

New Care Projects LLP

Manor Hey Care Centre

Inspection report

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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 

Overall summary

This inspection took place on 14 October 2014 and was unannounced which meant the provider and staff did not know we were visiting. The last full inspection took place on 16 September 2013 during which we found there were no breaches in the regulations.

Manor Hey Care Centre provides nursing and personal care for up to 83 older people, some of whom were living with dementia. The home accommodates people over three floors and has recently extended the home to accommodate more people who are living with dementia or who require nursing care.

The home is required to have a registered manager. At the time of our inspection the new manager had been in post since 8 October and had not yet registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

Through notifications we had received we had been made aware that the home had recently experienced

Summary of findings

some difficulties which they had managed appropriately. The home had employed an occupational therapist (OT) and a physiotherapist to support the existing staff to help ensure people's care and nursing needs were met. People who used the service could access clinical support in house when they needed it, which enabled the staff to respond better to people's changing needs in a timely way.

We spoke with the OT who told us about the plans to implement an "enablement model" of support throughout the home. This would join up support from across the multi-disciplinary team within the home and ensure all people received person centred care and support.

The provider had kept the Care Quality Commission informed of safeguarding incidents which had occurred within the home. We had been kept informed of the outcomes of these incidents and any lessons which had been learned to keep people safe.

We found the home to be well maintained, clean, relaxed and friendly. Due to the complex care needs of some people living at Manor Hey we were unable to obtain their

views about the quality of service they experienced. We observed however that staff treated people with kindness and dignity. The people we could speak with were very positive about the care they received at the home and staff we spoke with were open about their experiences during the difficulties the home had faced in recent months.

People and their families told us that they were consulted with, or about, their care needs and if they had any concerns, they felt confident to talk to the staff. They told us they were kept informed of things they felt they needed to know about. We observed the relationship between the staff and visiting relatives was positive and appropriate.

We conducted observations and saw staff interacted well with people and had a courteous, caring and patient approach. Staff did not rush people and gave them time to make decisions. People using the service and their families felt that the service was responsive if they had any queries or concerns. One person told us, "If there is anything I need I just speak to the staff that will sort it out or pass it on."

Summary of findings

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 safe.

People told us they felt safe living in the home and with the support they received.

There were effective systems for ensuring concerns about people's safety were managed appropriately. Medicines were stored and administered correctly.

Appropriate recruitment procedures were in place to ensure new staff were suitable to work with vulnerable adults and there were enough staff on duty to meet people's needs.

Care records contained up to date risk assessments and risk management plans. There were systems in place to ensure staff could provide up to date, personalised care.

Good



Is the service effective?

The service was effective.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made. This meant that appropriate steps had been taken to ensure people's rights were protected.

Arrangements were in place for people to have a healthy and nutritious diet and receive appropriate healthcare whenever they needed it.

Staff received training and supervision programme to ensure they were able to meet people's individual needs. New staff coming into the service received an induction into the service and on-going support and development was planned and delivered accordingly.

Good



Is the service caring?

The service was caring.

People who lived at the home and their relatives told us they were very happy with the care provided.

We saw positive and caring relationships between the people who lived at Manor Hey and the staff who supported them.

People told us, and we saw, they were treated with kindness, compassion and dignity.

Good



Is the service responsive?

The service was responsive.

Changes to people's care plans were communicated appropriately to staff which enabled them to respond in a timely manner. Clinical staff had been appointed to ensure changes to people's nursing needs could be assessed in a timely manner.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

People and their relatives were encouraged to express their views and opinions about the services provided at the home.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered manager left in September 2014 and the new manager had only been in post since the 8 October 2014. The new manager had made an application to register with the Care Quality Commission.

Specialist equipment was available throughout the home to improve the lives of people living with dementia. We found people were treated and cared for equally regardless of the nature of their diagnosis or illness.

Appropriate arrangements were in place for monitoring and improving the quality of the services people received.

Good



Manor Hey Care Centre

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 checked 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.

This inspection took place on 14 October 2014 and was unannounced.

The team consisted of a lead inspector and a second inspector, a specialist advisor who was a registered nurse and 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. The expert was experienced in nursing and dementia care.

