

RCH Care Homes Limited

Manton Heights Care Centre

Inspection report

Woodlands, off Manton Lane
Bedford
Bedfordshire
MK41 7LW

Tel: 01234267556
Website: www.rchcarehomes.co.uk/our-homes/bedfordshire/manton-heights-care-centre/

Date of inspection visit:
14 April 2021
20 April 2021
22 April 2021

Date of publication:
11 May 2021

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

Manton Heights Care Centre is a residential care home split in to two buildings providing accommodation and personal care for up to 91 people aged 65 and over some of whom were living with dementia. The main building consists of three units, two units are on the ground floor and a third unit is on the first floor. There is a shared dining room and lounge in each unit and one shared garden. At the time of our inspection one of the ground floor units was closed for refurbishment. The service was supporting 43 people in the main building and 12 people in the building which supports people living with an acquired brain injury.

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

There had been a lot of improvements put in place since our last inspection. People, relatives and the staff team were positive about their experiences at the service. One relative told us, "I would recommend Manton Heights to anyone. The staff are very caring."

At our last inspection we found the provider to be in breach of several regulations of the Health and Social Care Act (2008). Due to the improvements made since the last inspection the provider was no longer in breach of regulations.

People were safe living at the service. Staff knowledge about keeping people safe and safeguarding, was mostly good. Staffing levels were sufficient to keep people safe, although some further areas for improvement were identified at certain times of the day. Staff recruitment checks were thoroughly completed. Recruitment was also ongoing to ensure that a consistent staff team would be in place. People received safe support with their medicines, however some areas for further improvement were identified at this inspection.

Assessments were completed to ensure risk to people was minimised and staff had a good understanding of these. The service was kept clean and infection control measures were thorough, including with regards to COVID-19. When things went wrong an analysis took place to see where improvements could be made and acted upon.

Staff had the experience, skills and knowledge to do their job and the management team were supporting new staff to become core members of the staff team. People were well supported with food and drink according to their needs and preferences. Health professionals were consulted to support people to maintain their health and wellbeing. The service engaged and worked well with external partners.

The premises were suitable for people using the service and the management and staff team were focusing on people's lived experiences of using the service. 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, relatives and staff were asked for feedback about the service.

The new manager and the provider were passionate about continuing to improve the service. They were aware of areas that still required attention, including those found during this inspection. Audits identified areas for improvement and the provider had an action plan which they were monitoring. There were still areas for improvement to be made and the manager and senior management team understood the feedback we and other professionals gave about these.

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 inadequate (published 13 October 2020).

This service has been in Special Measures since 08 September 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 the service could respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced inspection of this service on 01 to 08 September 2020. 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 the areas of Safe care and treatment, Safeguarding service users from abuse, Staffing, Good governance, Duty of Candour and failing to notify CQC of incidents the service is required to do by law.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. 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 Manton Heights Care Centre on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 ●

Manton Heights Care Centre

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

The inspection team consisted of two inspectors, an assistant inspector, a pharmacist inspector, a specialist advisor (occupational therapist) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Manton Heights Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we requested from the provider to show the improvements they had made in areas where

breaches were identified at the last inspection. We sought feedback from the local authority and professionals who work with the service. The assistant inspector spoke to relatives and staff over the phone to collect some feedback about their experiences at the service. 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 eight people who used the service and seven relatives about their experience of the care provided. We also observed how staff interacted with people who were unable to talk to us about their experiences of living at the service. We spoke with 22 members of staff including the provider, manager, quality manager, deputy manager, senior care workers, care workers, domestic care staff, the cook, a consultant working with the service and a dementia ambassador.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We spoke with several professionals who regularly visit 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

