

Manor Care Home Limited

Manor Care Home - Middlewich

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

The Manor is a residential care home providing personal care to 32 people at the time of the inspection. The service can support up to 44 people across two separate floors, each of which has separate adapted facilities.

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

Overall, safety in the service had improved since our last inspection and systems in were place to ensure people were protected from the risk of abuse. Risks to people's health and wellbeing had been assessed and care plans updated to reflect this. Care plans had improved and reflected peoples current care and support needs. People told us they felt safe living at the Manor.

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. The service has implemented an electronic care planning system and we have made a recommendation regarding ensuring consent is recorded.

Staff felt supported by the registered manager and systems were in place to ensure staff were supervised. Further improvements were required however to ensure staff have the required training they need to do their job well. We have made a recommendation about staff training.

Governance systems had improved and there was an increased level of oversight by the provider and the registered manager. Some of the systems were newly introduced and need to be embedded to ensure they are effective in driving improvements and monitoring the quality of care being provided.

Medicines were managed safely and we found the service was clean and tidy. Careful consideration had been made by the registered manager to improve the environment. This included ensuring the home was adapted to assist people living with dementia and improving communal areas such as the dining area and also the dining experience.

There was a range of activities available at the home for people to engage in. we also observed people being supported by caring and attentive staff who clearly knew the needs of people living at the service very well.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, however the service remains rated requires improvement.

This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Manor Care Home - Middlewich

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 one inspector 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.

Service and service type

The Manor 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 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 four people who lived at the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and an activities coordinator. We also spoke to two visiting professionals. We 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 reviewed a range of records. This included seven people's care records and a number of medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to ensure that a broken window had been made safe.

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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the environment was safe to ensure the safety and welfare of people. This was a breach of regulation 15 (Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Improvements had been made to the environment. Improved security measures had been fitted to fire doors and external gates to reduce any risks to people living with dementia.
- The home had a range of up-to-date health and safety certificates, including a gas certificate which was missing during our last inspection.
- The emergency call system had also been replaced and we found this system was now suitable for use.
- Although no longer in breach of regulation, we did find further improvements were required to the outside of the premises. There was a broken window which needed to be made secure and a pond area required additional fencing to ensure people's physical safety. During the inspection, the pond fencing was fixed and we received confirmation following the inspection that the window was secured.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, the deputy manager had completed a full review of the risks relating to people's health and care needs. This included the use of bedrails. These accurately reflected the current needs of people in receipt of care.
- Risk assessments and care plans were completed using an electronic care planning system. We did receive feedback from visiting professionals that although the quality of risk assessments had improved, further work was needed to ensure that all senior care staff understood how to maintain these records. During the inspection the director told us of planned training sessions to develop senior care staff skills and knowledge.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to robustly ensure there was system in place to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding People from Abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection, not everyone felt safe living at the service. During this inspection one person told us, "Yes I am safe, the carers are here and if I press a button they'll be here within seconds." Another person said, "Safe? Very much so, the carers are first class."
- Staff were aware of how to raise concerns and most staff had completed safeguarding training.
- A whistleblowing policy was in place and staff were aware of the procedures to follow.
- Referrals had been made appropriately to the local safeguarding team and detailed records were maintained.

Staffing and recruitment

At our last inspection we recommended the provider continued to review staff deployment within the home. The provider had made improvements.

- Throughout the inspection we observed people receiving appropriate care and support during mealtimes and throughout the day. Staff were always visible in communal areas. As the Manor was not fully occupied, people were encouraged to spend their time in the ground floor living areas. This enabled staff to have an improved oversight and respond promptly to people's needs.
- People told us that the consistency of staff had improved. One person told us, "There used to be lots of changes of staff but not now." Another person told us, "There are lots of familiar faces but they do change now and again."
- The registered manager discussed recent recruitment activity and there were a number of newly recruited staff working at the service. Records showed staff were safely recruited, and all necessary checks were completed before starting work. We also saw through rotas that the use of agency had decreased in recent weeks.

Using medicines safely

- The systems to manage medicines at the Manor were safe. Medicines were stored securely, and the medication room was clean and well maintained.
- Medicines were only administered by senior care workers who had been assessed as competent and records of administration were well maintained and completed comprehensively.
- We identified one person who had their medicines administered covertly. Covert administration is when medicines are administered in a disguised format without the knowledge or consent of the person receiving them. We discussed with the registered manager the need for pharmacy advice on the methods used. At the start of the second day of inspection we saw confirmation this advice had been sought and the person's care plan had been updated.

