Countrywide Care Homes Limited

Manor Park Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Manor Park Care Home Limited is a care home providing residential and nursing care to 57 people at the time of the inspection. The service can support up to 75 people.

People's experience of using this service and what we found
There were continued concerns about the completion of daily records, which had been highlighted at the last inspection. We saw this had been identified by the management team from November 2021, yet these records were still not being fully completed.

We received mixed feedback about staffing levels in the home. The provider used a dependency tool to assess how many staff were needed. Rotas showed the number of staff deployed varied, but met the assessed need. Meeting minutes noted nurses were working 24 hours continuously on occasions. The provider had taken action and recruited four nurses to help ease this staffing pressure.

The management of people's medicines was found to be safer at this inspection, although there were some recording issues which the registered manager reviewed following our inspection. Audits identified areas to improve, although the action plans generated did not describe the action needed to meet the quality standard.

New initiatives were taking place, such as a daily flash meeting for department heads to discuss issues of the day, including risks to people.

We have made a recommendation that flash meetings include existing pressure care needs, rather than solely addressing new concerns.

Staff were working with local authority partners to improve the management of people's pressure care. Nurse walkarounds had also been introduced, although these were not consistently taking place.

Staff were aware of risks to people and the equipment they needed as part of their assessed needs. A recent fire drill had taken place. Certificates to demonstrate maintenance of the premises and equipment were up-to-date.

The home was found to be clean and infection control procedures in response to the risk of COVID-19 were satisfactory.

People and their relatives felt they were safeguarded from the risk of abuse. However, safeguarding records did not show that all concerns identified before our inspection had been recorded.

People and relatives were consulted in the running of the home through resident and relative meetings.

Satisfaction surveys were last completed in September 2020.

We have made a recommendation that the provider reviews their internet service as poor connection speeds meant records took time to produce and there were complications with staff using handheld devices to record people's care and support.

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 rated inspection for this service was requires improvement (published 12 July 2019) and there were two 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 regulation 12 (Safe care and treatment). We found the provider remained in breach of regulation 17 (Good governance).
The last rating for this service was requires improvement (published 12 July 2019). This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
The inspection was prompted in part due to concerns received about the safety of care people received, including the management of pressure care and the timeliness around recognising when clinical input was needed.

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 the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach concerning the recording of people's day-to-day care interventions using charts to record repositioning and fluid intake.

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

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

Manor Park Care 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 Care Act 2014.

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 two inspectors. Following our visit, an Expert by Experience made calls to relatives and representatives to gather their feedback about their experience of the care provided. 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
Manor Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Manor Park Care 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.

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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who lived in the home and 12 relatives. We also spoke with the registered manager, regional director, clinical lead, a unit manager, a nurse, three care workers and a visiting professional.

We reviewed a range of records. This included three people's care records in full, as well as medication records. We looked at the recruitment of two staff members as well as a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

Requires Improvement

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 we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found a lack of consistent records around risk management meant people were at risk of unsafe care and treatment. 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.

Assessing risk, safety monitoring and management
• Risks to people were assessed and staff understood those risks.
• People had risk assessments in their care records. A risk to one person was not accurately recorded in their care plan. They were assessed as having a pressure wound, although this was not recorded in their personal hygiene support care plan for skin integrity.
• Staff gave us mixed feedback about how effective communication was in the home. However, staff were able to explain where people needed equipment as part of an assessed need.
• All building safety and maintenance checks were up-to-date.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

• We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

At our last inspection there was a lack of effective medicine management systems which meant people were at risk. 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.

Using medicines safely
• Medicines were administered as prescribed, although some improvements to recording were needed.
• Body maps did not indicate where staff should apply creams, although creams were regularly being applied. The registered manager said they would review this. Some gaps were seen in room and fridge temperature checks for January 2022.
• An electronic system was being used to record the administration of medicines. Medication administration records we looked at showed people received their medicines as prescribed.
• Medication competency checks and training had been completed. Medication audits were being carried out with actions having been identified.

Staffing and recruitment
• There were sufficient numbers of staff, although safe deployment of staff needed reviewing.
• The January 2022 clinical meeting minutes noted nurses had been working 24 hours shifts, due to staffing pressures. This meant there was a risk to people and the staff themselves.
• Despite ongoing recruitment challenges, the provider had recently appointed four nurses. We looked at recruitment files and saw suitable checks had been carried out before staff commenced working in the home.
• We received mixed feedback from relatives around staffing levels. One person and a relative we spoke with said there were sufficient numbers of staff and another relative told us their loved one had to wait to be supported to the toilet.
• The provider had a dependency tool to determine suitable staffing levels. Rotas showed shifts were staffed in accordance with assessed needs, although there were variable numbers of staff deployed throughout January 2022.

