

Manor Park Care Limited

Manor Park Nursing Home

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Manor Park Nursing Home is a care home providing accommodation for people who require nursing or personal care. At the time of our inspection 41 people were living at the service. Some rooms were not in use because of building works, but up to 52 people can live there.

The service specialises in caring for people who are living with dementia. Manor Park Nursing Home is beside the sea front, and the original building has been adapted and extended to meet people's needs.

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

Medicines were not always stored safely, or records did not always evidence safe storage. Some records needed to be reviewed or updated. Most issues had already been identified by the clinical manager and action was taken during and immediately after the inspection to make improvements. We have made a recommendation about medicines safety.

People's capacity to consent to their care had been assessed, but specific decision making processes were brief. We have made a recommendation about this.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People were protected from the risk of harm because the service assessed, monitored and managed safety. We were assured that people were protected by the prevention and control of infection. Care records helped people receive the support they needed because staff could access informative records. The environment and equipment were regularly checked, and actions taken when required to minimise risk.

The service had enough staff, including for one-to-one support. There had been recent pressures during an outbreak of Covid 19 at the service, but emergency plans had been put into place to ensure people remained safe. Safe recruitment practices were in place. People were supported by staff who had the training, knowledge and skills to carry out their roles.

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.

People had care plans which were personalised and reflected their needs and preferences. These were regularly reviewed to ensure they continued to meet people's needs and were informative.

People received support to eat and drink enough to maintain a balanced diet. Preferences and needs were

documented in care records, and staff knew when people needed support or equipment to eat, drink and remain healthy. Referrals were made to specialist services as required.

There had been recent staff changes at all levels, but the management team had a clear vision about the quality of care and service they aimed to provide. The new management team were open and keen to develop the service but needed time to embed changes.

Quality assurance processes were effective and helped to hold staff to account, keep people safe, protect their rights and provide high quality care and support. Shortfalls were identified and improvements planned where necessary, although time was needed to implement some changes. Staff worked in partnership with other organisations to develop the service.

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 February 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We received concerns in relation to staffing, safeguarding and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

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.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Manor Park Nursing Home

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 three inspectors.

Service and service type

Manor Park Nursing Home 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. Manor Park Nursing Home 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 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

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

Some people living at the service were unable to communicate verbally. We spent time observing people in the communal areas of the home to help us understand their experiences.

We spoke with 11 members of staff, including the registered manager, clinical manager, training manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed a range of records and documents. This included five people's care records and all medicine records. We looked at four staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents.

We received feedback from 12 relatives or friends of people who lived at the service. Five professionals gave us feedback. The views of everyone we spoke with have been incorporated into this report.

We considered this information to help us to make a judgement about the service.

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 or there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always stored safely. For example, staff were not following best practice in the way they recorded medicine fridge temperatures. A change was made immediately to improve monitoring and recording.
- Some people received their medicines covertly. This is when medicines are disguised in food or drink. The documentation to evidence how staff had assessed the need for covert medicines administration was mixed. For example, one person had no documentation about why receiving medicines covertly was in their best interests and another person's documentation was incomplete. The clinical manager said they would review all covert medicine documentation as a priority.
- The process for recording when topical creams and lotions were applied was unclear. Nurses signed the medicines record but did not usually witness the application of creams and lotions. This meant nurses did not know if the creams had been applied as prescribed. The clinical manager was confident creams were being applied correctly and the problem related to recording. This was an ongoing issue which had already been identified as an area for improvement by the management team.
- Creams and lotions should be labelled and dated to ensure the product remains safe for use. Creams and lotions had not been dated when opened. We highlighted this to the clinical manager who had already identified this as an area for improvement in their clinical action plan.
- The provider took action to improve shortfalls during and immediately after the inspection.

We recommend the provider continue to review and improve safe storage and accurate record keeping relating to medicines.