Preventing and controlling infection

- The Manor had systems in place to reduce the risk of infection. The home was clean, tidy and fresh.
- Staff had access to personal protective equipment such as gloves and aprons and had recently scored

over 90% in an external audit of their systems and processes relating to infection control.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. They were reviewed regularly by the registered manager who had recently implemented improvements to ensure they analysed the information to look for any trends and identify whether future incidents could be prevented.
- Records showed that appropriate actions had been taken following incidents, such as making referrals to other healthcare professionals for advice and 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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).

At our last inspection the provider had failed to robustly ensure there was system in place to demonstrate people had consented to their care or that effective systems were in place where a person was unable to consent. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- During the inspection we observed staff asking people for consent before they delivered care and people confirmed this also.
- Where a person was unable to consent to their care, the registered manager ensured their capacity had been assessed and care was only delivered in the person's best interests. DoLS records were up-to-date and where conditions existed, care plans accurately reflected these.
- Staff understood the principles of the MCA could describe what this meant in practice.
- The provider had ensured that people were aware that their care plans were recorded electronically, however as the service used an electronic care plan system we couldn't always see that people had consented to what was written in their care plans.

We recommend the provider considers how they can demonstrate people have consented to the care they receive.

Staff support: induction, training, skills and experience

- There had been a number of new staff since the last inspection and we saw all new staff received an induction when they started working at the service, however, we reviewed training records for staff and found some staff had not yet completed all their training. We discussed this with the registered manager who explained they were working through this and prioritising training based upon risk. We saw all senior care staff had completed emergency first aid and had their competency to administer medicines assessed whilst all staff had completed moving and handling and fire.
- To address shortfalls in training staff were currently working through workbooks provided by an external training provider and the manager was working with local health teams who were providing additional support.

We recommend the provider continues to review their approach to staff training to ensure all staff have required skills and competencies to safely support people.

- Staff felt supported by the management team. There was a system in place to ensure staff received supervision and appraisal and staff told us they felt able to raise any issues they had with the registered manager.

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

At our last inspection the provider had failed to robustly ensure a suitable dining environment and to ensure that concerns about people's nutritional needs were being met. This was a breach of regulation 14 (Meeting nutritional and hydration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within people's care plans. One person confirmed their needs were being met and told us, "Every time someone sees me they remind me to keep drinking because of my condition."
- Since the last inspection, the registered manager had instructed a number of staff members to complete mealtime observations. Their observations had led to a review of mealtime support.
- The mealtime experience was pleasant. The dining room had been freshly redecorated and tables were laid with napkins and condiments. Staff were attentive to people's needs and offered support where required.
- We did observe that there were no menus on the tables. We discussed this with the registered manager who explained that staff offered options at the start of the mealtime as many people receiving care lived with dementia and they found this was the most effective way of offering choice.
- People spoke positively about the food on offer and we were told they could choose a cooked breakfast in the mornings. Relatives also told us, "The food is very tasty", and, "Mum enjoys the food".

Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to robustly ensure there was detailed information in care plans regarding the medical history of people people's including allergies. The provider had also failed to ensure that the environment was adapted to support people living with dementia. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection, every care plan had been rewritten and contained detailed information about people's medical histories, including allergies. Allergy information was also accurately recorded in medication records.
- People confirmed they had access to healthcare services and support including doctors, dentists and podiatrists.
- The registered manager had implemented a range of improvements to assist people living with dementia. Part of the ground floor area had been transformed into "Wheelock Street", named after a busy street in the local area. This area included a mock florist, newsagent and post office, complete with removable flowers, magazines and a pot box. Relatives had also been involved in developing this area.
- People had the equipment they needed to be supported effectively and directional signage was in place to help people find their way around. There were also a number of smaller seating areas and we saw people using different parts of the home to relax.
- People were encouraged to personalise their rooms with photographs and personal items during their stay at the Manor.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to residing at the Manor and care plans had been developed based on these assessments, as well as assessments provided by other health and social care professionals.
- Staff worked closely with a number of agencies to ensure people's needs were being met, including GP's, and community health teams. Care records showed that referrals were made to other health professionals in a timely way when their specialist advice was required. Advice provided by these professionals was incorporated within people's care plans.
- Visiting professionals told us how they felt the service had improved in recent months and how the management team engaged with them to provide effective and timely care. One told us, "The home has responded well and engaged with family, consultants and social services. They have worked hard to keep [name] here." They added, "I think the home is calmer and less chaotic in recent months."

