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Manchester House 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 caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Manchester House is located near Southport town centre and is registered to provide accommodation and nursing care for up to 67 older people and younger adults with a physical disability.

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

There were 61 people accommodated at the time of the inspection.

We undertook an unannounced focused inspection of Manchester House 28 November and 4 December 2017. The inspection was done to check that improvements to meet legal requirements planned by the provider after our last comprehensive inspection in May 2017 had been made. -The team inspected the service against three of the five questions we ask about services: Is the service well-led; Is the service safe and Is the service caring. This is because the service was not meeting some legal requirements under 'Safe and 'Well led'. There were some good practice recommendations made at the last inspection and these were also reviewed and reported under 'Caring' and 'Well led'. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Manchester House Nursing Home' on our website at www.cqc.org.uk.

This inspection was carried out by two adult social care inspectors 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.

At the last inspection in May 2017 the service had been in breach of two regulations. These were with respect to risks regarding people's health care not being adequately assessed and monitored; this was particularly in relation to wound care, pressure ulcer monitoring and following up on medical recommendations. Also the overall management and governance was ineffective; there was no registered manager in post to provide a lead for the home. There had been changes to the leadership and management of the home which had caused instability for staff and people living there. The action plan submitted by the provider following the previous inspection had not been fully realised and there remained failings in some areas.

On this inspection we found ongoing improvements with management of people's clinical risk and found the service more 'settled' with respect to the governance arrangements by the provider; both of these breaches of regulations had now been met.

There remained an ongoing concern that staff were not responding in a timely manner to people when they called for assistance. This had also been raised at the previous inspection.

Overall, we found the service to be rated as 'Requires improvement'. This is the second consecutive time the service has been rated Requires Improvement. Prior to this the service had been rated 'inadequate' following an inspection in November 2016.

At the previous inspection in May 2017 we found the provider in breach of regulations with respect to assessing people's risks regarding their clinical care. There had been a number of concerns reported as safeguarding concerns. On this inspection we found the nursing care to have improved with particular reference to management of people with challenging behaviour, pressure ulcer care, people with specific clinical interventions such as nasogastric tube feeding and care of specific medical conditions. We found no outstanding issues of concern regarding people's clinical care at this inspection. The breach had been met.

At the previous inspection we found there had been some improvements made to the overall governance of the service but these had not been consistent or effective in ensuring safe standards of clinical care or making all of the improvements required. The history of the service had been one of regular and disruptive leadership. There was, at the time, no registered manager for the service.

On this inspection there was a registered manager in post who was experienced and had worked with the provider at a senior management level for some years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had also recruited a clinical services manager to directly support nursing and care staff with the clinical management of people's health care needs. We found key management audits were being regularly carried out. These were more effective in providing feedback to the registered manager as well as other staff at the service. This stability within the service had helped ensure more constancy of approach.

One theme of the inspection with respect to further improvements needed was in regard to people reporting care was not always being delivered in a timely manner and people having to wait for protracted periods of time when they requested support. This was reinforced by some concerns and reports we had received prior to the inspection. We fed this back to the registered manager so that this issue could be addressed and further improvements made.

There was a clear management hierarchy with management structures in place to support the service. People using the service, relatives, stakeholders such as health care professionals and staff told us they felt the culture of the organisation had improved overall and was more stable. The registered manager was aware of their responsibility to notify us [The CQC] of any notifiable incidents in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's risks regarding their health care were being assessed and monitored. This was in relation to challenging and complex behaviour, wound care, pressure ulcer monitoring and following up on medical recommendations. This was an improvement.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Safe' at the next comprehensive inspection.

Requires Improvement



Is the service caring?

The service was not always caring.

We were told there were long waiting times for staff to respond to people when they asked for help and assistance. This had the potential to affect people's health and wellbeing.

Requires Improvement



Is the service well-led?

The service was not wholly well led.

We found some improvements we had previously recommended had not been fully addressed and further improvements in these areas were needed.

There was a registered manager who provided a lead for the service and was supported by other service managers in a clear management structure. Managers had continued to develop auditing tools and processes to help identify areas for improvement and to monitor the service. This was an improvement.

We found an open and constructive management culture. This was evidenced through the interviews conducted and through care observed and records reviewed.

While improvements had been made we have not revised the

Requires Improvement



rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Well led' at the next comprehensive inspection.

Manchester House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place over two days on 28 November and 4 December 2017. The inspection was 'focussed' and was carried out to follow up on previous breaches of regulations.