- People were supported to receive their medicines as prescribed. People's preferences for how they liked to take their medicines were recorded.
- Protocols were in place for when people might need additional medicines (PRN). When these had been administered staff documented the reasons why and a 'yes' or 'no' response for effectiveness. We suggested that further comments could be provided to give further clarity on effectiveness. The clinical manager said they would address this at the next nurse meeting.
- Medicines with secure storage requirements were protected from misuse because staff followed correct procedures in line with statutory requirements. The controlled medicine stock check was correct.
- Medicines that were no longer required were safely disposed of.
- Regular medicine audits were carried out to monitor safety and ensure risks were managed. Areas for improvement had been identified and work was in progress. A plan was in place for a detailed audit to be carried out by a pharmacist.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess or review the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(2)(a) 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.

- People were protected from the risk of harm because the service assessed, monitored and managed safety.
- Care plans contained risk assessments for areas such as skin integrity, falls, and choking. These had been regularly reviewed. When risks were identified, the plans provided clear guidance for staff on how to keep people safe. For example, one person was at risk of seizures and a care plan informed staff what to do in the event of a seizure to keep the person safe.
- When people were assessed as being at risk of skin damage, plans told staff how to reduce the risks. There was information about the pressure relieving equipment in use and the frequency of required position changes were documented. Records showed people were supported to reposition in line with care plan guidance.
- Some people experienced episodes of anxiety and agitation which could sometimes escalate into incidents of aggression. Care records described the activities or events which might trigger a person to become angry and upset and clearly informed staff how to support people while keeping them safe and protecting their dignity and rights.
- Regular checks and monitoring were in place to ensure environmental risks were assessed. We saw records which showed building, equipment and fire safety were monitored and issues were addressed as required.

Preventing and controlling infection

At our last inspection the provider had failed to identify and mitigate all infection risks. This was a breach of regulation 12(2)(h) 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.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- Some families had raised concerns about standards of hygiene, such as nail care and oral health. We did not find concerns on the day of our inspection. People we saw were clean and well kempt and their oral health needs were recorded. Daily records included details about the personal care people were supported with.

Visiting in care homes

- The provider supported families and friends to visit in line with government guidance. At the time of our inspection, the service had recently re-opened following a Covid 19 outbreak. During the outbreak, staff had supported people to maintain contact with friends and families where possible.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were trained to support people with complex mental health needs. This was a breach of regulation 18 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 18.

- Concerns had been raised with us about staffing levels at the service. We saw staff rotas for the previous four weeks. These showed there were sufficient staff to meet people's needs. Managers told us there had been periods of staff shortage during a recent outbreak of Covid 19 at the service. Emergency plans had been put into practice where necessary to ensure people remained safe and their needs were met.
- Professionals gave positive feedback about staff. One professional told us they felt staff were suitably skilled and experienced, and received additional training to ensure they cared for people with complex needs safely and effectively.
- There was a structure which ensured senior staff and registered nurses were always on duty, including at night. This helped to provide leadership and ensure people were cared for by staff with a range of skills and experience. One professional felt staff would benefit if the management team carried out more observations of staff working practices.
- Safe recruitment practices were in place. This included criminal and employment checks being carried out to confirm staff were suitable to care for people. The management team used disciplinary procedures if necessary to address staff performance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The management team had a good understanding of their responsibilities in keeping people safe. The nominated individual took a lead in managing and monitoring safeguarding issues. Staff worked with other professionals to review and manage concerns and reduce risks where possible.
- Staff received safeguarding training and knew how and when to raise concerns. All the staff we asked knew what actions they should take to keep people safe, and they were clear they would act if necessary. Staff were confident they would be listened to and taken seriously.
- Most relatives felt their family members were safe and protected from abuse, harm or neglect. One relative was happy that positive action had been taken to support their family member after they had fallen and another relative said, "[Name] seems very safe. They seem to be looking after them well".
- Some relatives had expressed concerns about the care their family member received and had contacted the local safeguarding team. We found the provider had co-operated with investigations and implemented changes where these were required.

