

Flixton House Limited

Flixton Manor

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Flixton Manor is a nursing home providing accommodation and personal care to older adults, including people living with dementia. Flixton Manor accommodates up to 38 people in one adapted building. At the time of our inspection, there were 35 people living at the home.

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

People and their relatives were positive about the care provided at Flixton Manor. The staff reported a significant improvement in the leadership of the home since the new manager had started. The provider had responded positively and worked in partnership with Trafford Council to respond to all the concerns raised prior to the inspection.

We identified shortfalls in the management of medicines. Immediate measures were taken during the inspection to address these issues to ensure safe care was provided. Staff understood how to safeguard people and when to raise concerns. Recruitment practices were safe. Risks associated with people's care were assessed and monitored. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

Staff were responsive to people's needs and people and their relatives were happy with the standard of care provided. Staff were kind and caring and people were treated with dignity and respect. People were supported to access relevant health and social care support and people had access to a range of activities to meet their needs.

Plans were in place to ensure all staff training and supervisions were up to date. People were happy with the quality of the food and plans had started to refurbish the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 good (published 13 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received from Trafford Council on 4 October where a formal notice to suspend all placements was issued to Flixton Manor. This was removed on 4 November as the home had demonstrated positive improvements in response to the concerns raised. CQC also received concerns from a whistle-blower in October about poor care. A decision was made for us to inspect and

examine those risks.

Enforcement

We have identified a breach in relation to medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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 work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Flixton Manor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 4 inspectors and 1 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

Flixton Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Flixton Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received regular feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 4 relatives about their experience of the care provided. We spoke to 10 members of staff, including the owner, the manager, the deputy manager, the chef, 2 nurse's and 4 care staff. We reviewed a range of records, including 11 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Using medicines safely

- Medicines were not managed safely. The provider's medicines policy was not reflective of current practice and did not contain all the relevant information for staff to safely manage medicines.
- At the time of inspection, information to support staff to safely give 'when required' medicines was not always available. However, following the inspection, the service has provided evidence of these documents.
- Records for adding thickening powder to drinks for people who have difficulty swallowing, were not always completed, therefore we could not be assured people were safe from the risk of choking.
- When people had their medicines covertly, hidden in food or drink, staff were not always following the guidance. Therefore, we were not assured that people were given their medicines safely.
- The application of topical preparations such as creams was not always documented. Body maps were not always in place for creams and patches to record the location of these preparations. Therefore, there was a risk that people were not receiving their topical preparations as prescribed.
- Medicines were not always administered at the correct times because the manufacturer's instructions were not followed. For example, medicines were not always given before food as instructed. Therefore, the efficacy of the medicine might be affected.
- Medicines that were required to be given at a specific time were not always given correctly. This might have affected the quality life of the person.

The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to ensure all shortfalls were addressed.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. People told us they felt safe. They said, "I have lived here a while now and feel totally safe and settled here" and "I feel very safe here."
- Staff completed regular safeguarding and whistleblowing training. They knew how to identify and report any concerns.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

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

- Care plans and risk assessments identified key risks involved in delivering care to people and gave guidance on how to reduce the risk of avoidable harm.
- There were clear systems in place to respond to incidents affecting people's safety and to learn lessons where required.
- Staff recognised incidents and reported them appropriately. The manager agreed to add an additional layer of oversight to the process, to ensure each incident was reviewed by a second member of the senior team.
- The home had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electric and regular checks of fire safety equipment.

Staffing and recruitment

- Staffing levels were safe. There were enough staff to meet people's needs.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Preventing and controlling infection

- The service had good arrangements to keep premises clean and hygienic.
- Staff had completed infection control training. This was supported by appropriate policies and procedures.

Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support needs were assessed prior to anyone being admitted to the home.
- People's needs were reviewed on a regular basis or when people's needs had changed.

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

- People were supported to access healthcare appointments when necessary and staff were responsive to people's needs.
- People and their relatives were positive about the support they received. They told us, "If I was feeling unwell I would talk to the staff who would contact the GP and my family."
- Staff made appropriate referrals to other health and social care professionals such as GPs and district nurses.

Staff support: induction, training, skills and experience

- An action plan was in place to ensure all staff were up to date with supervisions, appraisals and their mandatory training. They were not up to date after the previous manager had left.
- People and their families were positive about the support provided by staff. They told us, "I am hoisted in and out of bed and into a chair every day, all the staff know what they are doing, they don't leave me in the air and I trust them and feel confident they know what to do" and "The staff know what they are doing and are very patient especially around eating and drinking."
- Staff were positive about the support they received from the current manager. They told us, "Yes, we are always up to date with the training now. Yes, I have the confidence to do my job" and "Yes, this has been good, and they evaluate my work and I got carer of the month. They also point out shortfalls and teach me."

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

- People received support to eat and drink enough to maintain a balanced diet.
- We received positive feedback about the food and drink. People told us, "The food is very good and you get plenty of drinks and choices" and "I can't fault the food you always get a choice and plenty of drinks and snacks you can ask for a drink at any time you always get one."
- Staff were trained in food hygiene. Kitchen staff and care staff had clear and up to date information on people's allergies and any other risks related to food and drink.
- People were able to eat where they chose to, and we observed people eating meals in their bedrooms and in the lounge or dining areas.