This inspection was carried out by two adult social care inspectors. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service. This included some concerns we had received regarding the provision of personal care for people. We have reported on this as part of the overall governance of the service.

During the inspection we were able to see and interact with 12 of the people who received care at Manchester House Nursing Home. We spoke with 14 staff including care/support staff, the registered manager and clinical manager. We also met with and spoke with the quality assurance manager and the provider [owner] of the service.

We looked at the care records for five of the people being supported, including their medication records, and other records relevant to the quality monitoring of the service such as safety audits and quality audits.

Is the service safe?

Our findings

At our last inspection in May 2017 we found the home in continued breach of regulations regarding people's safe care and treatment. This was because some people's risks regarding their health care were not being adequately assessed and monitored. This was in relation to wound care, pressure sore monitoring, and accident recording and following up on medical recommendations.

The provider sent us an action plan following the inspection which outlined how they would make improvements and meet requirements.

In June and July 2017 we received two further concerns about clinical care which were reviewed by the Local authority safeguarding team. One was in relation to the management of a specific medical condition and the other was a concern about how staff had responded in an emergency situation. Both of these concerns reinforced the findings on the inspection. Since July 2017 we have not received concerns regarding clinical nursing care.

On the inspection we found there had been improvements which meant the risk to people's ongoing health care was lower. We found that the breach of regulation had been met.

Most, but not all, people we spoke with told us they felt safe. Those people that did not always feel safe highlighted lack of response for staff at times. Comments included, "I feel safe because of] the people around," "They look after you so well, they are wonderful people, I couldn't praise them enough," "I feel safe," "You've got the staff all around" and "I suppose I'm safe but sometimes staff are not around and I feel ignored." A relative reported, "I'm here until 9 p.m. every night, I don't like leaving [person]. I think it's oversubscribed [to many people] and too little staff."

We reviewed the care of five people in depth by tracking them through observations, looking at care records and talking with staff about people's care needs and support. We found staff liaised with external health and social care professionals at the appropriate time to optimise people's health. This included GPs, speech and language therapy team (SALT) and dietician.

We saw people's medical conditions were clearly recorded and staff followed specific care and treatment plans to support these conditions. We viewed the care records for a person who had a nasogastric tube to support them with their nutrition, hydration and medicines. A nasogastric tube is a plastic tube which is passed through a person's nose, past the throat and into their stomach. The person had a risk assessment and plan of care around the care of the nasogastric tube and the feeding regime. The feeding regime was in accordance with dietetic advice. The person was able to take some oral food when awake and how staff supported the person with this was also recorded. The person's plan of care was sufficiently detailed to ensure their nutrition and hydration was managed safely.

We also viewed documentation around pressure ulcer care and records seen recorded the treatment plan for a person who had pressure ulcers. The wound assessment and plan of care were up to date and provided a detailed record of the management of the pressure ulcers.

We reviewed a number of care monitoring charts, these were for areas such as, repositioning people being nursed in bed and fluid/ diet charts. These charts helped to provide a good evaluation of the care provided. The charts seen were up to date.

We saw that in some people's care files it was noted specific pieces of equipment were needed to ensure their safety and wellbeing e.g. pressure relieving cushions and mattresses. We saw these in place during the inspection.

Another person we reviewed had exhibited behaviour that placed themselves and others at risk. We found the person's risk level had been well assessed and monitored. Again there was good liaison with appropriate health and social care bodies including, in this case, the local authority safeguarding team. There were specific assessments and plans in place to help reduce any apparent risk.

One person we reviewed was experiencing medical complications during our inspection. We saw that care staff responded quickly and reported through concerns to nursing staff who assessed the person and called for emergency support services. This was well managed and staff evidenced a quick and timely response to the person's urgent health care needs.

Nursing staff we spoke with reported that overall the nursing staff cover in the home was more consistent. One nurse commented, "Nursing is the issue – it's settled down quite a bit. There are more full time nurses and some nursing staff have returned to the home. We also have good clinical support from the management."

Is the service caring?

Our findings

At our last inspection in May 2017 we found people responded positively when we asked about care in general and staff attitude but we received negative comments when we asked specifically about staff responding when people required direct assistance; this was in relation to staff responding to a call bell (which people activated when they needed assistance). We made a recommendation that the provider review how staff responded to people's needs taking into account their dependencies and the current staffing levels.

During the feedback with the provider we were informed that a consideration of care routines would be undertaken by the provider. This included an audit to look at staff response time to calls for assistance and part of this audit would include a review of the current staffing levels.