Before the inspection we looked at the information we held about the service. We were unable to review the provider's information return (PIR) as this document had not been completed at the time of the inspection. The information

was sent to us by the home following on from the inspection. We contacted the safeguarding team, the council and the clinical commissioning group for their feedback about the service.

We spoke with six people who used the service, four visiting relatives, fourteen members of staff including hospitality staff, care staff, senior staff and nurses, the manager and the provider. We spoke with a visiting GP and dentist and the occupational therapist employed by the service. We also spoke with the chef, an NVQ assessor and a training facilitator from Trafford council who were present at the time of our visit.

Some people who used the service were unable to tell us about their care. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care.

We reviewed three people's care records in detail. We looked at staff recruitment, training, supervision and appraisal records. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided by Manor Hey Care Centre.

Is the service safe?

Our findings

When we spoke with people living at Manor Hey Care Centre they told us that they felt safe. No one we spoke with raised any concerns about how staff treated them. People made comments such as, “The staff are all very kind, they come when I call” and, “I feel quite safe and I know that staff will look after me.”

The provider had made us aware of a number of safeguarding incidents which had occurred over recent months. We had met with the local authority and clinical commissioning group (CCG) to discuss these issues and spoke with the provider who was willing to share the information with us. The local authority had worked with the home with a service improvement plan which outlined the areas they felt improvement was needed. We saw a quality monitoring visit had taken place by the local authority on 29 September 2014, which outlined action the service had taken to improve on and learn from.

We spoke with the staff, people who used the service and their relatives who told us they were happy with the service and the improvements which had been made.

We looked at the care records for three people who used the service. There were individualised, up to date risk assessments and management plans for risks such as using wheelchairs and bed rails, fire safety, nutritional needs and medication.

The provider had effective systems for ensuring concerns about people’s safety were managed appropriately. Records showed concerns had been reported promptly to other agencies such as the local authority and us.

All of the staff we spoke with demonstrated an understanding of what abuse was and how to report concerns. They also told us and records confirmed they received regular training about how to keep people safe. On the day of our visit we spoke with a training facilitator from the local authority who was there to deliver safeguarding training. They told us the service was proactive regarding the training needs of the staff team and that they utilised the resources made available to them from the council to ensure staff skills and knowledge were kept up to date. Two staff told us they knew about the

whistleblowing policy and the safeguarding policy and that they were in regular contact with officers from Trafford council who they could report things to if they felt they needed to.

We did not look at the whistleblowing policy or safeguarding policy at this visit.

On the day of our inspection there were enough staff on duty to meet people’s needs. We did not look at rotas but we carried out a number of observations and spoke with two people who were in receipt of nursing care and being cared for in bed and asked whether staff responded quickly when called. They told us they did and they did not have to wait long if they used their call bell. They told us they felt safe in the home. People we spoke with told us there were always enough staff available when they needed help and support.

There had been some improvements within the home regarding the robustness of the recruitment process for staff, in particular registered nurses. We saw the improvement plan introduced by the local authority had been followed and this had been verified in the most recent visit from officers from Trafford council. We saw four staff files of people who had recently been recruited and found them to be in good order. They contained the correct information in relation to security checks and references and had been verified by the manager as being fit to begin working at the home. We found where there were issues relating to professional conduct or performance which required further explanation this had been risk assessed and appropriate action had been taken.

The manager and the team were looking at ways to reduce the number of falls within the home whilst supporting people to maintain their independence. The occupational therapist employed by the home was able to explain how many falls had occurred throughout previous months and which people these related to. A clear falls strategy for the home was in place, which included ‘falls champions’ being identified and trained and also training for the team. Staff we spoke with confirmed they were a falls champion and spoke proudly about their role.

We observed two medication rounds, one on the dementia unit and one on the first floor. We found each resident had a blister pack of medication, a photograph at the front of their administration form and also a capacity assessment when covert medication administration was assessed as

Is the service safe?

being in the person's best interest. We observed staff administering medication wore a red tabard which indicated to other staff and people using the service

that they were not to be disturbed whilst the medicine round took place. The medication trolley was kept locked when the staff member moved away and medicine was administered safely.

