saw trips out to Blackpool and Llandudno had taken place, with accessible transport provided. People were also regularly accompanied on trips out to the local shops and parks.
- In contrast to our observations of the way care, support and activities were actually being delivered, people's written care records were comprehensive and contained person-centred information about people's likes, dislikes, personal history, hobbies and interests.
- Manorhey utilised an integrated electronic system for managing all aspects of nursing and social care within the home. This meant care plans, handover notes, daily notes, scheduled tasks, management reporting, risk assessments and daily charts, were easily accessible in one place.
- A system of 'resident of the day' was in operation which helped to ensure records were up-to-date and reviews/evaluations of care were done in a timely way.

Improving care quality in response to complaints or concerns:

- Information about how to raise a concern or complaint was readily available across the home, including the providers corporate complaints policy.
- Where a complaint had been made, a complaints log was maintained which detailed the nature of the complaint, action taken and outcome.
- People we spoke with told us they knew how to raise a concern. We received some negative feedback

about the frequency in which laundry items went missing. Comments included, "Sometimes my laundry goes missing. I think they've lost about 10 items."; and, "I've no complaints really apart from things going missing."

End of life care and support:

- Manorhey was accredited with the 'Six Steps' end of life care programme. This meant staff were able to provide care and support to those people who were nearing the end of life, to nationally recognised quality standards.
- People who were nearing the end of their life could choose to remain at the home to be cared for in familiar surroundings by people they knew well and could trust.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Through our review of people's care and support records, we were satisfied that should people require information in an accessible format, this would be identified by the service and acted upon.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to ensure systems and processes for good governance were operated effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- There had been a deterioration in standards since the last inspection. This demonstrated systems and process for audit, quality assurance, questioning of practice and continuous learning were not effective.
- Since 2016, the provider had failed to achieve a rating of at least 'good' in all five key questions and has consistently failed to ensure fundamental standards of quality and safety were maintained at Manorhey Care Centre.

The provider had consistently failed to ensure systems for good governance were operated effectively. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of this inspection the home did not have a registered manager. However, the previous clinical lead had moved into the role of 'home manager' and had submitted an application to CQC to become the registered manager.
- Staff spoke positively about this appointment and felt the continuity of having an existing experienced registered nurse in the role would be beneficial in the longer term.
- During the inspection, we spoke at length with the home manager and they shared with us their future vision for Manorhey. The home manager demonstrated a high values base and had the skills and experience to move the home forwards. However, this would equally require the provider and senior leaders within the organisation to provide a consistent and meaningful level of support.
- The home manager was well supported by a deputy manager. Whilst acknowledging the challenges the management team faced, people were consistent in their praise of the current management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong:

- The home manager fully understood their legal responsibilities around duty of candour. The provider also had a framework in place which sought to ensure investigations into accidents, incidents and untoward events were completed in a timely manner, and the findings shared with relevant people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others:

- People were actively encouraged to provide feedback on any aspect of service delivery at Manorhey. We saw surveys and questionnaires were distributed and there was a regular programme of relatives' and residents' meetings. A regular newsletter was also produced which kept people up-to-date and informed of events and activities taking place within the home.
- Staff meetings took place on a regular basis and staff told us they felt able to contribute ideas. 'Champion roles' were in operation and covered a number of key aspects of service delivery. For example, dementia, diversity and inclusion, safeguarding, and dignity in care. However, the findings from this inspection demonstrated the champion roles were not proving as effective as they should be in helping to inform best practice and drive up standards.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and support provided to service users was not always appropriate, meet their needs, and reflect their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Service users were not always treated in a caring, respectful and dignified way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely.