

Manor Care Home Limited

Manor Care Home - Middlewich

Inspection report

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Middlewich
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manor Care Home - Middlewich is a residential care home registered to provide personal care and accommodation for up to 44 people aged 65 and over. There were 42 people living at the home at the time of this inspection.

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

The management of medication had been improved and was safe. People told us that they received their medicines when they needed, and audits were robust. People felt safe living at the service, and this was reflected in the views of relatives.

Audits to measure the quality of care provided were now more robust. The new manager had sent out surveys to residents, relatives and staff in order to gain an indication of their experiences. Responses were mixed and as a result the manager and provider had started a process of meeting with people and setting timescales in order to drive improvement.

Staffing levels met the needs of people with comments indicating that staff were available when needed and that such care was provided in a timely manner. Assessments were in place reflecting personal risk as well as risks within the environment. Standards of good hygiene were maintained.

Interventions for those at risk of malnutrition and dehydration were appropriate with people having been Comments about the variety and portions of food were mixed. The manager had an action plan in place to resolve these issues. Kitchen staff were aware of the dietary needs of people.

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 25 October 2021) and there were breaches of two regulations. 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.

Why we inspected

We carried out an unannounced inspection of this service on 23 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in areas of safety and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor Middlewich on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

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 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

The inspection was carried out by one inspector.

The 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. The Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who lived at the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the registered provider, manager, deputy manager, administrator, team leader, care staff and ancillary staff. We spoke subsequently with the nominated individual during inspection feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures 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. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to demonstrate that systems were in place or robust enough to demonstrate that medication systems were safe and robust. 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.

- Medication was safely managed.
- People told us they always received their medication when it was needed.
- Stock checks and audits ensured that prescribed medicines were always available to people.
- Staff received training on medicines administration and had completed competency checks. These were now more effective than those seen at our last visit.
- Medicines were appropriately stored and those medicines which are subject to restrictions were stored correctly and properly accounted for.
- The ambient temperatures of the medication room and refrigerator meant medicines were effective.

Assessing risk, safety monitoring and management

- People were protected from harm through risk assessments.
- Assessments mitigated the risk people faced from any health conditions that they had.
- Assessments were reviewed and were up to date.
- The environment was well maintained. The manager was aware of some minor decorative issues that we identified.
- Regular checks were made in relation to fire safety and other environmental systems.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- People told us, "Oh yes, I feel safe" and "At first I felt vulnerable when I came to live here but now, thanks to the staff, I feel safe."
- Staff had received training in recognising the types of abuse as well as its reporting.
- Information was in place for staff on how to raise concerns using the whistleblowing procedure.

Staffing and recruitment

- Staffing levels met the needs of people.
- On the day of the visit, unforeseen circumstances meant the service had one staff less than usual. This was remedied and the service was fully staffed.

- People told us "They [staff] are always around to help me" and "When I press my alarm, the [staff] always come quickly".
- Staff were always present within the building and were always available to respond to people's needs.
- The recruitment of staff was ongoing. All recruitment checks were in place to promote the safety of people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting people to receive visitors safely at the service.

Learning lessons when things go wrong

- Accidents and incidents were analysed for any patterns and actions taken.
- This aimed to prevent the re-occurrence of future incidents.

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. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The risk of malnutrition for people was well managed by the service.
- Nutritional risk assessments were in place for all people. Those at risk were weighed more frequently or were referred to dieticians.
- Comments about food was mixed. Some people were happy with the portions of food provided while others had expressed views to us and through surveys that the quality and amount of food differed.
- A plan of action to address any concerns had been devised by the manager to reflect comments.
- Food was prepared in a well organised facility. Kitchen staff were aware of the nutritional needs of people, for example, if they needed their meals to be softer or pureed.
- There were good supplies of fresh fruit and vegetables available.

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

- Assessments were in place outlining the main needs of people.
- These were completed at the point a person came to live at The Manor and made reference to health needs and social interests.
- Assessments were then translated into a plan of care which, in each case, was reviewed regularly.

Staff support: induction, training, skills and experience

- People told us, "They [staff] know what they are doing" and "Staff are good at what they do".
- Staff supervision had lapsed due to management changes. However, this had been recognised by the management team who had sought to re-establish supervision and support sessions for staff.
- Staff training was provided on-line. The manager had identified a training room that could be used to enable staff to log on and complete training as required.
- The manager stated that training provision had changed from an older system and that a transition to a newer system had been introduced. The manager continued to review progress made by the staff team in completing all mandatory topics as well as those reflecting the specific needs of people.
- A structured induction process was in place and included initial training as well as new staff shadowing colleagues to allow them to become more familiar with their new role.

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

- People had access to external medical services when required.
- People told us that while they generally felt well; the staff team would seek medical interventions to promote their health and deal with any health problems that arose.
- An ongoing commentary of appointments with medical agencies was maintained for each person.

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

- The environment had been adapted to meet the needs of people.
- Some minor decorative issues were identified during our visit. The manager had already identified these and was looking to remedy them.
- People told us that they had been able to choose the decorative scheme of their rooms.

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 operating within the principles of the Mental Capacity Act.
- We received information prior to our visit that suggested a deprivation of liberty order had expired and not been renewed. The manager had identified and addressed this before our visit.
- People had been assessed as to whether they had the capacity to make decisions. It was recognised when people had capacity, and this was respected.
- As a result, the capacity of people to make decisions until demonstrated otherwise was implemented in line with mental capacity principles.

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 Requires Improvement. At this inspection the rating for this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to demonstrate that systems were in place or robust enough to demonstrate that governance was robust. 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.

- The provider now had effective systems in place to monitor, assess and improve the quality and safety of service being provided.
- Since our last inspection and recently prior to our visit, a new manager had been employed by the service. The manager had introduced audits and gained the views of residents, relatives and staff to gain an indication of quality within the service at that time.
- Views received had been mixed yet provided a baseline for the manager to drive improvement. In response, the manager had devised an action plan to address issues raised and maintained conversations with all stakeholders. The manager demonstrated a commitment to sustaining improvement.
- Medication systems were now more robust and a deficiency with a deprivation of liberty order had been identified and corrected.

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

- The manager had been transparent in gaining the views of all people about the quality of the care provided.
- Relatives had commented they had not felt kept up to date with progress or significant events affecting their relations.
- The manager had started to meet with some relatives to provide updates and clarification.
- Commissioners received information about the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last visit, there had been a change of manager.
- The manager had not yet registered with CQC but had applied to complete this process.
- The manager and registered provider continued to understand the need to notify us of any significant

events that affected people's wellbeing.

- The provider had displayed the rating from the last inspection on their website.

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

- People received person-centred support.
- Care plans reflected the individual needs of people.
- People told us that staff knew their individual preferences and needs.