Staffing and recruitment

At our last inspection the provider had failed to ensure that there were enough staff to safely monitor the care of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were enough staff to safely meet people's care needs. People did not have to wait to have their physical care needs attended to. Call bells were responded to in a timely fashion.
- However, there were still improvements needed to enhance people's experience of living at the service. Staff were busy at certain times of the day due to supporting people with physical care needs. As a result of this some people were left without staff interaction for periods of time. On some occasions people were supported by staff members who were not part of the core staff team, such as the deputy manager.
- Staffing in the acquired brain injury unit needed to be more consistent. Several roles were currently being covered by the unit manager or by locum members of staff. The provider was currently recruiting in this area.
- Some staff told us they would be able to spend more quality time with people if they were less busy at certain points in the day. This included at lunch time and when people required support with their physical care needs.
- The provider was working hard to continue to improve staffing levels. People, relatives and the staff team told us there had been improvements. One relative said, "Staffing levels seem to have got better recently. There is more continuity of staff, so I think a lot of the issues have been resolved."
- The provider completed thorough recruitment checks to ensure staff were suitable to work in the service.

Using medicines safely

At our last inspection we found that there were concerns regarding the safe administration of medicines. 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.

- People received safe support with their medicines. The management team reviewed any medication errors and put measures in place to stop them happening again.
- There were still some improvements needed in relation to medicines administration. Some people did not have care plans or protocols in place for PRN (as and when required medicines). This meant that staff may not know when or how to support people with these medicines.
- The provider and manager responded immediately to these concerns and made sure these care plans were put in place. A consultant working with the service spoke to us about the increased monitoring and actions being taken to continually improve in this area.
- Staff received training and competency checks to ensure that medicines were administered safely. Staff had good knowledge about safe administration of medicines.
- People and relatives felt safe being supported with their medicines. One relative told us, "[Family member] needed [medicine] to start right away and [staff team] were on that straight away."

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that safeguarding concerns were not always reported appropriately and not all staff had good knowledge of how to whistle blow or safeguard people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff knowledge about whistleblowing and how to recognise when people may be at risk of abuse had improved. However, some staff we spoke to were still unclear as to what signs to look for when it came to abuse that was not physical. Some staff also did not know who they could approach outside of the management team at the service if they had concerns.
- The manager had taken the training of staff in this area seriously and took immediate action to address these shortfalls in knowledge.
- People and relatives told us they felt safe. One person said, "I do feel safe because [staff] know what they are doing." A relative told us, "[Family member] is safe. The staff team have been brilliant."
- Safeguarding policies and information about who to report concerns were in place and displayed clearly around the service. Incidents were reported the local authority and the CQC if they indicated that people may be at risk of harm or abuse.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to robustly assess risks relating to the health and safety and welfare of people. Risk assessments were ineffective in guiding staff to understand how to safely support people who were at risk of falls. 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.

- Risks to people had been assessed and measures were put in place to help keep people safe as far as possible. Staff had a good understanding of how to support people safely in areas such as moving and risk of falls and eating and drinking. When people's needs changed risk, assessments were either put in place or

updated.

- People who were at risk of falls were continually monitored to ensure they were receiving the right support. Incidents involving falls were recorded and actions were taken to help ensure people stayed as safe as practicable.
- The provider and staff team completed regular checks of the premises, which included fire safety. This helped ensure that people were kept safe.
- People and their relatives told us that they and their loved ones felt safe living at the service. One relative said, "[Family member] is safe living at [service]. [Staff] are marvellous with [my family member] and their mobility has increased since they have been living at the service."

Preventing and controlling infection

At our last inspection we found risks in relation to the safe management of the risk of infection prevention and control resulting the potential risk of spreading of Covid-19. 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.

- 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 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.
- Domestic staff ensured that the service was kept clean and fresh. Domestic staff told us that they had received training in infection control and had the materials they needed to keep the service clean.
- Additional cleaning tasks and regular audits had been implemented to keep the spread of COVID-19 and other infections as low as possible.
- Robust measures were in place for visitors such as friends, relatives and visiting professionals when they entered the service. This helped to ensure that the risk of infection remained low.

Learning lessons when things go wrong

- The manager and management team had reviewed areas where the service needed to improve following previous inspections and visits from external partners. An action plan was in place to continually learn lessons and continue to improve.