Is the service effective?

Our findings

People at Manor Hey received effective care and support which took account of their wishes and preferences.

The provider recruited a team of hospitality staff to ensure a good standard of service was maintained at mealtimes. We spoke with an assessor from Trafford College who was there to assess one staff member for their National Vocational Qualification (NVQ). They told us they worked closely with the home and was very happy with the support staff received from the manager to enable them to achieve further qualifications. They told us all staff had enrolled on NVQ level 2 or level 3. They told us staff responded well to training and were keen to learn.

We spoke with four nurses who were able to discuss the needs of the residents clearly and could also describe what they would need to do as their needs change. We saw training opportunities had been identified for the nursing team to refresh their knowledge including diabetes management, six steps to success end of life planning and percutaneous endoscopy gastronomy (PEG) feeding. PEG feeding is used to enable people who are unable to swallow to be fed via a plastic tube inserted into the stomach. It is sometimes used to help people gain weight they have lost.

The manager had previously been the clinical lead for the home and had worked closely with the occupational therapist employed by the service since their recruitment in January 2014 and the physiotherapist and dementia lead since their appointments in July 2014. Since the manager's appointment in October 2014 we saw there were plans to hold a more structured weekly multi-disciplinary team meeting to discuss all the nursing and care needs of people using the service which could then be care planned as part of multi-disciplinary team process.

We saw there was an enablement model of support present within the home which would join up support from across the team within the home and ensure that all care plans were person centred and also based on appropriate clinical assessment. This meant the home recognised the complex care needs of each person ranging from those requiring support that were living with dementia to those requiring nursing care and personal care. For example a number of specific items of equipment had been purchased for people following on from the in house OT

assessment. For one person this included a made to measure chair and a detailed photographic story board was in their care plan, explaining to staff how to support them comfortably in their chair.

Records viewed showed us that some staff had received regular supervision and an annual appraisal to support them in their role. Staff spoken with confirmed recent training undertaken such as safeguarding and the Mental Capacity Act 2005. Training records viewed showed that future training needs were identified. The training facilitator from Trafford council and the training assessor from Trafford college confirmed the manager and provider were committed to ensuring the staff team received good level of training to help them perform well with their role.

Each person who lived at the service had a care plan in place which was personal to them. We looked at three care plans during our inspection. We found that they provided staff with adequate information to enable them to provide people with individualised care.

We spoke with the dementia lead nurse who had been recruited in July 2014. They told us about their plans to improve the format of the care plans by ensuring all physical health needs information was in one section of the care plan, to allow easy access when seeking medical treatment and support. They told us since commencing in post, they had been able to create their own team of staff who were working specifically in the dementia unit. This had enabled consistency of support for the people in the home who were living with dementia.

During our inspection we saw that staff communicated and interacted well with people living with dementia. We found people were well supported and encouraged to engage in conversation and social activity. We saw behaviour management strategies were contained in the care plans we looked at. This outlined to staff the best way to support people whose behaviour presented as challenging and ways to de-escalate these situations. We had been notified of incidents which had occurred within the home and saw appropriate action had been taken by the provider to ensure changes to behaviour management plans were done to reduce the risk of behaviours occurring in the future.

During the day, and when some activities were taking place, some people were becoming restless and agitated. We saw staff respond quickly and efficiently to divert their

Is the service effective?

attention and offer them a drink or a one to one activity such as a jigsaw puzzle. Their approach was calm and unobtrusive which resulted in the person becoming less agitated and receptive to the staff member.

Meal times in the home were provided in small dining room areas where the tables were prepared appropriately. People who used the service were able to choose to eat their meals in the lounge, dining room or in their bedrooms if appropriate.

During the lunchtime observation we spoke with a visiting dietician. They told us that people are weighed regularly and things had, "Improved a lot and there are good nurses and care staff now."

At the beginning of the lunch time service protected time was made available to people who required more support. This meant they could eat at their own pace without feeling rushed. We saw people's families were encouraged to join their relative and were also provided with a meal.

Sufficient staff were available throughout the meal time and a member of the hospitality team had responsibility for serving the food. Staff were familiar with people's dietary needs and a choice of food was offered. People were offered a choice of drinks.