Learning lessons when things go wrong

- The management team encouraged openness and transparency and were keen to learn from incidents.
- Staff recognised incidents and accidents and reported them as required. Managers investigated, made changes when necessary and shared learning with the team.
- When concerns had been raised about aspects of the service, records were kept about what had been done in order to understand, explain and identify improvements where needed.

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.

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.

- Staff understood they needed to seek verbal consent before they supported people with daily tasks such as food and personal care. Where people refused support this was recorded.
- People's capacity to consent to their care had been assessed. However, when people were unable to consent, it was not always clear how some decisions had been reached. People had been assessed for their capacity to consent to living at the service and to receive "care and treatment". They had not been assessed for all aspects of their care on a decision specific basis. For example, some people had bed rails in place but there was no information in care plans explaining why these were in place or whether any discussions had taken place to ensure these were the least restrictive option in keeping them safe. The clinical manager told us this was an area for improvement which had been identified already and said additional MCA training had been arranged for the nursing staff.

We recommend the provider continue their planned review of mental capacity assessments and best interest decisions to ensure records are specific and reflect the principles of the MCA, in line with the service action plan.

- Advocates were available to support and act in people's best interests if they did not have other representatives.

- Some people had DoLS authorisations in place. These reflected the principles of the MCA and were saved in care records. One person's DoLS authorisation required a best interest decision assessment should be completed and shared with the supervisory body. We could not find evidence that this paperwork had been completed. This did not impact on the person's care or safety. The clinical manager completed the assessment during the inspection and said they would share it with the supervisory body.

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

- The provider assessed people's needs before they moved into the service to ensure their needs could be met. Relatives told us they had been asked about their family member's choices and preferences.
- Care plans were available electronically and gave staff guidance about needs and personal preferences to improve the care they delivered.
- Relatives said they felt staff knew their family member. One relative told us, "I'm impressed with the staff's knowledge of [Name] and their needs".
- Care plans were regularly reviewed to ensure they continued to meet people's needs. The management team had recently introduced 'resident of the day'. This promoted a focus on one person each day and included a detailed review of their care and records.

Staff support: induction, training, skills and experience

- People were supported by staff who had the training, knowledge and skills to carry out their roles. The provider had a comprehensive training program in place which covered core training as well as training specific to the needs of the people living at the service. For example some staff had received additional training in subjects such as managing feeding tubes or working with people experiencing emotional distress.
- Most professionals said staff had sufficient training and were skilled in their roles, however one felt staff needed additional specialist training in dementia.
- An induction programme was in place and new staff worked alongside more experienced staff to develop skills and experience.
- Some relatives told us they were concerned about the level of English some staff spoke. The provider was aware of this and had given some staff additional training, individual time and extra support to ensure they were able to communicate to a high standard.
- Staff told us they felt supported and able to raise concerns or make suggestions. Records showed staff received regular supervision and appraisal.

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

- People's preferences about what they liked to eat and drink was documented in care records. Details of equipment such as adapted cutlery or cup preferences was also documented.
- People had been assessed for the risk of malnutrition. People's weights were monitored monthly. When people lost weight, guidance and advice was sought when necessary. Staff provided fortified drinks, and food supplements were administered as prescribed.
- People had been referred to the speech and language therapy (SALT) team when concerns about swallowing had been noted. Care plans included guidance from the SALT team such as providing specialist diets or thickened fluids.
- People's food and fluid intake was recorded. Records were consistently clear and showed when staff had offered food or drink and whether people had accepted or refused. When people refused, records showed when staff had offered alternatives or when they had returned and tried again.
- We saw people being offered choice and alternatives if they did not want the meal being offered. People were offered snacks throughout the day and these were available in communal areas.

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

- The original building was a Victorian villa, but this had been extended and adapted to meet people's

needs. For example, steps had been removed, bathroom fittings adapted, and communal areas reflected good practice in caring for people living with dementia.