- Accidents and incidents were analysed to ensure that actions could be taken to help keep people safe. Staff told us how incidents were discussed with them at handover and staff meetings to promote lessons being learned when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff were not supported to be sufficiently trained to be able to safely fulfil the requirements of their roles. Staff told us they did not receive any checks on their competence in practice and no follow up after e-learning to check their knowledge. This was a breach of regulation 18 (Staffing) 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.

- Staff told us, and records confirmed that they received training and supervisions relevant to their job role. The service's in-house trainer provided face to face training. Any training completed online was followed up with a competency assessment or discussions with the staff team in supervisions.
- Staff felt well supported by the manager and senior staff team. They told us they could discuss concerns at any time. For example, staff were complimentary about training in supporting people living with dementia which they felt had improved their skills.
- Staff received an induction when they first started their job role. This included working with senior staff members before starting to complete tasks independently.
- The manager spoke to us about their plans to continue to work with staff and improve their skills. This included increasing the frequency of some staff supervisions and ensuring that some competency assessments became more formalised.
- People and their relatives felt that staff were trained to do their job role. One relative told us, "[Staff] all have training and they seem to know what they are doing. I know the new manager is keen to give them more training so they fit in well at the service."

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

- People's needs were assessed before they used the service to ensure their needs could be met. The provider and manager were aware of best practice guidance and people's assessed needs also included their preferences, hobbies, likes and dislikes. This meant that the staff team were able to support people in a person-centred way from the beginning. A relative told us, "[Staff] were very good and [family member] had trial days so staff could get to know them well."
- People living in the acquired brain injury unit and professionals involved with their care spoke positively about the admissions process. One person said, "I was unable to [completed task] when I came here but

[staff] made sure I had the help I needed. Thanks to the support I have been given I can now [complete task]."

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

- People were supported to eat and drink according to their preferences and support needs. Food looked and smelled appetising and there was a lot of choice of food offered to people. Food and drink was offered to people regularly throughout the day
- People's food and fluid intake or weight was monitored if needed to ensure they were receiving the correct support. Several people had gained some weight and were no longer at risk of malnutrition due to the support they had received.
- The new cook was knowledgeable about people's needs and how best to support them. Staff were trained in supporting people to eat and drink and were able to tell us what they would do if they noted any concerns.
- People were positive about the food at the service and described it as 'lovely', 'beautiful' and 'like a restaurant'.

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

- People were supported to access external professionals such as dieticians, district nurses and speech and language therapists depending on their support needs.
- Professionals working with the service gave us positive feedback about how staff worked with them and supported people according to their instructions. One professional who was supporting the acquired brain injury unit told us, "There has been a lot of improvement in communication with the service recently and this has paid off in how successful people's treatments have been."
- Staff supported people to stay healthy by promoting regular food and fluid intake and supporting people to move around the service where they were able to.
- One relative told us, "[Staff] encourage [family member] to be as independent as possible and always get the doctor if they are worried."

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

- The service was large and spacious which meant that people were able to move freely and follow their preferred routines.
- There were signs placed around the service to support people to understand where they were and what was in various rooms. People had the opportunity to use a salon, a cinema room, the garden and a mobile indoor garden. The mobile garden was able to be moved around the service so people who were unable to leave their beds could take part in gardening.
- People's bedrooms were personalised based on their interests and preferences. One relative said, "The building is great. [Family member] has their own bathroom and it is like a hotel there. Always very neat and tidy."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

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

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people may lack capacity, appropriate assessments were carried out to support them. Decisions were made in people's best interests where they lacked capacity and relatives and professionals were involved in these decisions. This was evident in some people's recent moves around the service due to one unit being closed for refurbishment.
- DoLS were in place for some people using the service and were well understood by the staff team. One relative spoke to us about the positive impact having a DoLS had for their family member and that they now felt much safer and more independent.
- Staff had a good understanding of the MCA and asked for consent when supporting people. One relative said, "[Staff] are very good and always ask for consent. They never make assumptions."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant 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, we had significant concerns about the practices of the manager, the culture of the service and the manager and provider oversight required to ensure safe care and treatment. We also had concerns over the systems and records in place to monitor quality of care, transparency of incidents and the provider and manager support of the staff team. 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.