People's care records viewed showed that people's nutritional needs were assessed and monitored to ensure their wellbeing. The cook told us that they were kept informed of any changes to people's nutritional needs so that they could provide any different or additional dietary support needed.

We spoke with a senior carer who explained that they were very happy with the support they could provide to the

people who used the service. They told us they were given enough time to support people properly, particularly those with more complex needs. They explained how they were completing observations for the residents varying from 15 minutes to 60 minute, to daily recordings. These recordings focused on behaviours and the activities they were involved with at the time. Antecedent, Behaviour and Consequences (ABC) charts were in place for people whose behaviours had been identified as particularly challenging. This meant there were effective tools being used to monitor, manage and support people with more complex needs and staff could then respond appropriately in order to meet the needs of those people.

We had a discussion with the manager about the Mental Capacity Act 2005, (MCA) and Deprivation of Liberty Safeguards, (DoLS). Staff training records showed us that staff had undertaken training in MCA and DoLS. When we spoke with staff they confirmed that they had undertaken training and demonstrated an awareness of the issues around people's capacity.

The manager confirmed they had made a number of recent referrals under DoLS due to changes to guidance in this area. All applications to deprive someone of their liberty were being assessed by the supervisory body (the Local Authority). The service was waiting for formal notification of the approval before notifying the Care Quality Commission as required. We saw from people's care records that people's capacity to make day to day decisions had been assessed where appropriate. This showed us that the service knew about protecting people's rights and freedoms and made appropriate referrals to keep people safe.

Is the service caring?

Our findings

During our inspection we spoke with six people using the service and four relatives. All made positive comments about the staff team such as, “All the staff are kind,” “I am well cared for and staff know me well” and “I would be happy to live here and I know my (relative) is well cared for, the staff are lovely”.

The ground floor accommodation at Manor Hey Care Centre supported 26 older people, who had a variety of complex needs and a diagnosis of dementia. The people living on this unit required constant supervision and support. We observed the care staff being very caring and supportive to the people. The care staff were attentive to the people’s needs and very calm and reassuring in their approach. All the people on this unit were well cared for. Their appearance was smart, their clothes were presentable and they had their personal care needs met. We saw their hair was brushed, there were no stains or food on clothing and everybody looked clean.

There was a warm and friendly atmosphere in the home. People looked comfortable with the staff that supported them. We saw that staff encouraged people to chat and socialise with each other.

Although the home supported people with very complex needs, including people living with dementia, we found all areas of the home were accessible to everybody. People were able to walk freely around the home. We observed

some bedroom doors were open and some were locked when people accessed the communal areas. Staff told us this was based on the choice and preference of the person’s whose room it was. The care plans we looked at reflected this. Staff were able to tell us about the people who liked their privacy and the impact on them if this was not respected.

Staff worked as a team and demonstrated a good attitude to their role. A member of the hospitality team told us, “We like to get to know the residents, especially those with dementia so that we are familiar faces to them”. A member of care staff told us, “We are like a family; we treat each person as we would our own relative”. All staff spoken with explained that they felt there was a much improved culture of openness within the home.

When we conducted observations we saw staff interacted well with people and had a courteous, caring and patient approach. Staff did not rush people and gave them time to make decisions. For example, one member of staff took time explaining choices to a person at lunch time. They repeated the information several times gently encouraging the person to make their own decision. Another member of staff was assisting someone to walk to the dining room and took their time offering rest stops and assistance as needed.

This showed us that ensuring people received care which respected their privacy and dignity was a high priority in the service.

Is the service responsive?

Our findings

People spoken with were happy with the activities available to them. People told us, “There is always something going on and you can join in or not as you please.”

A wide variety of planned activities were noted throughout the day. These ranged from a small singing/happiness group, an external singer coming in to entertain, to individual art and craft sessions. Dedicated staff facilitated these sessions with support from care staff. Activities took place in different parts of the home and people were able to participate in which ever activity they chose to do so.

We observed those involved really seemed to enjoy the sessions, however it was noted that these mainly involved the people who were able to engage in sessions and often appeared to exclude people who were more restless. People in the dementia unit were observed to sleep for long periods in the afternoon and not get involved with the activities that were being held in that room.