- Separate lounges aimed to meet the needs of people living with various stages of dementia. This reflected evidence-based practice as described by a dementia culture change and training organisation.
- Adaptations had been made in response to risk. For example, one person was distressed that other people living at the service might enter their room without their permission. The provider installed a keypad door entry to ensure the room was always secure. The person knew the code, but also had magnetic fob access.
- Building work was in progress at the time of our inspection. Hazards were clearly marked, and work areas were secured to reduce the risk of harm to people.
- One garden area had recently been developed to enable people to access and benefit from this outdoor space. Staff told us there were plans to improve another smaller garden area.

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

- People had been referred to a range of external services and specialists to support their health and wellbeing needs.
- Care plans contained details of health professionals involved in people's care. Records showed when people had been reviewed by the GP, nurse practitioner, SALT and the mental health team for example. People were supported to attend hospital appointments to meet their health needs.
- We received positive feedback from professionals who had worked with staff to ensure people received effective care and treatment.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not operate effective systems and process to ensure they monitored their service against regulations. This was a breach of regulation 17(1) 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 registered manager understood their role and worked with the management team to meet regulatory requirements.
- The previous CQC rating was displayed in the service and on the provider's website.
- Quality assurance processes were in place and helped to hold staff to account, keep people safe, protect their rights and provide high quality care and support. Audits were carried out regularly, and action plans were in place and reviewed to ensure improvements were achieved. The management team had not had enough time to make all changes identified. Regular audits included medicines, health and safety matters, safeguarding concerns and record keeping.
- Staff understood their role and responsibilities in providing a good quality service. One staff member said, "We want to make sure people are well looked after. We do our best".

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

- There had been recent staff changes at all levels, but the management team were committed and motivated to continue to support staff and develop and improve the service and care people received. Time was needed to see the full impact and effect of plans which were in place.
- We received mostly positive feedback about the recent changes to the management team. Comments included, "The new managers seem good. Really switched on" and "I have no issues with the new managers, they're brilliant".
- Some relatives were not so happy about the leadership at the service. One relative told us, "It's badly managed. The managers don't have a grip on what they're doing".
- We found an open culture which was supportive and caring. Staff and managers prioritised safe, high quality and personalised care in line with the provider's vision and values. Comments from relatives

included, "They know [Name]. They're patient and respect her and they're not condescending" and "They know [Name] well. They've known them years. They do what's best for [Name]".

- Staff told us the service was well led and they felt supported by the management team. Comments from staff included, "There's an open culture here. There are always managers and seniors around. Staff would always be listened to" and "I chose to come and work here because it is a lovely family focussed company to work for."

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 provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They apologised to people and their relatives when things went wrong.
- Incident reports were reviewed by the management team, and the information was used to learn and make changes.
- Staff were encouraged to bring issues of concern to the attention of the management team and knew how to do this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw staff listening to people, offering choice and respecting the choices people made.
- Annual surveys were carried out and feedback was encouraged at any other time.
- Complaints processes were in place and made available. Complaints and compliments had been received by the service. When concerns were raised, these were investigated, and lessons were learned and shared.
- Staff were encouraged to give feedback and make suggestions about the service. Team meetings and regular electronic communication supported staff to share their views.
- Most feedback from relatives about communication with the service was good. Comments included, "I'm very well informed" and "They're good on email communication". One relative said, "Communication is poor across the board".
- Professionals gave contrasting views about communication. One professional told us, "The service seems to have improved with communication", but another said, "Communication is very poor".

Continuous learning and improving care

- The management team had reviewed many areas in response to feedback from CQC and local authority quality monitoring checks. They were open and responsive during our inspection and were keen to continue developing and improving the service. Some improvements had not yet been realised as time was needed to embed and sustain change.
- The service had received several compliments. Comments included, "The staff are amazing and treated my mother with the care she deserved" and "The feeling of the home was wonderful and that is down to the very hard work of you all".

Working in partnership with others

- The service worked with a range of health and social care services. Staff sought advice and guidance if there were concerns or changes to people's needs. One professional said, "[Staff] have been accepting of recommendations and adhered to this so that the person I supported would have a person-centred care approach". Another added, "[Positive changes for the person] have only been achievable by the Manor Park staff team listening and implementing the previous recommendations from [specialist team] and working as a consistent team".