We followed this up on our inspection. Prior to our inspection we had received on-going concerns that this issue had not been improved. Between July and October 2017 we received a further four separate concerns from three relatives and a visiting social care professional which related to staff not responding to calls for personal assistance in a timely manner.

We found that this was still a concern for some people. Call bells appeared to be activated for long periods of time; we were unable to establish if more than one call bell was activated at the same time. We saw one light lit (in response to using the call bell) above a person's room and they informed us they had been waiting a long time. In another example a person said they were left for long periods when they pressed the call bell and felt 'isolated' on occasions. We tested this out by pressing the bell and there was no staff response while we waited for 15 minutes. When we spoke with the person later they said staff had not responded for much longer length of time.

Other people's comments were, "I have to wait a bit but not much," "It's quite quick, you wait a little while, but you've got to give them time to get there," "It takes a fair while to answer, it's a good 30 minutes," and "Sometimes I've waited an hour for the buzzer to be answered."

Staff told us they answered call bells as soon as they could, although at different times of the day the response time could be longer due to people's varied personal care needs or at times such as meal times when staffing was stretched. Many people required two staff to support them to the toilet and this was an issue at key times of the day such as, meal times if people requested the toilet and staff were busy serving meals.

We spoke with the registered manager and reported our findings. The risk being that delayed responses could compromise people's personal care. The previous recommendation had not been addressed in the provider action plan following the last inspection. The registered manager stated the issue had not been picked up on any of the feedback mechanisms in the home such as, residents meetings.

Following the inspection we were informed that the registered manager had conducted a call bell answering

exercise. Staff had been reminded of the importance of a timely response and designated staff had been assigned daily to answer calls bells. The audit conducted showed an average response time of five minutes and 45 seconds. The registered manager advised us they would continue to monitor.

Is the service well-led?

Our findings

At the last inspection in May 2017 we found the service was more settled in overall management [governance]. Although not registered at the time, a senior manager had been installed by the provider to help stabilise the home and help ensure greater consistency. The provider had also developed improved monitoring systems in the way of clinical audits. We found, however, the action plan submitted by the provider had not been fully realised and there remained failings in some areas. We found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we found continued overall improvement. The overall manager of the home continued to be settled. The manager previously in place had been registered by the Commission and had also appointed and new clinical lead for the home to provide on-going support for the nursing team. The future plan for the home included the clinical lead taking over the registered manager role once fully inducted and embedded into the governance systems. The breach of regulation had been met.

There were still concerns and these were discussed with the registered manager and also fed back to the provider. These centred on the reports by people using the service, relatives and professionals of on-going issues with people's need for personal care not being carried out in a timely way. There was risk this could impact on people's wellbeing. This had been raised at the previous inspection and remained a concern. The provider's action plan had not addressed this.

Because of the previous recent history of the service [five managers in the space of the last year] we discussed the need for further evidence of stability and progress before raising our rating for 'Well led'.

We found the senior management and organisational structure was clearly defined with a clear structure from provider, to regional managers, and supporting quality managers and training managers. The management audit tools used to regularly monitor the service to help negate clinical risk were being carried out regularly and had helped identify and reduced clinical risk. Some of the recommendations from the previous inspection regarding provision of meals and activities had been addressed and showed evidence of improvements.

We received feedback from visiting professionals and other stakeholder bodies and these had been positive. The local 'Healthwatch' team had visited in September 2017 and found good attention paid to the fabric of the building including accessibility for disabled people. The local authority contracts monitoring team had also visited in September and found the service 'compliant' in the areas they reviewed. They recommended developing a 'dignity champion' role for staff and this was being looked at by the registered manager. The CCG [Clinical Commissioning Group] had carried out an audit in November 2017 and found a 91% rate of compliance regarding clinical care. These findings reinforced our findings of improvement.

We spoke with nurses who reported more stability overall. One nurse commented, "It's a lot better now we have consistent managers and we can discuss clinical issues and get support; It's not perfect but the nursing staff are more settled."

We found the provider and managers open and constructive to work with. Immediate feedback following our inspection was met openly and positively. Immediately post inspection we received an 'action plan' from the provider which has started to address the issues we raised around staff interventions for personal care.

We will continue to monitor the service to ensure safe standards are maintained.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Manchester House.

From April 2015 it is a legal requirement for providers to display their CQC rating. The rating from the previous inspection for Manchester House was displayed for people to see.