- There had been improvements made with regards to the systems and records in place at the service. The manager and senior management team had produced an action plan and were ensuring that this was followed and adapted if further areas of concern were found.
- Audits completed by the management team continued to be updated to ensure they were effective in identifying improvements. Feedback about improvements still needed at this inspection, were taken seriously and the management team assured us that these would be addressed.
- The management team had given staff a lot of support to understand their roles, including training and competency assessments. However, there had been staff changes and several staff were new to their roles. Some staff spoke to us about how change at the service was making them feel unsettled. More time would be needed to ensure that staff understood their job roles fully, such as in the areas of safeguarding and supporting people with person centred activities.
- The management team were aware that there were still areas for improvement at the service. This included areas such as medication administration, people's mealtime experience, supporting people with person centred activities and maintaining a sustainable and skilled staff team.

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

At our last inspection the providers failed to ensure that reportable incidents were appropriately reported and shared with the relevant authorities. This was a breach of regulation 20 (duty of candour) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider failed to ensure serious safeguarding incidents were reported to the CQC. This was a breach of Care Quality Commission (Registration) Regulations 2009 Regulation 18 – Notice of other incidents and Regulation 15 – notice of changes.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulations 20, 18 and 15.

- The provider ensured that all reportable incidents were shared with the relevant authorities and CQC.
- The management team were open and honest about improvements which needed to be made. They fed back to people, relatives and the staff team where things went wrong and took action which was shared with the people affected.

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

- There had been a lot of improvement in the culture of the service since our last inspection. People were treated with kindness and staff spoke to people with respect. There was a calm and relaxed atmosphere at the service.
- The management team were aware that there were still improvements to be made regarding the culture. The manager spoke to us about the focus they were putting on times of the day such as mealtimes and when there was not enough staff interaction. The manager had made a very positive impact at the service and needed time to further embed the changes they had made to the culture of the service.
- The head of dementia care and dementia ambassador were looking to continually improve people's lived experiences at the service. This included ensuring that people had the opportunity to take part in person centred activities relevant to their interests.
- People and their relatives were positive about the changes taking place. Comments from relatives included, "The new manager is very approachable and gives you a listening ear. The staff are very caring, and this has really helped [family member] feel at ease." and, "Before I could not raise concerns but now I can. [Manager] has sorted all my gripes out and the improvements are looking good so far."

Continuous learning and improving care

- The management and staff teams had worked hard since the last inspection to improve the care that people received at the service. The provider had put a lot of resources into the service and this continued to happen, for example by putting in place the role of a 'lifestyle coordinator'.
- People, staff and professionals fed back that the new manager had a big impact on the improvements made at the service. One staff member said, "[Manager] has been brilliant. Really supportive and keen to get us all going in the right direction."
- The management and staff team recognised that there were still improvements to be made at the service and reassured us that these would continue to happen.

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

- People and relatives were asked to feedback about the service regularly. One relative told us, "[Manager] and [staff] are good at keeping me updated. I recently took part in a review about [family members] care."
- Staff felt that they were able to feedback about their job roles in supervisions and handovers and informally at any time. Surveys had also been sent out to staff and the management team were looking at ways to increase the number of staff who fed back using these surveys.

- Where people had different communication methods, measures were put in place to help them feedback about the service.

Working in partnership with others

- Professionals such as district nurses and occupational therapists worked in partnership with the service where people needed this support.
- Feedback from professionals working with the service was positive. One professional said, "No complaints. The service has gone from strength to strength since the new manager took over."
- The management team were keen to continue working with partners such as the local authority and CQC to discuss and embed further improvements.