Systems and processes to safeguard people from the risk of abuse
• People felt safe living in the home, although systems were not consistently recording safeguarding matters.
• We looked at the safeguarding log and found incidents we had been made aware of prior to our inspection were not recorded. We have dealt with this in the enforcement action under the well-led key question.
• Safeguarding responsibilities were discussed at a staff meeting in January 2022 to remind staff that they should report any concerns to the management team.
• All of the people and relatives we spoke with consistently told us the home provided a safe environment where people were protected from the risk of abuse.

Learning lessons when things go wrong
• Senior leaders were trying to learn lessons from unwanted events.
• Flash meetings with department heads had commenced three weeks after the registered manager started in their post. We attended the flash meeting on the day of inspection and found this was a useful exchange of information about people's care needs.

We recommend that flash meetings include existing pressure care needs, rather than solely addressing new concerns.

Preventing and controlling infection
• Infection prevention and control standards were adequate at the time we inspected.
• However, we brought the registered manager's attention to a trolley which contained items to go to the sluice, which was stored in the corridor throughout the day of inspection.

• All feedback from relatives around cleanliness in the home was positive. Our observations were that the premises were clean.

Visiting in care homes
• The service was following government guidance in relation to visiting and had a suitable system in place to support people to maintain important relationships with their relatives and friends.

Requires Improvement

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 as requires improvement. At this inspection the rating 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.

At our last inspection quality assurance systems were not effective in identifying and resolving issues. People did not always have accurate, complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Before our inspection, we were made aware of concerns about the quality of care planning records. The provider was aware of this and had committed to updating all care records shortly before our inspection. However, maintaining accurate and complete care records was still a concern when we inspected.
• The regional director's visit reports for November and December 2021 noted gaps in daily records, including food and fluid diaries and repositioning charts. Although this was addressed with unit and clinical leads, this remained an issue when we inspected.
• During our inspection, we identified concerns around recording of daily charts and inconsistent recording of people's care needs. For example, one person was recorded as walking around the unit, when they were actually cared for in bed. Some repositioning records did not show people were assisted as often as needed.
• The staff meeting dated January 2022 discussed the effectiveness of the new nurse walkarounds which were praised, although they were not consistently happening, as noted in the March 2022 staff meeting minutes shared following our inspection. The nurse walkarounds were intended as a way to check that daily charts had been fully completed, amongst other quality checks.
• We looked at a series of audits and found that where a quality standard had not been met, an action plan was automatically generated. However, these actions only listed the standard not met and did not describe the completion of different tasks to meet the standard.

This was a continued breach of regulation 17 Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as complete care records needed to demonstrate people's assessed needs had been met had not been maintained.

• Clinical governance meetings were of a good quality and demonstrated improvements which the registered manager was trying to make.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• We were told about a bathroom hoist which had been broken for several weeks and staff said they were not able to take people to the first floor for a bath. As a result, one person was having a bed bath and had their hair washed using a bowl. The registered manager made us aware this repair was scheduled for late March 2022 and clarified that staff were allowed to assist people to the first floor for bathing.
• Before our inspection, we were aware that internet connectivity was an issue in the home. A staff member told us the handsets they used to update care records did not always correctly save information. There were delays in staff being able to access care records which we requested on the day of our inspection. This was due to internet connection speeds.

We have made a recommendation that the provider reviews their internet connectivity speed to provide a platform for care records to be easily updated.

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 was meeting their commitment to the duty of candour when things went wrong.
• The registered manager had contacted people and their representatives to apologise and explain where unwanted events had occurred.
• The provider was notifying us of events which they are legally required to do.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
Relatives we spoke with felt the staff team knew the needs of their loved ones and worked hard to meet them, and the home was well-led. Relative comments included, "They work hard, it's not an easy job and I'm impressed with them." One person told us, "For quality, this home is one of the best. I've been well looked after."
• Residents' meetings had taken place in December 2021 and January 2022. For relatives' meetings, staff had called people's representatives individually to gather feedback.
• The most recent satisfaction survey carried out in September 2020 largely contained positive feedback, although communication between people and relatives was an area for improvement, particularly due to visiting restrictions during the pandemic.
• A relative we spoke with said their family member's religious needs were being met. They told us, "My (relative) likes classical music and one day a staff member was reading (religious songs) to her."
• Staff meetings were taking place. Records showed these were two-way conversations where staff were asked for their views.

Continuous learning and improving care; Working in partnership with others
The registered manager was committed to improving the service.
• Steps had been taken to make improvements and partnership working was evident.
• The registered manager arranged for whole home staff meetings to promote a culture of togetherness.
• Staff meeting minutes from January 2022 showed staff were asked to express interest in NVQ qualifications as part of their development.
• The registered manager liaised with the Clinical Commissioning Group to arrange training on responding to and reporting accidents and incidents.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Complete care records needed to demonstrate people's assessed needs had been met had not been maintained and quality assurance systems were not sufficiently effective

The enforcement action we took:

Warning notice