

Manor Park Care Limited

Manor Park Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Manor Park Nursing Home is a residential care home providing personal and nursing care to 42 people aged 55 and over at the time of the inspection. The service can support up to 44 people. The service follows the household model of care, where the home is split into different areas which are characterised by the stage of dementia that the individual is experiencing.

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

People received care and support that was safe. Medicines were managed safely, however, we made a recommendation that the provider looked at current best practice for recording guidance for staff on the use of 'as required' medicines.

The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people.

There were conflicting opinions of whether there were enough staff. However, we saw the provider had plenty of staff to meet people's needs and look after people safely at the time of the inspection. Risk assessments were in place with guidance for staff about how to keep people safe.

People received effective care and support that was focused on the person. Staff demonstrated a very good understanding of people's needs and received training relevant to their role and the needs of people living in the home.

People enjoyed a healthy, balanced and nutritious diet based on their preferences and health needs. However, people's mealtime experience was varied. Some people enjoyed a social mealtime experience whilst other people's experience was more task orientated. We recommended the provider looked at current best practice on ensuring people living with dementia have a social experience at mealtimes.

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 received care from staff who were kind and caring. Staff always respected people's privacy and dignity. People who could express a view told us they felt respected and valued. Where possible people were supported to express an opinion about the care provided and were involved in day to day decisions.

People received responsive care and support which was personalised to their individual needs and wishes. Activities were organised however; the service did not have a full plan of activities. The registered manager and staff supported people to follow activities of their choice as if they were living in their own home.

There was clear guidance for staff on how to support people in line with their wishes. People's end of life wishes were recorded, and the home worked with other healthcare professionals to ensure people were comfortable and pain free.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was open and approachable. All staff said they felt valued and respected.

There were effective systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and learnt from issues raised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 8 May 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Manor Park Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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

Manor Park Nursing Home 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 registered 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used this information to plan our inspection.

During the inspection

We spoke with six people and five relatives/friends about their experience of the care provided. We also spoke with a visiting healthcare professional. We spoke with six members of staff as well as the registered manager, home manager, deputy manager and training manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service. We also looked at the storage of medicines, reviewed medicines administration records (MARs) of people within the service. We reviewed a sample of recent medicines related audits and incidents reported.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Systems were in place to ensure people received their medicines safely. However, we saw that some people's stock of medicines had run out and one person had gone without their medicine for up to three days. We discussed this with the registered manager who told us they had raised this with the pharmacy and had also raised it as a safeguarding concern. Records showed staff had requested medicines for the person on more than one occasion and had chased up with the pharmacy.
- Medicines were stored safely, however on the first day of the inspection we observed a tin of special powder used to thicken drinks was not stored securely. In one lounge the tin was left on the kitchenette worktop. This had the potential to place people and visitors at risk of choking if they ingested it. However due to the constant presence of staff in the lounge area the immediate risk to people and visitors was reduced. We discussed this with the registered manager at the time and they took immediate action. Following this conversation thickener agents were being stored in the treatment room. However safe storage in the lounge area was available and could be used to ensure staff were able to access the powder when it was required without unnecessary delay. All staff had been instructed in the safe storage of thickener powders.
- The protocols for the use of 'as required' medicines (PRN), just stated, 'administer as required'. There was no guidance for staff on the signs and triggers that may indicate when they were required. There was no plan for alternative actions to take before administering PRN medicines for behaviours that challenged. We discussed this with the registered manager who said they would develop protocols for staff with clear guidance on the triggers to observe and actions to take before administering. However, all staff we spoke with knew people's needs and signs and possible triggers well. The philosophy of the care provided meant there was a very low usage of as required medicines for behaviours that might challenge.
- Staff used an electronic system for recording when medicines were due and when they were given. This meant records were kept in real time and clearly showed if a person's medicines had been missed or when they were next due.
- All staff administering medicines had received relevant training and were assessed as competent.

We recommend the provider consider current guidance on giving as required medicines to people and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff in the home. When asked if they felt safe one person said, "Always, always." One relative said, "[The person] feels safe, when we used to go out they were always happy to come back."
- The registered manager and staff understood their responsibilities to safeguard people from harm.

Concerns and allegations were reported, and action taken in a timely manner. One staff member said, "Absolutely no concerns. I know I could, and I have, raise a concern and it would be dealt with straight away."

- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. All the care plans reviewed included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risk assessments related to nutrition and hydration and preventing pressure ulcers and falls.
- Where a risk was identified, action was taken to reduce the risk. For example, people at risk of developing pressure ulcers had pressure relieving mattresses and cushions in place. Staff were prompted to check all pressure relieving mattresses were at the correct setting.
- People identified as at risk of falling had been assessed for the use of pressure mats to alert staff to when they might be moving around their room.
- To ensure the environment for people remained safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks.
- There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure.
- There were mixed opinions on whether there were enough staff to provide safe care and support. One relative said, "There has been a large turnover of staff, they all seem really rushed all the time." Another relative said, "There have been times when there has not been a member of staff in the lounge." However, another relative said, "I think there are plenty of staff, but they are all in different lounges."
- At the time of the inspection we observed high staffing levels, with each of the five lounges well-staffed and no lounge being without a staff presence.
- We discussed the comments with the registered manager who agreed they had gone through a spell when they either did not have sufficient staff, or the staff they did have were not deployed effectively. They told us they had recruited new staff and now had a staff team that worked well together. They also had plans for further senior staff to ensure the deployment of staff on the floor was more effective.
- During the inspection we observed staff were flexible, for example people were supported to go for a walk or go shopping, when they asked to go out.
- We observed staff were not rushed and there were enough staff to support people at mealtimes and to take part in an activity.

Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection for personal care.
- We asked the registered manager what action they had taken following a poor environmental health inspection of the kitchens. A further inspection had taken place and the environmental health inspector was happy with the actions they had taken.
- The registered manager said they had booked a further inspection so their good rating could hopefully be restored.
- Some areas of the home were dusty with wood work that needed cleaning, however this may have been due to the building works. When we asked one person if they thought the home was clean, they said, "It's OK

I guess, could be better sometimes."

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.
- During the inspection the registered manager demonstrated an open approach to learning. When we discussed things that had gone wrong, they acted immediately and put measures in place to improve the outcomes for people in the home.

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People who were able to comment were positive about the range of food they were offered. One person said, "I like the food its nice." Another person said, "I eat what I want." They were later observed asking for a sausage sandwich which was provided.
- We observed the lunchtime experience on both days of the inspection. On the first day the experience for people was different in each lounge. In one lounge we observed the mealtime was chaotic with staff concentrating on clearing away and washing up whilst people were eating. However, in another lounge people experienced a relaxed and social time.
- Tables were not laid with condiments and there were not enough tables for everyone to sit at. We discussed this with the registered manager, they told us this was not the experience they promoted and were shocked at what we had observed.
- On the second day of the inspection the registered manager told us they had addressed the issue regarding lunch with staff and hoped we would observe a better mealtime experience for people.
- We observed a more social and relaxed mealtime for most people on the second day. Staff were not task orientated, tables were laid properly, and people were more involved. One staff member asked if they could join people to eat their lunch.
- However, we also observed staff assisting people to eat, go from one person to the other rather than concentrating on one person at a time.
- In one lounge we observed staff being called out of the lounge to either talk to or assist another member of staff. The person's food was left on the table until the member of staff returned.
- The registered manager said they would be doing some mealtime observations to identify whether staff were following the mealtime experience they promoted in the home.

We recommend the provider consider current guidance on supporting people living with dementia to enjoy a social experience at mealtimes.

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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met.
- Before a person moved into the home the registered manager visited them and talked to them or a person close to them about their needs.
- Most people were unable to comment on their care plans, however, those who were able to, told us they were happy with the way they were cared for.
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people

living with specific health conditions was available. This helped staff to provide appropriate and person-centred care whilst respecting individual needs.

- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- All staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs. One staff member said, "They are pretty good with all that." Another staff member told us the induction training when they first started to work in the home had been good.
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One relative told us, "They [staff] all seem very well trained they know what they are doing." One health care professional told us staff knew the person they visited well and were able to discuss their needs competently.

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the Speech and Language Therapy team for advice when they had eating and swallowing difficulties. Staff also consulted tissue viability nurses when they required advice on preventing pressure damage for people considered at risk.

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

- People were encouraged to personalise their rooms, we saw people had bought in their own pictures and ornaments.
- All areas of the home were accessible, however due to the building and extension work being carried out there was minimal signage for people to enable them to mobilise around the home independently. We discussed this with the registered manger and on the second day of the inspection people's names were back on their bedroom doors and signage was being completed.
- Some areas of the home were in need of redecoration. The deputy manager told us all bedroom doors were in the process of being repainted and the building works continued.
- The service had adopted a family approach with five lounges in which people at differing stages in their journey with dementia could relax. Each lounge was individually decorated and reflected the needs and interests of the people who used them.
- The décor in the main part of the home was bright, and one corridor included a large map of the world. Staff told us this was often a focal point where they could talk with people about the countries they had visited and reminisce.

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. Records showed the service had liaised with the local authority to monitor the progress of existing applications and to renew those that may have expired.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- Consent forms were signed, or best interest decisions recorded for the use of bed rails and sensor mats.
- People only received care with their consent. We observed staff asking people before supporting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of what people liked to talk about.
- People were relaxed and cheerful in the presence of staff. One person said, "I am happy they [staff] are all nice." We observed one person enjoying an impromptu guitar session. Another person asked staff if they looked alright in the clothes they were wearing, staff very respectfully and tactfully suggested alternative clothing.
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- There were ways for people to express their views about their care. Most people were unable to tell us how they had been involved. However, one relative said, "I am kept well informed, and my opinion is always asked for. I feel I am kept involved."
- Some people were able to contribute to decisions about the activities they attended or wanted to attend on a daily basis. People were clear about what they wanted to do and those who were able could attend a resident meeting.
- A record of compliments was kept and any received were shared with staff.
- Compliments received included, "I cannot find fault with the love, care and attention [the person] received." And, "Words cannot express our thanks for your care, compassion and faultless kindness and support."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care. For example, we observed staff approach people in a very dignified manner when reminding them to visit the toilet or offering assistance.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised to meet their needs and wishes. The care plans gave plenty of personalised information, such as people's preferred way to receive care and support.
- One staff member told us, "I found the care plans very good. They had enough information for me to know how to support the residents." Another staff member said, "The care plans have plenty in them and we also have a very good handover, so we know what is going on."
- Nobody we spoke with was able to comment on their care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- Staff explored different ways of ensuring people could understand the information they were sharing with them. For example, some people were shown a choice of meals when they were being served so they could decide at the time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in a range of activities that met their individual needs and encouraged them to continue to follow interests. However, these were not organised as set daily events.
- Records showed people enjoyed outings, craft events, visiting entertainers and visits from the local school children.
- Outside entertainers were organised but staff supported people to take part in specific activities that they were interested in as an individual. For example, we heard one person ask staff if they could go for a walk in the park and a staff member took them out.
- The registered manager told us they aimed for daily activities to be more like people were still living at home. They explained staff could be responsive to individual interests and requests.
- We observed staff supporting people with art, reading and an impromptu guitar session.
- However, the experience for people who were more advanced in their journey in dementia was very different. In the one lounge we observed a lack of engagement with staff.
- On the first day of the inspection people did not have any activity provided. On the second day we saw

people had been given colouring and magic sand but there was still a lack of engagement with staff. We fed this back to the registered manager.

Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- People and their relatives had access to the complaints policy, one person indicated they would talk to a member of staff if they were not happy. A relative told us, "I know I can talk to [registered manager] she is very approachable and up front."

End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as planning for illnesses or hospital admission and resuscitation decisions had been undertaken.
- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.

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 this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people they supported. There was a fairly new team of staff and they were all working towards this goal.
- The registered manager led by example, they told us, "We aim to ensure everybody is supported the way they want." One staff member said, "The emphasis is on person centred care. I think it slipped when [the registered manager] was away but we are back on track."
- One healthcare professional said, "The support [the person] receives is certainly person centred. Staff know them very well and I have seen a marked improvement."

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 and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- The register manager had been very open and honest when they returned to work and found issues they were concerned about. They raised safeguarding alerts and worked with the local authority to ensure the care and support for people was safe and effective.
- This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- When we raised areas of shortfall during the inspection the registered manager acted immediately. They were able to demonstrate they had made changes to improve the outcomes for people living in the home.

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

- The registered manager was supported by a home manager and a deputy manager.
- People and staff told us the service was well managed. One relative said, "[The registered manager] is very open and approachable. A good manager who is ready to listen and act."
- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged.
- The registered manager had identified where things had not been working well and had developed an

action to plan to improve the outcomes for people. For example, one area identified for improvement was handwashing. The action plan stated the registered manager would carry out a hand washing audit. Staff records showed individual handwashing observations and supervision had been carried out.

- An annual audit was also carried out by an outside organisation specialising in dementia care and support.
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advise or support was needed. The home manager said they were considering reintroducing the floor manager role.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff felt supported and received regular supervisions and appraisals. Staff told us they had regular meetings and could discuss working practices and plans for future development.

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

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys and met with people at resident and relative meetings.
- Feedback from relatives was positive with reference to kind caring staff and good care provided.
- Following meetings with staff the registered manager had introduced a time for staff to 'de-brief' at the end of the shift. All staff spoken with said this was a positive step and they felt they were able to talk about the day and manage any issues they had.

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development.
- The management team kept their skills and knowledge up to date, through research and training.
- The registered manager also attended meetings with other managers. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people.