We spoke with the occupational therapist who was looking at new ways to engage with people who were living with dementia. There were plans to create a sensory room to enhance the quality of life for people who were living with dementia in order to provide a calm tranquil environment where they could relax. We saw there were dementia friendly and age appropriate reminiscence pictures and also some sensory wall panels.

The six people’s care records that we reviewed showed that issues such as falls and changing healthcare needs were responded to. We saw that care plans were always reviewed following a fall or incident to see if any amendments or changes to the person’s plan were needed. People’s weight and general health was monitored and referrals to a dietician or other professionals were made if there were any concerns.

The new support plans identified clear, meaningful outcomes for people who used the service and staff could relate how they would respond to people’s changing needs. There was evidence that individual’s health needs were being met as required.

Throughout the inspection we saw that staff consulted with individual people about their choices and were responsive to them. For example one person wanted to return to their room and was promptly supported to do so. A member of staff told us, “The teamwork is very good we all work together to meet people’s needs.”

People’s care records showed us that the service involved a range of other professionals in people’s care such as, district nurses, dentists, GP’s and various hospital specialists. We spoke with a visiting GP during our inspection. They told us that they had no concerns about the service and that they were called out when necessary. Another visiting professional told us the staff team were generally welcoming and friendly.

People and their families told us that they were consulted with about their care needs. One relative told us staff were very approachable and if they had any concerns, they felt confident to talk to the staff. They told us they were kept informed of things they felt they needed to know about. We observed the relationship between the staff and visiting relatives was positive and appropriate.

A complaints procedure was available and on display for people so that they would know how to raise any concerns.

Friends and relatives explained that they get regular information from the home and that there are regular meetings. They explained that another meeting was imminently due. Minutes from the last meeting were displayed on the wall near the lounge on the second floor. They told us “We regularly get emails to tell us what is happening.”

People using the service and their families felt that the service was responsive if they had any queries or concerns. One person told us, “If there is anything I need I just speak to the staff they will sort it out or pass it on.”

Is the service well-led?

Our findings

The service was well led.

The registered manager had left and a new manager had been appointed who was previously employed by the provider as the clinical lead at the home. This person had applied to the Care Quality Commission to become the registered manager.

We spoke with staff, the new manager and the provider and it was apparent from discussions that they had clear plans to continue to develop the home and were able to openly and honestly discuss the areas which required development.

Through discussion it was clear that the manager had the desire to keep moving the home forward with the setting up of the new care planning system, encouraging greater involvement from people using the service and their families and developing dementia services. However, some of these systems were not yet embedded within the home and improvements were still being made.

The manager and provider acknowledged that there were some things still to address within the home. This ranged from implementing new paperwork, to ensuring that the staff team all received regular supervision and support. We found there was a willingness from the manager to work with others in order to improve the service and that there was a commitment from the provider to deliver high quality care. This was apparent through discussions with them, observations within the home and through feedback from staff, people who use the service and families. We received many positive comments about the service and how it was

managed and led. Comments made by staff included, "They (managers) thank us a lot more than they used to." "She's (new manager) really lovely and helps you." "She's (new manager) fair, approachable." "If you want her (new manager) to do something you only have to ask."

We saw that the provider and manager were well known and had a positive presence around the home. They were fully accessible to people and spent time out and about in the home, seeing what was going on, talking with people and supporting staff.

The manager completed audits to ensure the quality of care was regularly monitored and areas for improvements identified. As the manager was new in post some of the audits were being done in line with the service improvement plan from the local authority because more time was needed for them to become embedded throughout the home.

The provider had recently introduced "an outstanding worker" award. This was in recognition of the difficulties the home had recently been faced with and the commitment demonstrated by the staff to ensure the people living at Manor Hey received the best care possible. Staff we spoke with during the inspection told us they were proud to work at Manor Hey Care Centre. One person said they felt it important, "People say to me that I am doing a good job, it keeps me motivated and that is why I love my job".

We found there was strong leadership present within the home and robust systems in place to help the manager continue to provide good quality care and support to people living at Manor Hey Care Centre.