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 remained the same. 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

- We observed warm interactions between staff and people residing at the Manor throughout the inspection and staff knew people well. We observed staff being attentive to people needs.
- All of the people we spoke to were positive about the care they received and confirmed there were no restrictions placed on their preferred routines. One person told us, "I get up when I want and I go to bed when it suits me." Another person told us, "The carers are first class I cannot complain at all."
- Relatives were also spoke positively about staff. One Relative referred to staff as, "outstanding," and another told us, "My relative is well cared for."
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were able to make everyday choices about their care. This included how and where they spent their day.
- We observed people being treated with dignity through positive and respectful communication throughout our inspection.
- In a recent staff survey, one staff wrote, "I have only been at the manor for 7 weeks and during that time I have never seen anything other than respect and dignity given to the residents by all the care support team."
- People confirmed that staff respected their privacy. One person told us, "They always knock on my door and they ask before they help me."
- People confirmed they were supported to be as independent as possible. One person told us, "[Staff] ask if you need help but they let me do what I can it helps to keep me independent." Another person told us, "The staff help me to get dressed. I can do everything above my knees, but I cannot do anything at the back, so they do the bits I need them to and let me do what I can."

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 requires improvement. At this inspection this key question has now improved to 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; 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

At our last inspection we recommended that the activities programme and support plans be reviewed and developed to show how they meet people's social needs and requests. The provider had made improvements.

- There were a range of activities available and opportunities for people to pursue their interests. These included crafts, gardening, outside entertainers and baking. The service also ensured people's religious needs were respected. We observed one of the entertainers engage well with people and encouraging people to participate.
- We heard from a number of relatives how the activities available had a positive impact on people's wellbeing. One told us, "Mum enjoys the activities, the community room is always busy." Another relative told us, "Dad has a visit from his church which helps to keep him part of the community. His friends visit too." One relative also told us, "Relatives are encouraged to join in with the activities too."
- Care plans had been reviewed and incorporated information about people's interests, hobbies and personal histories. As a result of this, we saw the registered manager had introduced raised flower beds for gardening and also a washing line for one person in the garden area. People confirmed that staff knew them well and their likes and dislikes.
- Detailed information about the service and the care people could expect was provided for people through the statement of purpose.

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.

- The communication needs of people were assessed and care plans contained detailed information including when people required spectacles and hearing aids to effectively communicate their needs.
- Information was available to people in alternative formats on request.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.

- People confirmed they knew how to raise a complaint and were confident in doing so.
- Complaints received had been investigated and responded to appropriately.

End of life care and support

- Key wishes of people were recorded in care plans including when they didn't wish for resuscitation in a medical emergency.
- A visiting professional told us the service was working with them to implement a preferred pathway of care document. This was in the process of being implemented with people already living at the Manor and would be completed with new people during the assessment process to ensure end of life wishes were captured.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant although a number of improvements had been made, the service management and leadership still needed to demonstrate that these improvements could be sustained.

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

At our last inspection the provider had failed to ensure they had notified the Care Quality Commission of key issues that were affecting the quality of care. The provider had also failed to demonstrate sufficient oversight to monitor the quality of care being provided to address risks to the health and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Overall, the governance framework had improved since the last inspection and audits completed by the registered manager were effective in identifying required improvements. Some audits were still to be embedded in order their effectiveness could be demonstrated. For example, care plan audits had not been routinely completed as the plans had recently been rewritten.
- The provider had also recently sought external support to audit the quality of the service against the previous inspection report. All actions from internal and external audits were recorded on a service improvement plan and the registered manager and provider both had oversight. This was reviewed by the provider with the registered manager on a monthly basis.
- The timeliness of notifying the Care Quality Commission of events that occurred within the service had improved and we saw that accurate records were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Systems were in place to engage with people and gather their feedback regarding the service. Surveys had been sent out to staff, people who received a service and relatives. Staff feedback included comments including, "The home has improved greatly since the new managers have been in place," and "I feel we are all helping in making improvements in our care home and everything is positively moving in the right direction."

- Feedback from people and residents was mixed through the survey. One person wrote, "The care and patience shown by the carers is commendable", whilst another wrote, "The staff do not communicate with residents. They might as well be invisible". In another comment, a relative said, "There are some exceptional staff but some new ones perhaps need to get to know the residents needs a little better."
- Not everyone was aware of residents or relatives meetings but were aware of who they can speak to if they had any issues.
- The registered manager had introduced a staff suggestion file and kept a record of responses and actions taken and regular team meetings were in place.
- We did find that the management team were open and transparent throughout the inspection and acted in a prompt manner to any issues that arose.

Working in partnership with others

- The registered manager worked closely with external professionals to ensure consistently good outcomes were achieved for people. One visiting professional told us, "[The] manager is really passionate and has a lot of compassion. She will challenge us if she feels it's right but in a professional way."