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

- Plans were in place to refurbish the home as it had become worn and tired in places. Bedroom floors were being replaced and a new floor was being laid in the main lounge during the inspection. Two new bathrooms had recently been installed to a very high standard. Plans were in place to ensure all areas of the home were improved.
- People had personalised rooms. Aids and adaptations made the home accessible and safe. There was a garden area to the rear of the building for people to use. Plans were in place to equip this with more garden furniture.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Care records needed to be clearer about consent, capacity and decision making. The manager agreed to review this after the inspection.
- The deputy manager had made appropriate applications for DoLS authorisations. An effective system was in place to ensure these were kept up to date and any conditions were adhered to.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff received training in dignity and respect and person-centred care. Staff delivered care and support in a non-discriminatory way and upheld people's rights. The manager understood the importance of dealing sensitively with issues that were important to individual people.
- People were positive about the support they received. They told us, "The staff are very kind and always happy to oblige, I find their attitudes uplifting" and "The staff are wonderful they are all polite and willing to support me."
- We observed some positive interactions between people and staff. Staff responded to people respectfully at all times, answering their questions, providing reassurance and doing so with a smile.

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

- People and those important to them, took part in making decisions and planning their care. They felt involved and informed. They told us, "I am involved in my loved one's care and the staff keep me informed of any changes and would ring me if they have any concerns" and "I am involved in my own care needs and my family are too."
- Work was in progress prior to the inspection visit to ensure care records were more person centred.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were very positive about the support provided by staff. They told us, "The staff are very good and listen, they knock on the door and are very polite" and "The staff know me very well and let me be as independent as I can. I like to choose what I wear and where I go, I sometimes like my own space and prefer to be on my own, the staff are aware of this."
- People were in control of their care and were supported by kind and caring staff. Relatives told us, "The staff take the time to speak to my loved one and provide a homely atmosphere" and "The staff are lovely to chat to and always make me feel welcome."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were fully involved in the care provided. They felt staff listened to them and were responsive to any concerns raised. People told us, "If I was feeling unwell, I would talk to the staff who would contact the GP and my family" and "If I need anything at night I would ring my call bell, they answer quickly and attend to me, nothing is too much trouble. We have access to an optician, chiropodist, hairdresser and the GP comes weekly."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and detailed any difficulties people may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication.

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

- There was a programme of activities in place and a dedicated activities coordinator. These included group activities, 1-1 activities and trips out into the community.
- People told us, "I enjoy the activities, I join in most of them" and "I don't get fed up there is always something going on."
- Work had been completed prior to the inspection to find out more about people's likes and dislikes to help improve the 1-1 activities available to people who chose to remain in their rooms. Dementia friendly resources were also provided to ensure all the residents had activities available to them.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. A low level of complaints had been received. These had all been responded to appropriately. The manager told us there was an open culture and most concerns were dealt with informally.
- People and their relatives felt comfortable to raise concerns and told us staff were responsive to any issues raised. They told us, "I have no complaints and I can talk to the office staff at any time" and "My loved

one is very appreciative of the care and support they receive and as a family we are too, I have nothing but praise for all the staff and management, they are so approachable and you can talk to them and the management listen and action things very quickly."

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.
- There was an end of life policy and a process to follow if people required support.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had been inconsistent and had impacted on the care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Prior to the inspection shortfalls had been identified by Trafford Council in relation to staff culture, medicines, health and safety and infection control. A new manager had started at the home in September 2023 and had responded promptly to address all these concerns. Trafford Council had acknowledged significant improvement had taken place. This improvement now needs to be sustained.
- The quality assurance system had not identified the shortfalls in the management of medicines identified during the inspection. These were responded to quickly and measures put in place to address the shortfalls. The manager worked closely with the medicine's optimisation team from Trafford Council to achieve this safely.
- As reported in the effective domain plans were in place to ensure staff training and supervisions were up to date. These had fallen behind schedule prior to the new manager starting.
- The manager was working closely with the provider and good support was in place to drive further improvement. This included a programme of refurbishment to improve the home environment and sourcing new electronic systems for care planning and medicines.
- Staff reported a marked improvement since the new manager had started. They told us, "100% improved since [manager] came. It is cleaner and staff are clearer about their tasks. There is better leadership" and "It is on its way up since the new manager started, there has been a dramatic improvement."
- The registered manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.
- A system of scheduled audits was in place. This included regular quality checks, including health and safety. Actions were identified for any shortfalls found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff reported a positive and open culture where management were accessible and responsive to any concerns raised. People told us, "I love living here this is my home, the staff are great and I can speak to any of the staff, the management are always willing to listen and I feel confident in discussing anything with them" and "I have nothing but praise for all the staff and management they are so approachable and you can talk to them and the management listen and action things very quickly."
- We observed a positive and calm atmosphere in the home throughout the inspection. The interactions between staff and residents were friendly and respectful.

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 senior management team was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- Staff reported as significant improvement since the new manager started. They told us the manager was approachable and fair.

- A recent relatives survey had been completed when concerns had been raised by Trafford Council in October and the manager planned to complete a second survey to get further feedback after the inspection.

- The feedback we received from people and their relatives was mostly positive. They told us, "It's not home, but it's the next best thing, I wouldn't change anything" and "I would recommend the home it's a 100%."

- The manager and provider had worked closely with Trafford Council to drive the required improvement in the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm.