Leonard Cheshire Disability

The Manor - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
The Manor - Care Home Physical Disabilities is a purpose built two storey residential care home with three adjacent bungalows. It is able to provide support for up to 22 people. At the time of the inspection there were 20 people using the service. Each person's accommodation included ensuite facilities. There is a communal lounge/dining area and an area where people can undertake hobbies, interests and pastimes in an accessible way.

People's experience of using this service and what we found
Although staff received up to date training on infection prevention and control practices, there were poor practices in place which put people at risk of infections and cross contamination. The provider told us they would urgently address these matters. However, until we identified these issues people were at risk of harm

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care plans were an accurate reflection of the support they needed to mitigate risks and stay safe. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff supported people with their medicines in a way that respected their independence and achieved positive health outcomes.

Lessons were learned when things went wrong and actions were taken to prevent recurrence.

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 and those important to them, including advocates, were involved in planning their care. This enabled people to be able work with staff to develop the service. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Audits, monitoring systems and oversight of the service were mostly effective.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 20 February 2018).

Why we inspected
We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Manor - Care Home Physical Disabilities

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 undertaken by one inspector.

Service and service type
The Manor - Care Home Physical Disabilities is a 'care home' without nursing care. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. is a care home. 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
We reviewed information we had received about the service since the last inspection. We sought feedback from two social workers, the local authority contracts' team and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection
We spoke with three people and five relatives of people using the service. We also spoke with nine staff including the operations' manager, deputy manager, team leaders, care support workers, administration, kitchen and housekeeping staff.

We reviewed a range of records. This included three people's care records and 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 were also reviewed, including training records, incident records, compliments, quality assurance processes and various policies and procedures.

What we did after the inspection
We sought assurance about actions relating to infection prevention and control.

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 this key question was rated as Good. At this inspection this key question has changed to 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.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The provider had not ensured the use of pedal type bins in areas where there was a risk of cross contamination and the spread of infection.
- Not all staff adhered to good infection and control practices and some items of equipment had porous surface which could harbour germs. Staff told us if they didn't do personal care, they could wear jewellery. However, this jewellery could contaminate objects such as medicines. This created a risk of spreading infections and cross contamination. The provider told us they would address these matters immediately. However, until we identified these concerns people, visitors and staff were at risk of harm.
- 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. 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.
- The provider's policies around visiting, either during a COVID-19 outbreak or more generally, was in line with government guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and they understood how to keep people safe, and identify, report and act on any potential concerns.
- The registered manager identified and reported incidents to the appropriate organisations, took any actions required and this helped keep people safe. All people and relatives we spoke with felt people were kept safe. One relative told us their family member was supported safely and was enabled to take risks in a positive way. The relative said, "My [family member] will take risks, but staff keep them safe."
- Staff knew what signs, symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the registered manager or the local safeguarding team.

Staffing and recruitment

● A robust process was in place to help ensure there were enough staff who were suitable and safely recruited. Relatives and people were satisfied with the time staff took to attend to people's needs. One person confirmed to us that there were enough staff, and they didn't have to wait for care such as getting dressed and out of bed.
● A staff member said, "We do use agency staff but the same ones for consistency. We have three new staff start recently and this will make it easier."
● Various checks had been undertaken on new staff, including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff told us they had to provide previous employment references, photographic identity, proof of a right to work in the UK and evidence of good character. Records viewed confirmed these had been checked.

Assessing risk, safety monitoring and management.
● Apart from risks associated with infection prevention and control, risks were identified and we found they were managed well, such as choking, malnutrition, pressure care and people's equipment. One relative said, "My [family member] is at risk if they don't have the right format of food or enough to drink."
● Staff with appropriate training understood how to provide people with care and support in a way that reduced the potential of risks. This included guidance from health professionals, such as speech and language therapists. One staff member told us, "I look out for a change in behaviours, weight loss, or anything out of the ordinary and report it. I have trust in the [registered manager] taking action."
● Staff worked safely by using equipment correctly and this minimised risks. A staff member told us, "Some people have medicines, food and drink through a PEG (Percutaneous Endoscopic Gastrostomy). I (know how to) flush it with a specific quantity of water." (PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus).

Using medicines safely
● Staff managed and administered people's medicines safely whilst promoting people's independence to take their own medicines. A relative told us, "I know my [family member] gets their medicines. They haven't been hospitalised for nearly three years. They get all their medicines to stay safe."
● Staff received training and support to help ensure they were competent to safely administer medicines, including those in a liquid format.
● Audits were effective in identifying errors, such as where records for medicines did not match those held in stock. Investigations occurred and staff were reminded of their responsibilities. One staff member said, "I check and triple check all the medicines records are correct. Where medicines need two staff signatures, the staff involved have to know what and whom the medicine is for."
● Medicines were stored and disposed of safely. Records for each person's prescribed medicines were kept up-to-date and were accurate. The provider's medicines administration policy helped ensure only staff deemed competent could administer medicines.

Learning lessons when things go wrong
● The registered manager supported staff to learn when things went wrong. For example, for unplanned events, such as a people's health conditions and medicines recording errors.
● Staff were reminded of their responsibilities and actions taken helped reduce the risk of reoccurrences. One staff member told us, "We have a handover and supervisions if things don't go as planned. I check changes have been made and they are sustained." We saw how actions taken, including a change to medicines and a modified diet had kept people safe.
● The registered manager used a positive approach to improving staff performance and shared more general learning through day to day observations or individual staff supervision. The operations' manager

told us they had oversight of themes and trends and worked with the registered manager to address these. Another staff member said, "It was identified that having an imbalance in agency staff wasn't working. It has changed to more permanent staff now as there are more staff."

Good

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 good. At this inspection the rating has stayed the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had been in post for only a few months, but in that short time had identified areas requiring improvement. They understood their responsibilities and implemented these under the Duty of Candour. Concerns, incidents and accidents were reviewed. The provider was open and transparent when things went wrong.
- All staff felt supported and listened to and had the opportunities to feedback about aspects of their role. One staff member told us staff worked as a team.
- The registered manager was supported by a deputy manager who assisted with the day to day running of the service. The registered manager and members of the provider's management team supported the service with effective oversight by reviewing audits, care plans, and observing staff. For example, during the day or unannounced checks at night.
- Staff worked well as a team, were treated equally well, responded to risks and adjustments were made where needed. For instance, staff being able to take additional breaks or use alternative PPE. One staff member said, "I feel part of a team. I report issues to the [registered] manager, such as if I feel a person has an infection. You can tell as they might not eat, be more agitated or just look uncomfortable."

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

- Various meetings with people and staff teams were held so information about the service was shared. This was provided in alternative formats such as pictures for those people with other communication skills.
- The registered manager ensured engagement with people and staff in other ways such as day to day conversations, e-mails, observations and feedback at meetings.
- Staff told us this had the benefit of a shared approach to improving people's quality of care including support from the provider. One staff member said, "It doesn't matter how small the issue may seem to us. It's worth recording and reporting incidents. I like to know people are safe." All staff had a shared passion to work at the service; and relatives agreed that it would be a service they would recommend to others.

Continuous learning and improving care

- A range of audits were in place to help monitor and improve the service. These included maintenance of equipment and utility systems and staff sharing learning. However, where audits focused on a specific area, there was a risk that improvement opportunities would be missed. The provider told us they would change

their approach to IPC audits.
● Areas and subjects monitored included feedback from people, complaints and reviews of various records. People and relatives found the management team approachable and open to suggestions to improve the quality of service provision.
● All those we spoke with felt the registered manager was approachable and had an open-door policy. One relative was pleased about the way care had improved their family members quality of life staying out of hospital and having the equipment to enable them to be listened to.

Working in partnership with others
● People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being. A proactive approach helped ensure better outcomes.
● We found that interventions by a speech and language therapist (SALT) had led to a person leading a safer and more healthy life. A relative told us, "It is a relief to know that after so many years in care that The Manor's staff have enabled this massive change."
● The registered manager had involved various health professionals including hospital consultants, occupational therapists, GPs and community nurses. This supported people to live a better life having joined up care.